



AIA SINGAPORE GYNAECOLOGICAL DISORDERS 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. What was your exact diagnosis?

2. When was the condition first diagnosed?

3. Please describe the signs and symptoms experienced (eg. prolonged or abnormal bleeding, irregular menses, late/absence of menses, painful periods, etc)

4. How often do you experience these symptoms (eg. daily, weekly, monthly, one time only), and when did symptoms last occur?

5. 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.

6. Have you ever been prescribed medication for this condition?

 Yes No

If **Yes**, please provide name of medicine, frequency of use, and date of cessation (if applicable)

7. Please provide the names, addresses of all doctors that the proposed insured has consulted, frequency of visit and period of consultation.

8. 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.



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9. Please provide all investigations results and reports. E.g. pelvis ultrasound, pap smear, blood tests, histology reports. (Kindly provide Letter of Consent if reports are not available)

Enclosed Not available

10. 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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