

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.