



AIA SINGAPORE JUVENILE RESPIRATORY DISORDER 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. Please provide information on the diagnosis and the presenting symptoms.

Diagnosis, if known	Description of symptoms	Date symptoms first started

2. Details of attacks.

a) Date of last attack

	No. of attacks	No. of days off school as a result of this condition
In the last 12 months		
In the last 36 months		

3. Has the child ever been hospitalised for this condition?

Yes No

If **Yes**, please give details.

No. of hospitalisation	Average length of stay per admission	Dates of last admission	Length of stay of last admission if exact dates are not known
		From	
		To	

4. Is the child required to be on medication (either continuous or intermittent) currently?

Yes No

If **No**, please give the date of cessation.

If **Yes**, please give details.

Name(s) of medication	Dosage prescribed	Frequency of use



* J 3 5 1 2 1 3 *

5. Please provide the names, address of all doctors consulted, and frequency of visits and period of consultation.

6. When was the last follow-up consultation?

7. Please provide copies of the child health booklet or medical reports.

Enclosed Not available

8. Remarks - Please provide any additional information that you feel will be helpful in processing 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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