



AIA SINGAPORE MENTAL HEALTH 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 the diagnosis, if known.

- Depression
 Anxiety/Panic disorder
 Schizophrenia
 Others

If **Others**, please give details.

2. When was the condition first diagnosed?

3. Are you still experiencing symptoms?

- Yes
 No

If **Yes**, when was the last occurrence?

If **No**, how long have you been free of all symptoms?

4. Please provide details on treatment:

a) Have you been prescribed medication for this condition?

- Yes
 No

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

b) Have you received counselling/psychotherapy?

- Yes
 No

If **Yes**, please state date of last session, frequency of visits, and whether you are required to return for any further sessions.

c) Have you ever been hospitalised for this condition?

- Yes
 No

If **Yes**, please provide details (eg. dates, length of admission, etc)

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- d) Have you ever received any other treatment not mentioned above? (eg. Electroconvulsive therapy, etc)
 Yes No

If **Yes**, please provide details.

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

6. Please provide details of any time off work due to your condition(s). Include date and duration of each absence.

7. Have you ever attempted suicide or have had suicidal thoughts?

Yes No

If **Yes**, please give details, including dates.

8. Please provide a copy of the medical reports **AND** a Letter of Consent

Reports enclosed
 Reports not available

9. 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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