



# 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 a doctor for this condition? (Months)

**High Blood Pressure**

Every

months

**Raised Cholesterol /  
Hypertriglyceridemia**

Every

months

**Diabetes**

Every

months

4a. Are you currently on prescribed medication or taking any other treatment for the condition?

If **Yes**, please state the name of medication 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).



\*G0B0522\*

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. 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

6. Please provide your most recent blood pressure reading (within last 6 months). Your blood pressure readings are usually recorded in the following manner: "Systolic/Diastolic (ie 120/80)"

Less than or equal to 140/90       Systolic >140 and/or Diastolic >90       Don't know readings

7. Please provide 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  Date

Triglyceride  mg/dl Date

Please enclose copies of available reports.  Enclosed  Not available

8. Please provide 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

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

Yes No

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

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

Yes No

Heart conditions/Chest pain

Coma/Stroke

Kidney conditions/Blood or protein in urine

Eye problem

Nerve disorder

Others Please specify

Please enclose a copy of test results.  Enclosed  Not available

11. If you have ticked 'Yes' to any of the condition(s) above, please provide full detail of investigations done (i.e. including type, date and results), and full name and address of doctor consulted. Also state the date of last consultation.

**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

*\* Applicable if Insured is age 16 and above*

Signature of Policy Owner

Date

Date

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