



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. How often have you experienced symptoms such as wheezing or shortness of breath in the last 2 years

- No symptoms 7 to 12 times
 1 to 6 times More than 12 times

3. Have you used an inhaler in the last 2 years?

- Yes No

4. Have you taken or have you been advised to take medication (other than preventative inhaler) for this condition in the last 2 years?

- No. I am not on medication
 Yes. I have taken oral steroids once in the last 2 years
 Yes. I have taken on oral steroids more than once in the last 2 years

5. How many times have you been admitted to hospital for treatment of your asthma?

- 0 1 2 3 4 5 More than 5

Please provide details of Date of hospitalization / Length of stay on each occasion / Name & address of the hospital.

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



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7. Remarks - Please provide any additional information that you feel will be helpful in assessing 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/dinic/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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