# AIA SINGAPORE
## ASTHMATIC QUESTIONNAIRE

### Particulars of Insured and Policy Owner

<table>
<thead>
<tr>
<th>Name of Insured</th>
<th>NRIC/Passport/FIN No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Policy Owner</th>
<th>NRIC/Passport/FIN No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Policy Numbers

<table>
<thead>
<tr>
<th>Policy Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Questions

1. When was the condition first diagnosed?

2. Please give the names, addresses of all doctors consulted and dates of consultation.

3. When was your last follow-up consultation?

4. Have you recovered from your asthmatic attacks?
   - Yes
   - No
   
   If Yes, please state date of last asthmatic attack or symptoms related to asthma.

5. How long have you been free from asthmatic attacks?
   - 0 to 6 months
   - 6 months to 1 year
   - 1 to 2 years
   - 2 to 3 years
   - 3 to 4 years
   - 4 to 5 years
   - more than 5 years

6. How many asthmatic attacks do you have in the last 3 years?
7. Do you still require medication?
   □ Yes □ No

   If Yes, please tick the type of medication used below including full details.

<table>
<thead>
<tr>
<th>Date(s) of use, duration of treatment &amp; dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steroid (Cortisone) Inhaler / Anti-inflammatory spray E.g. Aldecin Inhaler, Becloforte, Flixotide, Pulmicort</td>
</tr>
<tr>
<td>Cortisone Tablet E.g. Dexamethasone, Methylprednisolone</td>
</tr>
</tbody>
</table>

8. On how many occasions have you used cortisone tablets in the past 5 years?
   □ 0 □ 1 □ 2 □ 3 □ 4 □ 5 □ More than 5

9. How many times have you been admitted to hospital for treatment of your asthma?
   □ 0 □ 1 □ 2 □ 3 □ 4 □ 5 □ More than 5

<table>
<thead>
<tr>
<th>Date of hospitalisation</th>
<th>Length of stay on each occasion</th>
<th>Name &amp; address of the hospital</th>
</tr>
</thead>
</table>

10. Do you monitor your asthma with a peak flow meter?
    □ Yes □ No

    If Yes, please provide lowest and highest peak flow reading in the last 3 months.

11. Have you missed more than 5 continuous days from your job/school in the last 3 years due to asthma?
    □ Yes □ No

    If Yes, please state dates.

---

**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

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.