



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. 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

6. Have you been advised by a medical doctor not to conceive?

Yes No

7. Have you decided not to do any blood, urine or any other test or investigation that was recommended by your doctor?

Yes No



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8. 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

9. Have you undergone prenatal screening for your current pregnancy?

Yes No

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

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

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	<input type="checkbox"/>	<input type="checkbox"/>
b. Abnormal foetal position/ presentation	<input type="checkbox"/>	<input type="checkbox"/>
c. Abnormal foetal heart rate	<input type="checkbox"/>	<input type="checkbox"/>
d. Abnormal foetal movement	<input type="checkbox"/>	<input type="checkbox"/>
e. Intrauterine growth retardation	<input type="checkbox"/>	<input type="checkbox"/>
f. Down's Syndrome	<input type="checkbox"/>	<input type="checkbox"/>
g. Any other congenital abnormality	<input type="checkbox"/>	<input type="checkbox"/>

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

FSC/IR's Name	FSC/IR's Code	FSC/IR Unit Name	Mobile No.