Etiqa Insurance Pte Ltd (Company Reg. No. 201331905K)

One Raffles Quay #22-01 North Tower Singapore 048583 | T +65 6336 0477 | F +65 6339 2109 | www.etiqa.com.sg

Hypertension / High Cholesterol Questionnaire

WARNING: PURSUANT TO SECTION 23(5) OF THE INSURANCE ACT 1966, YOU ARE TO DISCLOSE IN THIS PROPOSAL FORM FULLY AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE THE POLICY MAY BE VOID.

Full name of Life to be Insured (as shown in NRIC/Passport)	NRIC / Passport Number / FIN	Policy Number

A. Questions

1. What is the diagnosis of your condition?

☐ High Blood Pressure

Date of diagnosis	
Underlying cause	

☐ High Cholesterol

Date of diagnosis	
Underlying cause	

2. Have you ever experienced symptoms like chest pain, palpitations, dizziness, shortness of breath or reduced physical ability? ☐ Yes ☐ No

If yes, please provide full details below

Date	Symptoms experience	Investigation done and results

3. Have you ever been hospitalised ☐ Yes ☐ No

If yes, please provide full details below

Date	Duration of hospitalisation	Reason or diagnosis	Name of Hospital

4. Type of treatment prescribed by your doctor ☐ Diet only ☐ Diet and medications (Please provide details below)

Name of medications	Dosage	Date or Period

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A. Questions (continued)

5. Please give your blood pressure and cholesterol readings below

	Date	Blood pressure readings (mm/Hg)	Cholesterol level reading
Latest			Total cholesterol: HDL cholesterol: LDL cholesterol: Triglycerides: Cholesterol / HDL ratio:
3 months ago			Total cholesterol: HDL cholesterol: LDL cholesterol: Triglycerides: Cholesterol / HDL ratio:
1 year ago			Total cholesterol: HDL cholesterol: LDL cholesterol: Triglycerides: Cholesterol / HDL ratio:

6. Do you suffer from any other medical conditions? ☐ Yes ☐ No

If yes, please select the following:

☐	Diabetes Mellitus	☐	Stroke, transient ischemic attack (TIA)	☐	Heart Problem or heart attack, coronary artery disease
☐	Eye problem as a result of the condition	☐	An ECG or heart test that are abnormal or needed further investigation	☐	Kidney problem, urine abnormalities, or protein in your urine
☐	Others, please specify : _____				

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7. Are you on regular follow up with your doctor ☐ Yes ☐ No

   If yes, please provide full details below

Frequency	
Date of last consultation	
Name and address of doctor	

8. Please provide a copy of all reports and tests results that you have on your condition.

B. Declaration and Authorisation

1. I/We declare that all the information given above is to the best of my/our knowledge, true and complete and I/we have not withheld any material information that may influence the assessment of my/our application. I/We further agree that the information given above shall form the basis of my/our application for insurance and any material fact known to me/us may invalidate the contract of insurance.
2. I/We authorise the Company to obtain, if necessary confidential reports from any doctor/clinic/hospital that I/we have referred above.
3. I/We agree to inform Etiqa Insurance Private Limited ("the Company") if there is any change in the Proposer / Life to be Insured's state of health or any information provided in the application form from the date I/we signed the application form to the issued date of my/our policy. I/W understand that the Company may vary the acceptance term or void the contract according to such information received.

I/We further agree and consent that Etiqa Insurance, Singapore, may collect, use, process and disclose the personal data in accordance with the terms and condition as stated in the insurance application form and/or the Etiqa Insurance, Singapore's Data Protection Policy available at www.etiqa.com.sg which I/We have read, understood and agreed to the same

Signature of Proposer Date:	Signature of Life to be Insured (if different from Proposer and age 16 or above Date: