



AIA SINGAPORE GYNAECOLOGICAL DISORDERS 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. What was the diagnosis of your condition?

2. When was the condition first diagnosed?

3. Please give details of your symptoms.

4. Please give the approximate date when you last experienced problems or symptoms.

5. How often, within the last 12 months, have you had experienced the symptoms

6. Did you have any history of abnormal or prolonged bleeding due to this condition?

Yes No

If **Yes**, please state how often in the last 12 months.

7. Have you undergone any surgery for this condition?

Yes No

If **Yes**, please provide dates of all operations.

8. Have there been any problems or complications following surgery?

Yes No

If **Yes**, please give details.

9. 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 including the scheduled surgery date.



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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 including the scheduled surgery date.

11. Have you been prescribed medication for this condition within the last 6 months?

Yes No

If **Yes**, please provide name of medicine, dosage and frequency of use.

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

13. When was your last follow-up consultation?

14. Were there any problems or complications, requiring treatment or further consultation?

Yes No

If **Yes**, please give details.

15. Have you taken any time off work in the last 2 years because of this condition?

Yes No

If **Yes**, please give dates and duration.

16. Please provide all investigations results and reports. E.g. pelvis ultrasound, pap smear, blood tests, histology reports.

Enclosed Not available

17. 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.