



FULL HEALTH CERTIFICATE (FOR JUVENILE POLICY)

AIA SINGAPORE PRIVATE LIMITED (Reg. No. 201106386R)

TO: POLICY SERVICES DEPARTMENT / CUSTOMER SERVICE (Please tick as appropriate)

Policy No(s):

Name of Insured: _____ NRIC/FIN/Passport No: _____ Unit Name: _____

Name of Policyowner: _____ NRIC/FIN/Passport No: _____ Location: _____

FSC/IR Name: _____ FSC/IR Code: FSC/IR Tel No: _____

Warnings: In accordance with Section 25(5) of the Insurance Act and any amendments, you are to disclose in this Application Form all facts which you know, or ought to know, or the application may be void.

DETAILS OF APPLICATION

Application for:

- Reinstatement
- Reinstatement With Redating
- ¹Addition Of Rider(s)
- ¹Increase In Sum Assured
- ¹Change of Plan
- ¹Declaration of New Medical Conditions
- Revival of New Business Application
- Review Medical Rating And/Or Exclusion
- ²Top-up For Investment Linked Policy

Payment Made With This Application _____

Important Notes:

- Kindly submit Request For Change Form with this application.
- Kindly submit Request For Investment Linked Transactions Form with this application.
- Kindly submit Full Health Certificate (For Adult Policy) for Insured if Insured is 16 years old and above.

SECTION A: INFORMATION CONCERNING THE INSURED (THE CHILD)

PART 1: DETAILS OF PREVIOUS INSURANCE APPLICATIONS & PURSUIT OF INSURED (THE CHILD)

1.1 How much life insurance (including Accident Insurance) is in force or pending on the child's life?
 Life: _____
 Accident: _____

1.2 Details of all family members and any insurance (in-force or applied) on each life

| Relationship to Proposed Insured | Age | Sex | Name of Company | Amount of Insurance |
|--|-----|-----|-----------------|---------------------|
| Father | | | | |
| Mother | | | | |
| Brother(s) / Sister(s) | | | | |
| Payor if other than a family member (legal guardian) | | | | |

1.3 Is any application (including reinstatement) for the Juvenile Proposed Insured's life, critical illnesses, accident, medical or health related insurance policy pending or been declined, postponed, rated or modified in any way? Yes No
 If Yes, give details and indicate company _____

1.4 Does the child contemplate to engage in any private flying or hazardous sports or races or flying other than as a fare paying passenger on a regular schedule airline or has the child in the last 5 years engaged in such flying or sports? Yes No
 If Yes, please give details _____

1.5 Has the child ever resided abroad for more than 3 months? If yes, please give details: Yes No
 Country _____ Duration (months) _____ Purpose _____

PART 2: HEALTH DETAILS OF INSURED (THE CHILD)

2.1 (a) Height (m) of Child _____ (b) Weight (kg) of Child _____

(c) Has the child lost any weight within the last 6 months? Yes No

If Yes, how much and state the reason _____



- 2.2 Has the child received medical advice, counselling or treatment in connection with AIDS, AIDS related complex or any other AIDS related condition, been told the child has any of these; or that the child had HIV testing done OR in the last 3 months had any of the following symptoms for more than one week continuously : fatigue, weight loss, diarrhoea, enlarged nodes or unusual skin lesions? Yes No
- 2.3 To the best of your knowledge and belief, has any member of the child's immediate family ever had tuberculosis, diabetes, cancer, polycystic disease, mental disease or any AIDS related condition? If yes, please provide details below: Yes No

| Relationship | Age at Onset | Current Age | Illness / Age at Death (if Deceased) |
|--------------|--------------|-------------|--------------------------------------|
| | | | |
| | | | |

- 2.4 Has the child ever had, or have been told or been treated for:
- (a) any respiratory, prolonged cough, bronchitis, asthma, heart problems, fits, epilepsy or disorder affecting the nervous system? Yes No
- (b) blood disorder, diabetes, endocrine disorder, nephritis or abnormality of the genitourinary system? Yes No
- (c) condition affecting the sight, hearing or speech, physical or developmental defects, abnormal or premature birth? Yes No
- 2.5 In the past 5 years, has the child had any (other than for immunisation or vaccination)
- (a) of the following tests done? If yes, please give details as indicated below: Yes No

| Test | Date | Reason | Result | Test | Date | Reason | Result |
|------------|------|--------|--------|----------------|------|--------|--------|
| X-Ray | | | | Cholesterol | | | |
| Ultrasound | | | | Liver Function | | | |
| CT Scan | | | | Urine | | | |
| Biopsy | | | | Others: | | | |
| ECG | | | | | | | |

- (b) illness, operation, medical advice, hospital treatment or accident not mentioned above? Yes No
- 2.6 **REMARKS** In connection with the above declaration, if any answer to questions 2.1 to 2.5 is "Yes", give details below, quoting the relevant question number. Please provide details of diagnosis or condition, date of consultation, name and address of doctor seen.

