



AIA SINGAPORE

HIGH BLOOD PRESSURE / RAISED CHOLESTEROL / DIABETES 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. What is the diagnosis?

High Blood Pressure

Raised Cholesterol / Hypertriglyceridemia

Diabetes

2. When was the condition first diagnosed? (Month/Year)

High Blood Pressure

**Raised Cholesterol /
Hypertriglyceridemia**

Diabetes

3. How often do you see this doctor for this condition? (Months)

High Blood Pressure

Every

months

**Raised Cholesterol /
Hypertriglyceridemia**

Every

months

Diabetes

Every

months

4a. Are you currently using prescription medications or on any treatment for the condition?

If **Yes**, please state the name and dosage.

High Blood Pressure

Yes

No*

**Raised Cholesterol /
Hypertriglyceridemia**

Yes

No*

Diabetes

Yes

No*

* If you have answered **No** to any of the conditions in Qn 4a, please proceed to answer Qn 4b for the respective condition(s).



* G O B 1 2 1 4 *

4b. Have you ever taken any medication in the past?

If **Yes**, did your doctor advise you to stop the medication?

High Blood Pressure

Yes No

Raised Cholesterol / Hypertriglyceridemia

Yes No

Diabetes

Yes No

5. Do you use or have you ever used insulin injections?

Diabetes

Yes No

6. Have you ever been hospitalised due to the condition? If **Yes**, please provide details: date(s), investigation/treatment done and results.

High Blood Pressure

Yes No

Dates	Investigation/Treatment done & Results

Raised Cholesterol / Hypertriglyceridemia

Yes No

Dates	Investigation/Treatment done & Results

Diabetes

Yes No

Dates	Investigation/Treatment done & Results

7. Please give your most recent blood pressure reading and date (should be within last 3 months).

High Blood Pressure

BP Reading

mmHg

Date

Please enclose copies of available reports.

Enclosed

Not available

8. Please give your most recent Total Cholesterol/HDL Ratio and/or Triglyceride reading (mg/dl) and date (should be within last 3 months).

Raised Cholesterol / Hypertriglyceridemia

Total Chol/HDL Ratio mg/dl Date

Triglyceride mg/dl Date

Please enclose copies of available reports. Enclosed Not available

9. Please give your most recent Fasting Blood Sugar and HbA1c reading (%) reading (mg/dl) and date (should be within last 3 months).

Diabetes

Fasting Blood Sugar mg/dl Date

HbA1c % Date

Please enclose copies of available reports. Enclosed Not available

10. Have you had any of the following tests done?

Yes No

If **Yes**, please tick the tests that you have done.

- Chest X-ray
- ECG
- Exercise ECG
- Echocardiogram
- Angiogram
- Nuclear scan
- Others Please specify

Results	Date

Please enclose a copy of test results. Enclosed Not available

11. In addition to the above medical condition(s), do you suffer from any of the following or any other conditions not mentioned?

Yes No

If **Yes**, please tick the followings:

- Heart conditions/Chest pain Coma/Stroke
- Kidney conditions/Blood or protein in urine Eye problem Nerve disorder
- Others Please specify

12. Remarks – Please provide any additional information which you feel will be helpful in processing your application.

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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