



AIA SINGAPORE GASTRO-INTESTINAL / DIGESTIVE DISORDER 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. Please state the diagnosis, if known.

2. When was this condition first diagnosed?

3. Have you had any tests done (E.g. barium meal, gastroscopy, colonoscopy, etc)?

Yes No

If **Yes**, please provide details including dates of investigations and results. Please enclose a copy of the report.

4. Please provide more details on your symptoms.

a) Please describe your symptoms.

b) How frequently do the symptoms occur?

5. When did symptoms last appear?

6. Have you had a surgery done for this condition or is a surgery being considered?

Yes No

If **Yes**, please provide date(s) and full details including names of hospital and doctor .

7. Have you experienced any problems or complications following surgery?

Yes No

If **Yes**, please provide details.



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8. Have you been discharged from follow-up?

Yes No

If **Yes**, please state when.

[Empty text box for discharge date]

9. Please provide details of your treatment. Include names of medication , dosage and frequency of use.

Currently

[Empty text box for current treatment details]

In the past

[Empty text box for past treatment details]

10. Please give the names, address of all doctors consulted and dates of consultation.

[Empty text box for doctor consultation details]

11. When was your last follow-up consultation?

[Empty text box for last follow-up date]

12. How long have you been away from work due to this condition?

[Empty text box for work absence duration]

13. Please provide any additional information on your condition which you feel will be helpful in processing your application.

[Empty text box for additional information]

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

[Signature box for Insured]

Date

Signature of Policy Owner

** Applicable if Insured is under age 16*

[Signature box for Policy Owner]

Date

FSC/IR's Name

FSC/IR's Code

FSC/IR Unit Name

Mobile No.

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