SECTION B: INFORMATION CONCERNING THE APPLICANT/OWNER (TO BE USED IF PB/PBC IS APPLIED)

PART 3: DETAILS OF APPLICANT/OWNER

- 3.1 (a) Occupation _____ (b) Annual Income _____
 (c) Please state exact duties _____
 (d) Company's Name _____ (e) Nature of Business _____
 (f) Business Address _____
- 3.2 Marital Status Single Married Widowed Divorced/Separated Since _____
- 3.3 (a) Do you smoke cigarettes? If yes, how many per day? _____ Yes No
 (b) Have you smoked any cigarettes in the past 12 months? _____ Yes No

PART 4: DETAILS OF PREVIOUS INSURANCE APPLICATIONS & PURSUIT OF APPLICANT/OWNER

- 4.1 How much Life Insurance (including Accident Insurance) is in force or pending on your life?
 Life: _____
 Accident: _____
- 4.2 Have you ever been declined, postponed or rated up for life and accident insurance, or involved in military activities, private flying, hazardous sports, races or flying other than as a fare paying passenger on a regular scheduled airline. Yes No
 If Yes, please give details _____
- 4.3 Are you contemplating a trip or had been outside Singapore for more than 6 months other than for leisure or social purposes? If Yes, please give details. Yes No
 Country _____ Duration (months) _____ Purpose _____

5.10 Have either of your natural parents or any siblings died or suffered from cancer, heart disease, stroke, high blood pressure, diabetes, kidney diseases, mental disorder, tuberculosis or any hereditary disease? If yes, please provide details below:

| Relationship | Age at Onset | Current Age | Illness / Age at Death (if Deceased) |
|--------------|--------------|-------------|--------------------------------------|
| | | | |
| | | | |

5.11 **FEMALE ONLY**

- (a) Have you suffered from or are you aware of any breast lumps or any other disorders of your breasts?
- (b) Have you suffered from irregular or painful or unusually heavy menstruation, fibroids, cysts or any other disorders of the female organs?
- (c) Have you ever had any abnormal pap smear test or been told by any other doctor to have a repeat pap smear within the next six months?
- (d) Have you been advised to have a mammogram, biopsy, operation of the breasts, ultrasound of the pelvis or any other gynaecological investigations? If yes, please state type, reason, date of test done and results of test (copy to be submitted if available).
- (e) For females who have conceived, were there any complications during pregnancy such as gestational diabetes and/or hypertension, etc.?
- (f) Are you now pregnant? If Yes, please indicate number of months _____
- (g) Have you had any test to exclude Down's Syndrome during pregnancy which showed positive results?
- (h) Have you any child(ren) with Down's Syndrome or congenital abnormalities?
- (i) Have you any test showing any congenital abnormalities of the baby during pregnancy?

5.12 **REMARKS** In connection with the above declaration, if any answer to questions 5.3 to 5.11 is "Yes", give details below, quoting the relevant question number. Please provide details of diagnosis or condition, date of consultation, name and address of doctor seen.

DECLARATION & AUTHORISATION

- I confirm that the above answers, given by me, are full, complete and true and agree that they form part of any policy issued, reinstated or amended, where these answers are, or may be, relied upon by AIA Singapore Private Limited ("the Company").
- I further agree that the above application stated above shall not be considered as effected by reason of any money paid or settlement made in payment of, or on account of any premium, until this Certificate shall be duly approved by an authorized Officer of the company.
- I further agree that if my application stated above be accepted by the Company, the Incontestability and Suicide Provisions thereof shall have effect from the approval date of my application.
- I understand and agreed that the application of the Contracts (Rights of Third Parties) Act (Cap. 53B) and any subsequent revision or replacement thereof is expressly excluded insofar as this contract of insurance is concerned.
- I/We hereby authorise, agree and consent to the Company to use and/or disclose any information collected and/or held (whether contained in this application or otherwise obtained) to enable the Company, its associated individuals/organisations and/or independent third parties, within or outside Singapore, with regard to any matters pertaining to the Application/Policy and/or any other policies that I/we currently may have with the Company, including but not limited to, processing of this Application, and/or providing subsequent services to me/us and/or providing advice and/or information concerning products and/or services which the Company believes may be of interest to me/us and/or communicating with me/us for any purpose. I/We hereby specifically waive any right to bring a claim of any nature against the Company, its associated individuals/organisations and/or independent third parties, within or outside Singapore, in respect of any above-mentioned disclosure and/or any disclosure in the nature described above. This authorisation shall bind my successors and assignees, and remains valid, notwithstanding death, irrespective of whether or not my/our Application is accepted by the Company. A photocopy of this authorisation shall be effective and valid as the original.

Warnings: If a material fact is not disclosed in this application form, any application may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the Financial Services Consultant/Insurance Representative but was not included in this application. Please check to ensure you are fully satisfied with the information declared in the application.

Declared in (place) _____ on Month (e.g. Jan, Feb) / Day / Year

SIGNATURE / NAME / NRIC/FIN/PASSPORT OF WITNESS

SIGNATURE OF APPLICANT/OWNER