

Etiqa Insurance Pte Ltd (Company Reg. No. 201331905K)

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Hypertension Questionnaire					
Name of Life to be Insured			NRIC / Passport Number / FIN		Policy Number
A. Questions					
1.	When were you first diagnosed wit	h high blood pressure?			
2.	What was the cause of your high blood pressure?				
3.	Please state the name and dosage of treatment or medication given.				
4	Neges indicate your lost blood processes reading and the data the reading uses taken				
4.	Please indicate your last blood pressure reading and the date the reading was taken.				
	BP Reading:		Date:		
5.	Have you been hospitalised due to	high blood pressure?	Yes	N	No
	If yes, please provide full details including dates, symptoms, treatment/investigation done, as well as medical report(s).				
	Date Symptoms			Treatment / Investigation	
6.	Do you suffer from any other media	cal conditions?	Yes		No
0.		sai conditions:	103		
	If yes, please select the following:				
	Raised Cholesterol	Stroke		H	leart Problem
	Diabetes	Diabetes Others (please specify):			
7.	Are you currently on any follow-up	?	Yes		No
	Frequency:				
8.	When was your last follow-up cons	sultation?			
9.	lease provide the name and address of the doctor/clinic consulted for your condition.				
0.	1 reads provide the maine and address of the desicn/olline contented for your contention.				
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:		

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