

Breast Diseases Questionnaire

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 your condition?

2. What is the exact diagnosis?

3. What is the nature of your condition? Benign Malignant

4. Is there an increase in the number or size of cyst/lump over the years? Yes No

If yes, please provide details.

5. Was there any investigation or tests done (e.g. ultrasound, biopsy, etc)? Yes No

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

6. Was there any surgery done or is there any planned? Yes No

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

Is there any recurrence after the surgery? Yes No

If yes, please provide details.

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

If yes, please provide full details of treatment or medication given.

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

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

9. When was your last follow-up consultation?

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

11. 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)
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Date:	Date:
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