



AIA SINGAPORE PRENATAL / BABY RIDER SUPPLEMENTARY QUESTIONNAIRE

Particulars of Insured and Policy Owner

Name of Insured/Policy Owner

NRIC/Passport/FIN No.

Policy Number(s)

Questions

1. Are you currently carrying more than one foetus?

Yes No

If yes, please tick the appropriate box.

Twins Triplets Quadruplets Others

2. Is your current pregnancy conceived through assisted reproductive technology (such as but not limited to IVF).

Yes No

3. Please provide the name and address of your main doctor/clinic consulted for pregnancy and give details of the following.

| Name of doctor/clinic | Address of clinic |
|-----------------------|-------------------|
| | |

| Date of last consultation | Test(s) done during last consultation | Result of test(s) done |
|---------------------------|---------------------------------------|------------------------|
| | | |

4. Are you aware if your spouse has any of the following medical conditions: congenital heart disorder, congenital brain and spinal cord disorder, congenital cataract, congenital deafness, cleft palate and/ or lip, renal failure, liver disease (such as haemachromotosis) or any other hereditary disease such as polycystic kidney disease, thalassaemia minor/major, haemophilia A, Huntington's disease, muscular dystrophy, cystic fibrosis, familial adenomatous polyposis that was diagnosed before age 60?

Yes No

5. Have you been advised by a medical doctor not to conceive?

Yes No

6. Have you decided not to do any blood, urine or any other test or investigation that was recommended by your doctor?

Yes No

7. Have you done or been advised to do any of the following tests:

| | Yes | No |
|---|--------------------------|--------------------------|
| a. First trimester prenatal screening such as OSCAR | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Amniocentesis / chorionic villous sampling / Harmony Prenatal DNA Test | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Detailed ultrasound and/or any other test or investigation | <input type="checkbox"/> | <input type="checkbox"/> |



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8. Have there been any complication(s) relating to this and/or previous pregnancies?

Yes **No**

- a. Placental abnormalities; Yes No
- b. Bleeding during pregnancy after first trimester; Yes No
- c. Severe anaemia (haemoglobin level of less than 8mg/dl); Yes No
- d. Fatty liver due to pregnancy; Yes No
- e. Cervical incompetence or weakness of the cervix; Yes No
- f. Repeated urinary tract infection or infection of the womb; Yes No
- g. Premature uterine contractions; Yes No
- h. Pre-term labour (i.e. before 32 weeks) or still birth; Yes No
- i. Hospitalization during pregnancy; Yes No
- j. Any pregnancy complications or abnormalities not mentioned above? Yes No

9. Have you ever conceived or given birth to a baby with congenital illnesses (such as but not limited to Down's Syndrome, structural heart defects, brain and spinal cord disorder, cleft palate/lip), conditions affecting the sight, hearing or speech, physical or developmental defects, abnormal or premature birth or any other serious diseases requiring regular follow up or continuous treatment?

- Yes No Not applicable

10. Have you been told or have you ever had any test showing any abnormality of the foetus?

Yes **No**

- a. Abnormal foetal size in relation to gestational age Yes No
- b. Abnormal foetal position/ presentation Yes No
- c. Abnormal foetal heart rate Yes No
- d. Abnormal foetal movement Yes No
- e. Intrauterine growth retardation Yes No
- f. Down's Syndrome Yes No
- g. Any other congenital abnormality Yes No

Remarks in connection with the insurance applied for, if any answer is "Yes", please give details below, quoting the relevant question number(s).

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/Policy Owner

Date

| | | | |
|-----------|-----------|--------------|------------|
| IA's Name | IA's Code | IA Unit Name | Mobile No. |
| | | | |