

Back Pain Questionnaire

Full name of Life to be Insured

NRIC / Passport Number / FIN

Policy Number

A. Questions

1. When did you first experience a back pain?

2. Which part of your back is affected? Select all that applies.

Neck
 Upper back
 Middle back
 Lower back
 General back pain

3. Please describe the symptoms experienced (e.g. restriction in movement, stiffness, pain, etc)

4. When did you last experience symptoms?

5. Was there any investigation or test done (e.g. x-ray, MRI, etc)?

Yes
 No

If yes, please provide dates and results, as well as medical report(s).

6. Did you undergo any surgery or is any planned?

Yes
 No

If yes, please provide the date of surgery / planned surgery.

7. Do you currently require any treatment or medication?

Yes
 No

If yes, please provide details of treatment or medication given, as well as medical report(s).

8. Does your back pain limit you from your daily activities?

Yes
 No

If yes, please provide details.

9. Have you been away from school or work due to your condition?

Yes
 No

If yes, please provide dates and duration.

10. Are you currently on any follow-up?

Yes
 No

11. If yes, please provide the date of your next follow-up consultation.

12. When was your last follow-up consultation?

13. Please provide the name and address of the doctor/clinic consulted for your back pain.

14. 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: