



orient insurance pjsc

Occupational Questionnaire

To be completed by the applicant

Name of Life Assured:

Application no.: Dated:

This questionnaire will form part of the application.

If any questions below are answered "Yes", please supply full details below including dates and names of doctors and institutions where applicable.

1. Please state your full time occupation.

2. How long have you been engaged in your present occupation?

3. Please state any qualification or degree you hold, including certification in a specific trade.

4. Which industry do you work in? Example: mining, shipping, education, finance.

5. State the name of your current employer.

6. If you are self employed, please complete the following:
a) State your position in the organisation:
b) Describe the nature of the organisation's business:
c) Are you a shareholder of the organisation?
 No
 Yes - please state what percentage of the shares you own:%

7. What has been your annual earnings before tax for the past three years:
20... :
20... :
20... :

8. Briefly describe the key/main duties of your occupation.
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9. Please provide details of your previous occupations over the past 5 years, and state the period of time you were engaged in each occupation.

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10. Are you engaged in or do you intend to become engaged in any occupation other than your nominated occupation? If yes please provide details.

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11. How much time at work do you spend on the following:

- a) Admin:%
- b) Supervision:%
- c) Manual:%
- d) Travel:%

12. Are you required to :

- Perform or participate in any hazardous activities at work? No Yes
- Work in a hazardous location? No Yes
- Wear any protective clothing? No Yes
- Work with or be exposed to any harmful chemicals, explosives or flammable substances? No Yes

Provide details if you have answered Yes to any of the questions above.

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13. Please complete and tick (x) the appropriate box indicating how often you are required to perform the below mentioned tasks as part of your normal occupational duties.

		Continuously	Very Often	Often	Seldom	Never
Administration						
Sitting						
Standing						
Walking						
	Ladders					
	Scaffolding					
	Stairs					



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Kneeling					
Bending					
Crouching					
Lying down					
Gripping					
Lifting objects 10 – 20 kg					
Lifting objects > 20 kg					
Driving					
Operating heavy machinery					
Working					
	Underground				
	Indoors				
	Outdoors				
	Heights				
	Depths				
	Off - shore				
Hearing					
Vision					
Specialised skills involving the hands					

<p>14. Have you ever sustained an injury on duty?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes - please provide details.....</p>
<p>15. Have you; during the past 5 years; ever been booked off for more than two weeks consecutively due to any illness, injury or disease?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes - please provide details.....</p>
<p>16. Have you ever claimed for disability benefits?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes - please provide details.....</p>



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I declare that the answers I have given are, to the best of my knowledge, true and I have not withheld any material information that may influence the assessment of acceptance of this proposal. I agree that this form will constitute part of my proposal for life assurance and that failure to disclose any material fact known to me may invalidate the contract.

Signature of Life Assured.....

Signed At..... **Date**