AIA SINGAPORE
HEALTH DECLARATION FORM

TO: ACCIDENT & HEALTH OPERATIONS / CUSTOMER SERVICE *(Please tick as appropriate)*

Policy No(s): ☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐☐

Name of Insured: ____________ NRIC/FIN/Passport No: ____________ Unit Name: ____________

Name of Policyowner: ____________ NRIC/FIN/Passport No: ____________ Location: ____________

FSC/IR Name: ____________ FSC/IR Code: ☐☐☐☐☐ FSC/IR Tel No: ____________

Warnings: In accordance with Section 25(5) of the Insurance Act and any amendments, you are to disclose in this Application Form all facts which you know, or ought to know, or the application may be void.

DETAILS OF APPLICATION

Application for:

☐ Reinstatement ☐ Addition of Benefit(s) ☐ Change of Plan

☐ Declaration of New Medical Conditions ☐ Review Medical Rating And/Or Exclusion ☐ Revival of New Business Application

Payment Made With This Application ____________

PART 1: DETAILS OF INSURED & APPLICANT OWNER (A/O)

1.1 (a) Occupation ____________ (b) Annual Income ____________
(c) Please state exact duties ____________
(d) Company's Name ____________ (e) Nature of Business ____________
(f) Business Address ____________

	Insured Yes	Insured No	A/O Yes	A/O No
1.2 Is any application for reinstatement of your life, critical illnesses, accidents, medical or other health related insurance policy pending, or has it ever been declined, postponed, rated or modified in any way?	☐	☐	☐	☐

If Yes, give details and indicate company ____________

PART 2: FOR PERSONAL ACCIDENT PLAN ONLY

	Insured Yes	Insured No	A/O Yes	A/O No
2.1 Since policy application date or last date of reinstatement, whichever is later, do you have or have you had any physical defects, impairments, deformities, and/or any conditions affecting mobility, sight and/or hearing?	☐	☐	☐	☐
2.2 Do you engage or intend to engage in hazardous sports (including but not limited to motor sports, scuba diving, mountaineering) or fly other than a fare paying passenger on a licensed air service within recognized scheduled routes?	☐	☐	☐	☐

If any answer to the questions above is "Yes", give details below, quoting the relevant question number:

PT 0022050 (09/2009 01/2012)

B0201120102 04

Accident & Health Operations 371, Alexandra Road, #04-01,
AIA Alexandra, Singapore 159963 Fax: 6276 5855 AIA.COM.SG

PART 3: FOR HEALTH / CRITICAL ILLNESS PLAN ONLY

	Insured		A/O	
	Yes	No	Yes	No
3.1(a) Height of Insured / Applicant Owner (in Meters)				
(b) Weight of Insured / Applicant Owner (in Kilograms)				
(c) Was there any weight change in the past year?	❑	❑	❑	❑
If Yes, how much and state the reason _____				
3.2 (a) Do you smoke cigarettes? If yes, how many per day? _____	❑	❑	❑	❑
(b) Have you smoked any cigarettes in the past 12 months?	❑	❑	❑	❑
3.3 (a) Have you ever used any habit forming drugs or narcotics or been treated for drug habits?	❑	❑	❑	❑
(b) Have you ever consumed alcohol excessively or been treated for alcoholism?	❑	❑	❑	❑
3.4 Have you had any physical defects or any health impairments?	❑	❑	❑	❑
3.5 Have you ever had or been told to have or been treated for: (a) epilepsy, fits, stroke, paralysis, weakness of limb, prolonged headache, unconsciousness, nervous breakdown, depression or any other nervous/mental disorders?	❑	❑	❑	❑
(b) diabetes, thyroid disorders or any other endocrine disorders?	❑	❑	❑	❑
(c) ear discharge, nose bleeds, double vision, impaired sight, hearing, or speech or any other disorders of ear, eye, nose or throat?	❑	❑	❑	❑
(d) asthma, persistent cough, coughing with blood, pneumonia, tuberculosis, chest or breathing complaints/discomfort or any other lung disorders?	❑	❑	❑	❑
(e) raised cholesterol, high blood pressure, heart attack, heart murmur, mitral valve prolapse or other heart valve disorders, breathlessness, irregular or fast heart rate, chest discomfort or pain, disease of or any other disorder of the heart or blood vessels?	❑	❑	❑	❑
(f) gastritis, stomach or duodenal ulcer, blood in stools, fistula, piles or any other stomach or bowel disorders?	❑	❑	❑	❑
(g) jaundice, hepatitis B carrier or any form of hepatitis, liver disorder or gall bladder disorder?	❑	❑	❑	❑
(h) blood, protein or sugar in urine, kidney stones, infection, or any other disorders of the kidney, bladder, or genital organs?	❑	❑	❑	❑
(i) slipped disc, gout, arthritis, pain or deformity or disorders of the muscles, spine, limbs or joints or severe injury?	❑	❑	❑	❑
(j) cancer, tumours, cyst or growths of any kind?	❑	❑	❑	❑
(k) anemia, any other disorders of the blood, advised to abstain from donating blood or received Blood transfusion or blood products on account of hemophilia or any other reason?	❑	❑	❑	❑
(l) any other illness, disorder, operation, physical disability or accident not mentioned above?	❑	❑	❑	❑
3.6 Have you or your spouse been told to have, received any medical advice, counseling or treatment In connection with sexually transmitted disease, AIDS, AIDS Related Complex or any other AIDS related condition?	❑	❑	❑	❑
3.7 Have you ever had HIV testing done? If yes, please state reason and results _____	❑	❑	❑	❑
3.8 In the last 3 months had any of the following symptoms for more than one week continuously : fatigue, weight loss, diarrhoea, enlarged nodes or unusual skin lesions? If yes, please state reason and results _____	❑	❑	❑	❑

