



AIA SINGAPORE

GASTRO-INTESTINAL / DIGESTIVE 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. Please state the exact diagnosis of your condition.

2. When was this condition first diagnosed?

3. Please describe your symptoms (E.g. abdominal pain, vomiting, blood in stools, etc)

4. Please provide more details on your symptoms.

a) How often do you experience these symptoms (E.g. daily, weekly, monthly, one time only)

b) Are you still experiencing symptoms?

c) When did symptoms last occur?

5. Have you had any tests done (E.g. barium meal, gastroscopy, colonoscopy, etc)?

Yes No

If **Yes**, please provide details including dates of investigations and results.

Please enclose a copy of results.

Enclosed

Not available (please submit Letter of Consent)

6. Please provide details on treatment:

a) Have you had, or have been advised to have surgery for this condition?

Yes No

If **Yes**, please provide details of the surgery, dates, and whether you have made full recovery following the procedure.



b) Have you been prescribed medication for this condition?

Yes No

If **Yes**, please provide name of medicine, frequency of use, and date of cessation (if applicable)

7. Have you been advised to return for any further treatment, surgery, investigation, repeat tests or follow up?

Yes No

If **Yes**, please provide details and the date of next scheduled appointment.

If **No**, please state date of discharge/date of last consultation.

8. Please give the names, address of all doctors consulted and dates of consultation.

9. 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

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

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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