



# AIA SINGAPORE SMOKING QUESTIONNAIRE

## Particulars of Insured and Policy Owner

Name of Insured	NRIC/Passport/FIN No.
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Name of Policy Owner	NRIC/Passport/FIN No.
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

## Policy Numbers

<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

## Details

1. Have you **ever** smoked any forms of tobacco or used any nicotine related products, including but not limited to cigarettes, cigars, pipes, electronic cigarettes, shisha, chewing tobacco, paan, betel, or nicotine gum, or others?  Yes  No

If **Yes**, please provide details:

<b>Please indicate type of tobacco used</b>	<input style="width: 95%; height: 20px;" type="text"/>
<b>Quantity</b>	<input style="width: 95%; height: 20px;" type="text"/>
<b>please select the frequency</b>	<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> yearly

2. Have you quit smoking?  Yes  No

If **Yes**, please provide details:

<b>When was the last time you smoked?</b>	<input style="width: 95%; height: 20px;" type="text"/> (mm/yy)
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3. Have you ever been advised by a doctor to give up smoking?  Yes  No

If **Yes**, please provide details:

<input style="width: 95%; height: 28px;" type="text"/>
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### MISSTATEMENT OF FACTS

If the insured's smoking status has been misstated, any amount payable by the Company under the policy will be such as the premiums paid would have purchased at the appropriate rate for smokers.

## 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.
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