Accident & Health Operations 371, Alexandra Road, #04-01, AIA Alexandra, Singapore 159963 Fax: 6276 5855 AIA.COM.SG

Policy No(s):

	Insured		A/O	
	Yes	No	Yes	No
3.9 In the past 5 years, have you had any (other than for immunisation or vaccination) (a) of the following tests done? If yes, please give details as indicated below:	❑	❑	❑	❑

Test	Date	Reason	Result	Test	Date	Reason	Result
X-Ray				Cholesterol			
Ultrasound				Liver Function			
CT Scan				Urine			
Biopsy				Others:			
ECG							

3.9 (b) illness, operation, medical advice, hospital treatment or accident not mentioned in 3.9(a)?	❑	❑	❑	❑
3.10 Have either of your natural parents or any siblings died or suffered from cancer, heart disease, stroke, high blood pressure, diabetes, kidney diseases, mental disorder, tuberculosis or any hereditary disease? If yes, please provide details below:	❑	❑	❑	❑

Relationship	Age at Onset	Current Age	Illness / Age at Death (if Deceased)

3.11 **FEMALE ONLY** (a) Have you suffered from or are you aware of any breast lumps or any other disorders of your breasts?	❑	❑	❑	❑
(b) Have you suffered from irregular or painful or unusually heavy menstruation, fibroids, cysts or any other disorders of the female organs?	❑	❑	❑	❑
(c) Have you ever had any abnormal pap smear test or been told by any other doctor to have a repeat pap smear within the next six months?	❑	❑	❑	❑
(d) Have you been advised to have a mammogram, biopsy, operation of the breasts, ultrasound of the pelvis or any other gynecological investigations? If yes, please state type, reason, date of test done and results of test (copy to be submitted if available).	❑	❑	❑	❑
(e) For females who have conceived, were there any complications during pregnancy such as gestational diabetes and/or hypertension, etc.?	❑	❑	❑	❑
(f) Are you now pregnant? If yes, please indicate number of months _____	❑	❑	❑	❑
(g) Have you had any test to exclude Down's Syndrome during pregnancy which showed positive results?	❑	❑	❑	❑
(h) Have you had any child(ren) with Down's Syndrome or congenital abnormalities?	❑	❑	❑	❑
(i) Have you had any test showing any congenital abnormalities of the baby during pregnancy?	❑	❑	❑	❑

If any answer to the questions above is "Yes", give details below, quoting the relevant question number. Please provide details of diagnosis, date of consultation, name and address of doctor seen.

Accident & Health Operations 371, Alexandra Road, #04-01,
AIA Alexandra, Singapore 159963 Fax: 6276 5855 AIA.COM.SG

B020112030404

DECLARATION & AUTHORISATION

1. I/We confirm that the above answers, given by me/us, are full, complete and true and agree that they form part of any policy issued, reinstated or amended, where these answers are, or may be, relied upon by AIA Singapore Private Limited ("AIA Singapore") (Reg. No. 201106386R).
2. I/We further agree that the above application shall not be considered as effected by reason of any money paid or settlement made in payment of, or on account of any premium, until this application shall be duly approvaed by an authorized Officer of AIA Singapore.
3. I/We understand and agree that the application of the Contracts (Rights of Third Parties) Act (Cap.53B) and any subsequent revision or replacement thereof is expressly excluded insofar as this contract of Insurance is concerned.
4. I/We hereby authorise, agree and consent to AIA Singapore to use and/or disclose any information collected and/or held (whether contained in this application or otherwise obtained) to enable AIA Singapore, its associated individuals/organisations and/or independent third parties, within or outside Singapore, with regard to any matters pertaining to the Application/Policy and/or any other policies that I/we currently may have with AIA Singapore, including but not limited to, processing of this Application, and/or providing subsequent services to me/us and/or providing advice and/or information concerning products and/or services which AIA Singapore believes may be of interest to me/us and/or communicating with me/us for any purpose. I/We hereby specifically waive any right to bring a claim of any nature against AIA Singapore, its associated individuals/organisations and/or independent third parties, within or outside Singapore, in respect of any above-mentioned disclosure and/or any disclosure in the nature described above. This authorisation shall bind my/our successors and assignees, and remains valid, notwithstanding death, irrespective of whether or not my/our Application is accepted by AIA Singapore. A photocopy of this authorisation shall be effective and valid as the original.

Warnings: If a material fact is not disclosed in this application form, any application may not be valid. If you are in doubt as to whether a fact is material, you are adviced to disclose it. This includes any information that you may have provided to the Financial Services Consultant/Insurance Representative but was not included in this application. Please check to ensure you are fully satisfied with the information declared in this application.

Executed in (place)_____ **on Month (e.g. Jan, Feb)** ☐☐☐ **/ Day** ☐☐ **/ Year** ☐☐

SIGNATURE / NAME / NRIC/FIN/PASSPORT OF WITNESS

SIGNATURE OF INSURED

SIGNATURE / NAME / NRIC/FIN/PASSPORT OF WITNESS

SIGNATURE OF *OWNER/TRUSTEE(S)/ASSIGNEE(S) IF ANY
(*Delete as appropriate)

Accident & Health Operations 371, Alexandra Road, #04-01, AIA Alexandra, Singapore 159963 Fax: 6276 5855 AIA.COM.SG