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?

☐ 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

SY10118

AIA Singapore Private Limited (Reg No. 201106386R)
AIA Customer Service Centre, 1 Finlayson Green, Singapore 049246
Monday to Friday: 8.45am – 5.30pm
AIA Customer Care Hotline: 1800 248 8000 AIA.COM.SG

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

		Yes	No
a.	First trimester prenatal screening such as OSCAR	☐	☐
b.	Amniocentesis / chorionic villous sampling / Harmony Prenatal DNA Test	☐	☐
c.	Detailed ultrasound and/or any other test or investigation	☐	☐

8. Has there been any history of miscarriage?

☐ No

☐ Yes. History of one incident during the 1st trimester. (***Note***: Please submit the Obstetrics & Gynaecology Report)

☐ Yes. History of more than one incident and/or incident(s) occur during the second or third trimester

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

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

10. 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. This is my first pregnancy

11. 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	☐	☐
b.	Abnormal foetal position/ presentation	☐	☐
c.	Abnormal foetal heart rate	☐	☐
d.	Abnormal foetal movement	☐	☐
e.	Intrauterine growth retardation	☐	☐
f.	Down's Syndrome	☐	☐
g.	Any other congenital abnormality	☐	☐

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.