

Hypertension 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 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. 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 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 medical conditions? Yes No

If yes, please select the following:

- Raised Cholesterol
 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: