AIA SINGAPORE
POLICY SERVICES
COVID-19 (CORONAVIRUS) EXPOSURE 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

Please answer the following questions with as much detail as possible:

1. Are you, or have you been in close contact with anyone who has been quarantined or who has been diagnosed with novel coronavirus (SARS-CoV-2/COVID-19)?

Insured		Applicant Owner/Payor (applicable for PB/PBC/ECPPB)	
Yes ☐	No ☐	Yes ☐	No ☐

If **Yes**, please provide details. E.g relationship and date of last contact (DD/MM/YY)

Insured	
Applicant Owner/Payor (applicable for PB/PBC/ECPPB)	

2. Have you ever been quarantined due to a possible exposure to novel coronavirus (SARS-CoV-2/COVID-19)?

Yes	No	Yes	No
☐	☐	☐	☐

If **Yes**, please provide detail.

Insured	Applicant Owner/Payor (applicable for PB/PBC/ECPPB)
Last date of quarantine (DD/MMM/YY)	**Last date of quarantine** (DD/MMM/YY)
Country	**Country**
Reason (E.g. travel history, local cluster, unlink, etc.)	**Reason** (E.g. travel history, local cluster, unlink, etc.)

3. Have you been advised to be tested to rule in, or rule out, a diagnosis of novel coronavirus (SARS-CoV-2/COVID-19)? Or, are you awaiting the result of a test which has already been submitted for the novel coronavirus (SARS-CoV-2/COVID-19)?

Yes	No	Yes	No
☐	☐	☐	☐
☐ Pending result		☐ Pending result	

4. Have you ever tested positive for the novel coronavirus (SARS-CoV-2/COVID-19)?

Yes	No	Yes	No
☐	☐	☐	☐

If **Yes**, provide the date of positive diagnosis.

Insured	
Applicant Owner/Payor (applicable for PB/PBC/ECPPB)	

(11/2020 09/2021)

* G O V 0 5 2 0 *

AIA Singapore Private Limited (Reg No. 201106386R)
3 Tampines Grande, AIA Tampines,
#09-01, Singapore 528799

5. Have you experienced any of the following symptoms within the last 14 days?

	Insured		Applicant Owner/Payor (applicable for PB/PBC/ECPPB)	
	Yes	No	Yes	No
• Any fever	☐	☐	☐	☐
• Cough	☐	☐	☐	☐
• Shortness of breath	☐	☐	☐	☐
• Malaise (flu-like tiredness)	☐	☐	☐	☐
• Rhinorrhea (mucus discharge from the nose)	☐	☐	☐	☐
• Sore throat	☐	☐	☐	☐
• Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhea	☐	☐	☐	☐

If **Yes**, to any of these symptoms, please indicate which and provide full information

Insured	
Applicant Owner/Payor (applicable for PB/PBC/ECPPB)	

6. Have you travelled abroad in the past 14 days or do you plan to travel for the next 30 days?

Insured		Applicant Owner/Payor (applicable for PB/PBC/ECPPB)	
Yes	No	Yes	No
☐	☐	☐	☐

If **Yes**, please provide the details where applicable,.

a) Please provide your travel patterns over the past 14 days:

Insured		Applicant Owner/Payor (applicable for PB/PBC/ECPPB)	
COUNTRY		COUNTRY	
CITY		CITY	
DATE ARRIVED		DATE ARRIVED	
DATE DEPARTED		DATE DEPARTED	

b) Please detail your intended future travel plans for next 30 days:

Insured		Applicant Owner/Payor (applicable for PB/PBC/ECPPB)	
COUNTRY		COUNTRY	
CITY		CITY	
DATE ARRIVAL		DATE ARRIVAL	
INTENDED DURATION		INTENDED DURATION	

7. Are you currently in good health?

Insured		Applicant Owner/Payor (applicable for PB/PBC/ECPPB)	
Yes	No	Yes	No
☐	☐	☐	☐

If **No**, please provide details of current health conditions (E.g. symptoms, diagnosis, whether currently on treatment and/or follow up, etc.)

8. Have you been fully vaccinated?
Fully vaccinated - more than 14 days or 28 days (depending on type of vaccine) after completing vaccination regimen recognised in the WHO EUL (Emergency Use Listing) account (both doses of the vaccine or one dose for recovered individuals)

Insured		Applicant Owner/Payor (applicable for PB/PBC/ECPPB)	
Yes	No	Yes	No
☐	☐	☐	☐

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/Trustee/Assignee (if different from Insured)

*Contact Number :

*** We will call you at this number if we need any clarifications regarding your request. This contact number will not be updated into our records. If you wish to update your contact details, please complete the Update of Address & Contact Details form.**

FSC/IR's Name	FSC/IR's Code	FSC/IR Unit Name	Mobile No.