



# AIA SINGAPORE GENERAL HEALTH (NON-SPECIFIC) 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 the condition first diagnosed?

3. Please give details of your symptoms.

4. Please provide details of the hospitalisation, if applicable.

From  to  (inclusive) Please give your best estimate of the month and year.

If you are unable to recall the exact dates are not known, please indicate length of stay in hospital.  days.

5. Please provide full details of attack, if applicable :

a) Duration of each attack (approximate minutes)

b) Frequency  Daily  Weekly  Others Please specify

c) Severity  Mild  Moderate  Severe

d) Date of last attack

6. Please provide the names, addresses of all doctors that the proposed insured has consulted frequency of visit and period of consultation.

7. When was your last follow-up consultation?



\* J 4 9 1 2 1 3 \*

8. Please provide details of investigations done, dates and results.

Please enclose a copy of results.

Enclosed

Not available

9. Are you currently receiving treatment?

Yes

No

If **Yes**, please provide details of dosage of medication, frequency of use.

If **No**, when did you last receive treatment?

10. Do you plan to or have you been advised to undergo surgical or other treatment/investigation in the future?

Yes

No

If **Yes**, please provide details.

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

**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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