



# 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 the diagnosis/cause of your back pain.

Spondylitis/Spondylosis

Slipped Disc/Prolapsed Disc/Herniated Disc

Sciatica

Muscle sprain/strain

Other back/neck pain/whiplash

3. Which part of spine is affected?

Cervical (neck)

Thoracic (upper/middle back)

Lumbar (lower back)

Sacral (area above tailbone)

Coccyx (tailbone)

4. Are you still experiencing symptoms? (eg. pain, stiffness, restricted movement, numbness)

Yes

No

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

If **No**, how long have you been completely free of all symptoms?

< 6 months

6 months to 1 year

1-3 years

> 5 years



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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 results.

- Enclosed  
 Not available

6. Have you undergone or been advised to undergo any treatment?

- Yes       No

If **Yes**, please state:

a) Nature and details of the treatment (eg. medication, physiotherapy, surgery, chiropractor, traditional Chinese medicine, others)

b) Are you still undergoing treatment?

- Yes       No

If **No**, please state date of cessation of treatment.

7. How many days were you off work / unable to perform normal activities in total for this condition?

- No time off  
 <1 week  
 1-4 weeks  
 4-12 weeks  
 >12 weeks

8. Remarks - Please provide any additional information that you feel will be helpful in processing your application.



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## 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

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Date

Signature of Policy Owner

*\* Applicable if Insured is under age 16*

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Date

FSC/IR's Name

FSC/IR's Code

FSC/IR Unit Name

Mobile No.

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