



# AIA SINGAPORE DRUG ABUSE 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. During the last 10 years have you taken any of the following drugs?

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a) Opiates? E.g. Codeine, Heroin, Methadone, Morphine, Opium, 'Smack', etc. | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Barbiturates? E.g. Amytal, Tuinal, 'Downers', etc.                       | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Amphetamines? E.g. 'Ecstasy', 'Ice', MDMA, 'Speed', 'Uppers', etc.       | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Cocaine? E.g. 'Coke', 'Crack', 'Snow', etc.                              | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Hallucinogens? E.g. 'Acid', 'Angel dust', 'Haze', LSD, 'Microdots' etc.  | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Cannabis? E.g. 'Hashish', Marijuana, 'Pot', 'Weed', etc.                 | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Sedatives? E.g. Diazepam, Nitrazepam, 'Tranks', etc.                     | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Solvents? E.g. Aerosols, glue, etc.                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| i) Others Please specify <input style="width: 400px;" type="text"/>         | <input type="checkbox"/> | <input type="checkbox"/> |

2. If answer is **Yes** to any of the above, please provide full details including name of drug and dates when usage commenced and ceased.

3. Have you ever sought medical treatment due to drug usage or undergone detoxification?

- Yes       No

If **Yes**, please provide details including type of treatment, dates of attendance, names and addresses of doctors consulted.

4.



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Have you suffered from any impairment associated with drug usage? E.g. hepatitis B, mental illness, etc.

Yes       No

If **Yes**, please provide details.

5. Are you now drug free?

Yes       No

If **Yes**, please state when usage ceased.

6. Please provide any additional information on your condition which 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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