

## Gynaecological Disorders 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. Please provide details of symptoms that you have experienced.

4. Was there any investigation or test done (e.g. ultrasound, pap smear, biopsy)?  Yes  No

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

Date	Type of Investigation Done	Results

5. Did you undergo any surgery 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.

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

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

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

8. If yes, please state 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)
Date:	Date: