



AIA SINGAPORE EPILEPSY 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 was the condition first diagnosed?

2. Please describe the type of epilepsy. E.g. grand mal, petit mal, etc.

3. Please state the number of attacks experienced per year

- Less than 12
 12 to 50
 Greater than 50

4. When was your last attack?

5. Have you had any tests done (E.g. EEG, CT scan, MRI, 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. Are you prevented from holding a driving license or are your activities restricted in any other way due to epilepsy?

- Yes No

If **Yes**, please provide details.

7. Please provide details of the type of treatment prescribed below:

a) Anti-epileptic drugs (include names of medication and how often taken and whether still ongoing or ceased)



J400521

b) Surgical

c) Others (E.g. electroconvulsive therapy, etc)

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

9. When was the date of your last consultation?

10. How many days were you off work / unable to perform normal activities in total in relation to this condition?

- No time off
- <1 week
- 1-4 weeks
- 4-12 weeks
- >12 weeks

11. 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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