SUPPLEMENTARY FORM FOR PAYSECURE / PAYASSURE

Great Eastern
A member of the OCBC Group

POLICY NO.:

NAME OF POLICYHOLDER / LIFE ASSURED :

NRIC NO. / PASSPORT NO.:

No.	To be completed by the Policyholder / Life Assured	
1.	Are you holding more than one occupation? Please complete the Supplementary Form for Paysecure / PayAssure for each of the occupations held.	☐ Yes ☐ No
2.	Present employment status : Full-time / Part-time / Self-employed / Unemployed (Please delete accordingly)	
3.	Describe the material duties involved in your occupation, starting with the task you do most. Where your job involves manual duties, you should include all significant tasks requiring physical mobility (e.g. driving, lifting, cleaning, working on your feet for significant periods etc). Details of duties — % of time (Total 100%) Duty 1 : _____ _____ Duty 2 : _____ _____ Duty 3 : _____ _____ Other duties : _____ _____	
4.	a) How long have you been engaged in your present occupation? If less than 2 years, please state the previous occupation(s), nature of work, name(s) of previous employers and the period with each.	_____ year(s) _____ month(s)
	b) Do you have any intention of changing your current occupation? If yes, please give details.	☐ Yes ☐ No
	c) What is the average number of hours you work per week?	_____ hours per week
	d) Does your job require you to travel overseas? If yes, please indicate details e.g. frequency per annum, duration of each travel and country(ies)/ city(ies)	☐ Yes ☐ No
5.	a) For salaried persons:- Please state i) your basic income or;	_____ per month
	ii) fluctuating monthly income including commission earnings. (Please attach a copy of the statement of your earnings for the last 3 years)	_____ per month
	iii) total income	$ 0.00 per month

Any photocopied/downloaded forms submitted must be an exact duplicate of the original. The Company will not be responsible for the validity of any photocopied / downloaded forms submitted which are not exact duplicates.

The Great Eastern Life Assurance Company Limited (Reg. No. 1908 00011G)
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	b) For self-employed persons:- i) What is your percentage ownership in the business? ii) How long have you been self-employed?	 _____ % _____ year(s) _____ month(s)
6.	Please state your annual taxable income (excluding investment income) as reported in your income tax returns for the previous 3 years.	_____ (year _____) _____ (year _____) _____ (year _____)
7.	Do you receive income or remuneration from any other source? If yes, please state source and amount of income received.	☐ Yes ☐ No
8.	a) How long would you continue to be paid from your employment in the event of disability? b) Is there any other disability benefits (if any) provided by your Employer? If yes, please provide the details.	_____ month(s) ☐ Yes ☐ No
9.	Have you ever made any claim(s) on health, accident or disability policy? If yes, please provide the details of each claim and benefits received.	☐ Yes ☐ No
10.	Have you ever been incapacitated from work for more than one (1) week, suffered from any serious illness or injury? If yes, please provide details such as the nature of condition/injury, date of diagnosis, details of the Attending Doctor consulted, the present condition, etc.	☐ Yes ☐ No

Special note: The insured benefits under this proposal and other similar insurance schemes must not exceed 75% of your normal monthly income before the date of disablement. If the insured benefits exceed 75%, the benefits payable in the event of a claim may be lower.

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this proposal.

I agree that this form will constitute part of my proposal for insurance and that failure to disclose any material fact known to me may invalidate the contract.

_____
Signature of Policyholder / Life Assured

_____
Date