AIA SINGAPORE
AUTISM 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. Date of diagnosis:

2. Which of the following best describes the Life Assured?

☐ Generally independent in school, work, and daily activities, with only minor social or behavioural challenges
Examples may include:
- Attends mainstream school independently
- Works independently
- May have mild social or communication differences
- Prefers routines or structured activities

☐ Requires some ongoing support in school, work, or daily activities due to communication, behavioral, or social challenges
Examples may include:
- Receives learning support or assistance in school
- May find changes in routine challenging
- Requires occasional supervision or guidance in daily activities

☐ Requires a higher level of support in daily activities and is not able to perform the activities independently
Examples may include:
- Attends a specialised education programme
- Requires caregiver assistance for daily living
- Has limited verbal communication
- May not be able to work or live independently

3. Is the Life Assured currently receiving any of the following support or services?
(Please select all that apply)

☐ Speech therapy

☐ Occupational therapy

☐ Behavioural therapy

☐ Counselling or psychology follow-up

☐ Educational support

☐ None

☐ Other (please give details)

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4. Is the Life Assured currently taking any medication for this condition or related symptoms?

☐ Yes ☐ No

If **Yes**, please provide details:

5. Has the Life Assured ever been hospitalised due to a behavioural, developmental, or mental health condition?

☐ Yes ☐ No

If **Yes**, please provide details:

6. Are there any ongoing or planned specialist reviews, investigations, or treatments?

☐ Yes ☐ No

If **Yes**, please provide details:

7. Please provide the name of your doctor and the name and address of the clinic or hospital where you have received treatment or are currently followed up.

Doctor's Name, Clinic/Hospital Name, and Address:

Declaration and Authorisation

I hereby declare and agree that the above particulars and answers 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.