

SUPPLEMENTARY PERSONAL STATEMENT - AVIATION QUESTIONNAIRE



Please check all details, then complete the relevant areas of the form and return it to:
 BSP Health (Fiji) Limited, Level 5, BSP Life Centre, Thomson Street, Private Mail Bag, Suva, Fiji.
 Telephone: 331 7000 Call Centre: 132 700 Facsimile: 330 8955 Web: www.bsplife.com.fj

Full Name: Date of Birth:

Proposal Number: Dated:

1. Give details of aviation licences or similar qualifications held: Type
 Date Obtained

2. Do you intend to change the scope of your present licence? No Yes ▶ *If so, please provide details.*

3. Give details of your past and anticipated flying experience in the following table:

Category	Total Hours to Date		Hours in Last 12 months		Anticipated Hours per Annum		Anticipated Routes to be Flown	
	Crew	Passenger	Crew	Passenger	Crew	Passenger		
On a regular public transport								
In a chartered aircraft								
In a privately owned aircraft								
In a connection with business activities								
Under the auspices of an aero club								
In an aircraft engaged in any form of agriculture work.								
As a flying instructor								
As an aircraft tester								
In aerobatics or stuntwork								
In gliding								
Other – please specify								

4. Have you ever had an accident or been charged with violating Aviation Regulations? No Yes
 ▶ *If so, please provide details.*

5. Describe the types of aircraft you are likely to use.

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 life assurance and that failure to disclose any material fact known to me may invalidate the contract.

Signature of Life to be Insured	Signature:	Date:
		Signed at:

TO BE COMPLETED IF APPLICABLE:

I understand that any policy, which may be issued pursuant to my proposal, will contain the following special condition:

LIFE INSURED

Should the death of the life insured occur (whether on war service or not), directly or indirectly as a result of any form of aviation except while travelling as a fare paying passenger in a fully licensed, standard aircraft operated by a recognised airline over an established air route or as a passenger in an aircraft flying under charter licence, the amount payable under this policy shall be limited to the surrender value of the policy or the amount which shall have been paid in premium, whichever amount shall be the greater, This clause is waived whilst flying for (Fiji Airways/Pacific Sun/ Northern Airlines).

Signature of Life to be Insured	Signature:	Date:
		Signed at:
Signature of Witness	Name in Full	Date:
	Signature:	Signed at: