

NTUC Income Insurance Co-operative Limited

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an NTUC Social Enterprise an NTUC Social Enterprise.

821/050

Business cover questionnaire						
The purpose of this policy is for: Keyman protection (Please complete sections A, B and C) Business loan protection (Please complete sections A, B and D) Partnership (Please complete sections A, B and E) Employee Benefit (Please complete sections A, B and F) In addition, please also complete the attached list of specimen signatures for authorised person(s).						
	Section	A - Details of pro	poser and insured			
Name of insured (as shown in NRIC or FIN)			Proposal number			
NRIC number or FIN	Name of company			Occupatio	on and position	
1 Who is the proposer?	1 Who is the proposer?					
2 Is there a beneficial owner^ to this policy? Yes No If yes, please provide the following information of beneficial owner and submit a copy of NRIC or passport. ^ Beneficial owner is defined in the MAS Notice on Prevention of Money Laundering and Countering the Financing of Terrorism as "the natural person who ultimately owns or controls a customer or the person on whose behalf a transaction is being conducted and includes the person who exercises ultimate effective control over a body corporate or unincorporated".						
Name of beneficial owner NRIC number or FIN						
3 Do you have any existing policies of	or proposals pending ap	oproval? If you answer	ed yes, please give det	ails below.	Yes No	
Name of insurer			T	nt disability	Accident and hospitalisation (\$\$)	Others (S\$)
Section B - Details of company Company name (as shown in the record of Registry of Companies and Businesses)						
Type of company Sole proprietorship Public limited Private Partnership No of partners Others						
1 What is the nature of business engaged by the company?						
2 How long has the company been in business?						

Section B - Details of company (continued)

3 Please provide details of the company's turnover and profit for the last three years.

Year	Turnover (S\$/US\$)	Gross profit (S\$/US\$)	Net profit (S\$/US\$)

		Section C - Ke	yman protection				
Ple •	lease submit the following documents: Company ROC Audited financial statements for the	::	,				
1	What is the percentage of company'	's share capital or partnership owned	d by the insured?				
2	On what basis has the sum assured b	been calculated? (Please tick accord	ngly)				
	Multiple of salary Please sta	ate multiple					
	Multiple of profit Please sta	ate multiple					
	Any other basis Please pr	rovide details					
3	What proportion of the gross or net	profit can be fairly attributable to th	e insured?				
4	What is the insured's role and why is	s the insured considered the keymar	in the company?				
5	Has the board minutes been passed	l or any other written authorisation g	iven to sanction the policy?				
6	• •						
	If yes, please provide details, including amount covered or will be insured on each keyman. If no, please provide reasons and details.						
7	Are there any other individuals perform if this person is not similarly covered		state insurance details (amount covered)	on each individual. Please state reason			
DI	lance the State Called the decrease		ess loan protection				
•	lease submit the following documents: Company ROC						
•	Audited financial statements for the Copy of loan agreement or letter of		ilities				
1	What is the reason for the loan? (Ple Please give the market value of the a						
	To purchase an asset associated v		To purchase an investment asset or pro	operty			
	\$		\$				

	Section D - Business loan protection (continued)			
2	What is the percentage of company's share capital or partnership owned by	by the insured?		
3	Where a specific loan is being covered, please provide details:			
	a The amount of loan (S\$/US\$)			
	b The term and repayment amount and frequency			
	c The name of the lender			
	d The name of the borrower(s)			
	If there is more than 1 borrower, please state the insurance arrangeme	ents for other borrowers.		
4	If the amount and duration of the policy differs from the loan, please prov	ide reasons and a copy of the loan agreement.		
	Section E - I	Partnership		
•	ase submit the following documents: Copy of Buy and Sell Agreement			
l	Audited financial statements for the last 2 years Valuation report of the business			
_	What percentage of the partnership share does the insured own?			
	Are policies being effected on the lives of other partners? If yes, please provide details of insurance coverage on each partner.			
	If no, please provide reasons and details.			
Section F – Employee Benefit				
•	ase submit the following documents: Company ROC			
	Letter of undertaking from proposer that insured is an employee and proc Letter from HR Department of proposer to confirm list of employees who			
1	Is the insured the only employee that is provided for the employee benefit	t? If yes, please provide reasons.		
		7-34		
	Declaration by the proposer and insured			
		ve not withheld any relevant information. I accept full responsibility for them,		
	ether written by me or by anyone else on my behalf. knowledge and agree that this form will constitute part of my application for	or life or health insurance, and will form the basis of the contract of insurance.		
l .	nything is untrue, incorrect or incomplete, the insurance policy will not be			
	onfirm that there has been no change in the insured's health since the com h the application.	npletion of the application and all additional declarations made in connection		
	nature of proposer	Signature of insured (for age 16 and above)		
Jig		S.B. Star C of modern (for age 10 and above)		
Dat	te (dd/mm/vvvv):	Date (dd/mm/vvvv):		

List of specimen signatures for authorised person(s)

Important notes:

Pursuant to MAS Notice 314 on Prevention of Money Laundering and Countering the Financing of Terrorism, all companies are required to submit the following documents:

- List of names, NRICs and specimen signatures of person(s) appointed to act on behalf of the company.
- Photocopy of identification documents of person(s) appointed to act on behalf of the company.
- A copy of identification document of person who sign the authorisation document.

I hereby authorise the above person(s) to act on behalf of the company.	
Name, signature and designation: Company stamp:	
Date (dd/mm/yyyy):	