



# AIA SINGAPORE TUMOURS / CYSTS / LUMPS / GROWTHS 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 growth, cyst, lump or tumour first discovered?

2. Where was the growth/tumour located?

3. Please state the precise diagnosis if known, including size of the growth, cyst, lump or tumour.

4. Has the growth been removed?

Yes

No

If **No**, please provide.

a) Details of investigations which have been carried out. Include date(s) and results of tests.

b) Details of any increase or reduction in size of the growth/tumour.

c) Details of any proposed treatment or surgery.

If **Yes**, please provide.

a) Date of removal.

b) What treatment have you had following the removal (E.g. Tablets, radiotherapy, chemotherapy, etc)?

c) Has there been a recurrence of the growth after it was removed?



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

6. When was your last follow-up consultation?

7. How long have you been away from work due to this condition?

8. Please provide copies of any medical reports that you may have. E.g. Histology reports, tests, etc.

Enclosed                       Not available

9. Remarks - Please provide any additional information that 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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