SUPPLEMENTARY FORM FOR LIFESECURE



Policy No.:			
PARTICULARS OF LIFE TO BE ASSI	JRED		
Name of Life to be Assured:			
ADDITIONAL CURRI EMENTARTY OF		NRIC / Passport No:	
Do you need any assistance of another per of the activities of daily living such as was continence?			chair or walker in the performance erring from bed to chair, and maintaining
Yes If yes, please provide details:	No		
2 Are there any day to day activities such as stopped doing in the last year due to your l Yes If yes, please provide details:	s housework, preparing the health condition(s)?	or meals, shopping, using public	transport, or any hobby which you have
I declare that the answers I have given are may influence the assessment or acceptar I agree that this form will consititue part of invalidate the contract.	nce of this proposal.		
Signature of proposer/Life to be Assured:			
Date:			

