# AIA SINGAPORE
## GENERAL HEALTH (NON-SPECIFIC) 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 date, exact diagnosis and underlying cause of this condition as advised by your doctor?

2) Please state the date of first and last symptoms, and the frequency (example: daily, weekly etc) as well.

3) Have you had, or been advised to have any investigations for this condition?

☐ Yes ☐ No

If **Yes**, please provide details of the investigations (examples: Ultrasound, Xray, CT, MRI, Biopsy, Blood/Urine tests etc) done, dates, and results. To enclose a copy of all investigation reports. If unavailable, a copy of letter of consent is to be submitted.

4) Please provide details of treatment:

a) 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)

b) Have you had, or 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.

*J490521*

**AIA Singapore Private Limited (Reg No. 201106386R)**
New Business Department,
3 Tampines Grande, #09-01, AIA Tampines, Singapore 528799
AIA Customer Care Hotline: 1800 248 8000 AIA.COM.SG

5) 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.

6) Please provide the names, addresses of all doctors that the proposed insured have consulted including frequency of visits and period of consultation.

7) 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. |
|---|---|---|---|
| | | | |