



AIA SINGAPORE ASTHMATIC 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. 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?



* J 4 5 0 3 1 2 *

7. Do you still require medication?
 Yes No

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

	Date(s) of use, duration of treatment & dosage
<input type="checkbox"/> Steroid (Cortisone) Inhaler / Anti-inflammatory spray E.g. Aldecin Inhaler, Becloforte, Flixotide, Pulmicort	
<input type="checkbox"/> Bronchodilator Spray / Tablet E.g. (Spray): Bricanyl, Clenil, Intal, Salbutamol, Salbuvent, Ventide, ventolin. (Tablet): Bricanyl, Neulin Slow Release, Salbutamol, Ventolin	
<input type="checkbox"/> Cortisone Tablet E.g. Dexamethasone, Methylprednisolone	

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

Date of hospitalisation	Length of stay on each occasion	Name & address of the hospital

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.

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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.

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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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