



# AIA SINGAPORE COVID-19 (CORONAVIRUS) EXPOSURE 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

Please answer the following questions with as much detail as possible:

1. Are you, or have you been in close contact with anyone who has been quarantined or who has been diagnosed with novel coronavirus (SARS-CoV-2/COVID-19)?

Yes  No

If **Yes**, please provide details. Eg relationship and date of last contact (DD/MM/YY)

2. Have you ever been quarantined due to a possible exposure to novel coronavirus (SARS-CoV-2/COVID-19)?

Yes  No

If **Yes**, please provide detail.

**Last date of quarantine** (DD/MMM/YY)

**Country**

**Reason** (E.g. travel history, local cluster, unlinked, etc.)

3. Have you been advised to be tested to rule in, or rule out, a diagnosis of novel coronavirus (SARS-CoV-2/COVID-19)? Or, are you awaiting the result of a test which has already been submitted for the novel coronavirus (SARS-CoV-2/COVID-19)?

Yes  No  Pending result

4. Have you ever tested positive for the novel coronavirus (SARS-CoV-2/COVID-19)?

Yes  No

If **Yes**, provide the date of positive diagnosis.



\*G0V0820\*

5. Have you experienced any of the following symptoms within the last 14 days?

Yes  No

- Any fever
- Cough
- Shortness of breath
- Malaise (flu-like tiredness)
- Rhinorrhea (mucus discharge from the nose)
- Sore throat
- Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhea

If **Yes**, to any of these symptoms, please indicate which and provide full information.

6. Have you travelled abroad in the past 14 days or do you plan to travel for the next 30 days?

Yes  No

If **Yes**, please provide the details where applicable.

a) Please provide your travel patterns over the past 14 days:

COUNTRY	CITY	DATE ARRIVED	DATE DEPARTED

b) Please detail your intended future travel plans for the next 30 days:

COUNTRY	CITY	DATE ARRIVAL	INTENDED DURATION

7. Are you currently in good health?

Yes  No

If **No**, please provide details of current health conditions (E.g. symptoms, diagnosis, whether currently on treatment and/or follow up, etc.)

**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.