

Diabetes 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 diabetes?

2. Please indicate the type of diabetes diagnosed. Type 1 Type 2 Gestational

3. Please state the name and dosage of treatment or medication given.

4. Please indicate your last reading(s) and the date(s) the reading(s) was/were taken.

Fasting Blood Sugar: <input style="width: 100px; height: 20px;" type="text"/>	Random Blood Sugar: <input style="width: 100px; height: 20px;" type="text"/>	HbA1c: <input style="width: 100px; height: 20px;" type="text"/>
Date: <input style="width: 100px; height: 20px;" type="text"/>	Date: <input style="width: 100px; height: 20px;" type="text"/>	Date: <input style="width: 100px; height: 20px;" type="text"/>

5. Have you been hospitalised due to diabetes? Yes No

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

Date	Symptoms	Treatment / Investigation

6. Do you suffer from any other medical condition(s) or complication(s)? Yes No

If yes, please select the following:

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|---|--|---|
| <input type="checkbox"/> Raised cholesterol | <input type="checkbox"/> Stroke / Coma | <input type="checkbox"/> Heart conditions |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Eye problems / Reduced vision | <input type="checkbox"/> Kidney problems |
| <input type="checkbox"/> Reduced physical ability | <input type="checkbox"/> Others (please specify): <input style="width: 200px;" type="text"/> | |

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: