



# AIA SINGAPORE CHEST PAIN 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 the chest pain first occur?

2. How frequently do you experience chest pain, and when was the last attack?

3. Have you undergone or been advised to undergo investigation (eg. echocardiogram, ECG, etc) for your chest pain?

Yes  No

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

Please enclose a copy of all investigation reports.

Enclosed  
 Not available (please submit Letter of Consent)

4. What was the exact diagnosis and underlying cause of your chest pain as advised by your doctor?

5. 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)

6. Please provide the names, addresses of all doctors that you have consulted. Also, include the frequency of visit and period of consultation.



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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. 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

9. 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.