Etiqa Insurance Pte Ltd (Company Reg. No. 201331905K)
One Raffles Quay #22-01 North Tower Singapore 048583 | T +65 6336 0477 | F +65 6339 2109 | www.etiqa.com.sg

High Cholesterol Questionnaire

Name of Life to be Insured	NRIC / Passport Number / FIN	Policy Number

A. Questions

1. When were you first diagnosed with high cholesterol?

2. What was the cause of your high cholesterol?

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

4. Please indicate your last cholesterol readings and the date the readings were taken.

   Total Cholesterol: ____ LDL Cholesterol: ____ HDL Cholesterol: ____

   Triglycerides: ____ Date: ____

5. Have you been hospitalised due to high cholesterol? ☐ 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)? ☐ Yes ☐ No

   If yes, please select the following:

   ☐ High Blood Pressure ☐ Stroke ☐ Heart Problem

   ☐ Diabetes ☐ Others (please specify): ____

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: