



# AIA SINGAPORE ASTHMATIC QUESTIONNAIRE

## Particulars of Insured and Policy Owner

Name of Insured

NRIC/Passport/FIN No.

Name of Policy Owner

NRIC/Passport/FIN No.

## Policy Numbers

## Questions

1. When was the condition first diagnosed?

2. Please give the names, addresses of all doctors consulted and dates of consultation.

3. When was your last follow-up consultation?

4. Have you recovered from your asthmatic attacks?

Yes  No

If **Yes**, please state date of last asthmatic attack or symptoms related to asthma.

5. How long have you been free from asthmatic attacks?

0 to 6 months  6 months to 1 year  1 to 2 years  2 to 3 years  
 3 to 4 years  4 to 5 years  more than 5 years

6. How many asthmatic attacks do you have in the last 3 years?

7. Have you missed more than 5 continuous days from your job/school in the last 3 years due to asthma?

Yes  No

If **Yes**, please state dates.



\* J 4 5 1 2 1 3 \*

8. Do you still require medication?

Yes  No

If **Yes**, please tick the type of medication used below including full details.

	Date(s) of use, duration of treatment & dosage
<input type="checkbox"/> Steroid (Cortisone) Inhaler / Anti-inflammatory spray E.g. Aldecin Inhaler, Becloforte, Flixotide, Pulmicort	
<input type="checkbox"/> Bronchodilator Spray / Tablet E.g. (Spray): Bricanyl, Clenil, Intal, Salbutamol, Salbuvent, Ventide, ventolin. (Tablet): Bricanyl, Neulin Slow Release, Salbutamol, Ventolin	
<input type="checkbox"/> Cortisone Tablet E.g. Dexamethasone, Methylprednisolone	

9. On how many occasions have you used cortisone tablets in the past 5 years?

0  1  2  3  4  5  More than 5

10. How many times have you been admitted to hospital for treatment of your asthma?

0  1  2  3  4  5  More than 5

Date of hospitalisation	Length of stay on each occasion	Name & address of the hospital

11. Do you monitor your asthma with a peak flow meter?

Yes  No

If **Yes**, please provide lowest and highest peak flow reading in the last 3 months.

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12. Remarks - Please provide any additional information that you feel will be helpful in processing your application.

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### Declaration and Authorisation

I hereby declare and agree that the above particulars and answer are complete and true, and this questionnaire will form part of the contract for the desired insurance on my life. I also authorise AIA Singapore Private Limited to obtain, if necessary, confidential reports from any doctor/clinic/hospital that I have referred above.

Signature of Insured

Date

Signature of Policy Owner

*\* Applicable if Insured is under age 16*

Date

FSC/IR's Name

FSC/IR's Code

FSC/IR Unit Name

Mobile No.

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