

## Asthma Questionnaire

Full name of Life to be Insured	NRIC / Passport Number / FIN	Policy Number
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### A. Questions

1. When were you first diagnosed with asthma?

2. Please state the frequency of attacks in the last 2 years.

- Daily
  Weekly / Bi-weekly
  Monthly or longer
  None

3. How long have you been free from asthma attacks?

- 0 to 6 months
  6 months to 1 year
  1 to 2 years
  2 years or longer

4. Do you currently require any treatment or medication?  Yes  No

If yes, please state the name and dosage of treatment or medication given.

5. Have you been hospitalised for your treatment of asthma?  Yes  No

If yes, please provide details as well as medical report(s).

Date	Length of Stay	Name / Address of Hospital

6. Have you been away from school or work due to your condition?  Yes  No

If yes, please specify dates and duration that you were absent.

7. Are you currently on any follow-up?  Yes  No

Frequency

8. When was your last follow-up consultation?

9. Please provide the name and address of the doctor/clinic consulted for your condition.

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

### B. Declaration by the Proposer and Life to be Insured

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 Etiqa Singapore Private Limited to obtain, if necessary, confidential reports from any doctor/clinic/hospital that I have referred above.

Signature of Proposer	Signature of Life to be Insured (if different from Proposer)
Date:	Date: