

# Occupation Details Questionnaire for Critical Illness Underwriting

## Personal Information

Full Name

Date of Birth

Policy/Application No.

Contact Email

## Occupation Information

Occupation Title

Employer/Organization

Industry/Sector

Brief Description of Your Duties

Years in Current Occupation

Average Weekly Working Hours

## Work Environment & Risks

Type of Workplace

List any occupational hazards or risks involved

Does your occupation require travel?

Does your occupation involve manual or physical work?

Select



### Additional Information

Do you have any secondary or part-time employment?

Select



If yes, please provide details

### Declaration

☐

I declare that the information provided is accurate and complete.