



AIA SINGAPORE BACK PAIN 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. When did you first suffer from a back disorder?

2. Please state

a) The cause of your back problem. E.g. injury, degenerative change, etc.

b) The exact diagnosis of your back problem. E.g. prolapsed disc, spondylosis, osteophyte, disc bulge etc.

c) Which part of spine is affected?

Cervical

Thoracic

Lumbar

Sacral

Coccyx

3. Please describe the symptoms fully. E.g. pain, stiffness, restricted movement.

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

5. Have you undergone any tests? E.g. X-ray, CT scan, MRI, etc.

Yes

No

If **Yes**, please give dates and results. Please enclose a copy of the report.

a) What was the nature of the treatment?



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b) Are you still undergoing treatment?

Yes

No

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

6. Have you had any recurrence of back trouble?

Yes

No

If **Yes**, please give date of last attack and number of recurrence.

7. Are you able to carry out most of your normal activities during an attack? E.g. walk, bend, etc.

Yes

No

If **No**, please give details.

8. How long have you been away from work due to your back disorder?

9. For how long have you been completely free of all symptoms?

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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