



# AIA SINGAPORE DIABETES 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 was the condition first diagnosed?

2. Please provide the name and address of your main doctor/clinic consulted for diabetes.

3. How often do you see this doctor for this condition?

Every  months

4. When was your last follow-up consultation?

5. Do you use or have you ever used insulin injections?

Yes       No

6. Please state name(s) of your current medication and its dosage.

7. Have you ever been hospitalised due to diabetes?

Yes       No

If **Yes**, please provide following details.

Dates	Symptoms Felt	Treatment/Investigation done & Results



\* J 4 2 0 3 1 2 \*

8. Have you had any of the following tests done?

Yes  No

If **Yes**, please tick the tests that you have done.

	Results	Date
<input type="checkbox"/> Cholesterol (Total)		
<input type="checkbox"/> Ratio: Total/HDL		
<input type="checkbox"/> Chest X-ray		
<input type="checkbox"/> ECG		
<input type="checkbox"/> Exercise ECG		
<input type="checkbox"/> Echocardiogram		
<input type="checkbox"/> Angiogram		
<input type="checkbox"/> Nuclear scan		
<input type="checkbox"/> Others Please specify <input type="text"/>		

9. In addition to your diabetes, do you suffer from any of the following or any other conditions not mentioned?

Yes  No

If **Yes**, please tick the followings:

High blood pressure/High cholesterol     
  Heart conditions/Chest pain     
  Coma/Stroke  
 Kidney conditions/Blood or protein in urine     
  Eye problem     
  Nerve disorder  
 Others Please specify

10. Please give your most recent blood test readings.

	Readings	Date
<input type="checkbox"/> Fasting Blood Sugar		
<input type="checkbox"/> Random Blood Sugar		
<input type="checkbox"/> HbA1C		
<input type="checkbox"/> Cholesterol		

11. Please submit all medical/investigation reports if they are available.

**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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