



# AIA SINGAPORE HEPATITIS OR LIVER 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 liver disorder have you had?

Hepatitis A and/or E                       Hepatitis B, C and/or D                       Fatty Liver

Gallstone                       Other Liver or Gallbladder disorder: please specify (ie Neonatal Jaundice, Jaundice):

2. When was the condition first diagnosed?

3. Have you had any of the following tests done?

Yes                       No

If **Yes**, please tick the tests that you have done.

	Results	Date
<input type="checkbox"/> Blood test (ie. Liver function tests, HBV DNA, Antibody, Antigen tests etc)	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Liver Biopsy	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Ultrasound	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> CT or MRI scan	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Others such as inpatient discharge summary etc, please specify	<input type="text"/>	<input type="text"/>

4. Are you currently receiving treatment?

Yes                       No

If you are currently not receiving any treatment, please provide the MM/YY on cessation of treatment and/or state details on doctor's advice and recommendation.



\*J370921\*

5. What treatment have you received?

- Interferon                       Anti-viral medication                       Surgery                       Others

If **Others**, please provide details.

6. Please provide the name and address of your main doctor consulted for this condition, frequency of visit and period of consultation.

7. When was your last follow-up consultation?

8. Have you fully recovered from this condition?

- Yes                       No

9. Please provide copies of any medical reports you may have. If it is unavailable, please provide a copy of Letter of consent for report abstraction.

**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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