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

Warning: Statement pursuant to Section 25(5) of the Insurance Act, (Cap 142), you are to disclose in this application form fully and faithfully, all the facts which you know or ought to know, otherwise, the insurance policy may not be valid.

Policy Number : _____

A. Personal Particulars	**Policy Owner**	**Life Insured**
Full Name (as stated in NRIC /Passport):		
Occupation (Exact Duties): Industry:		
Height and Weight:	_____cm_____kg	_____cm_____kg
Smoking Status:	_____ sticks/ day Duration: _____years	_____ sticks/ day Duration: _____years

B. Underwriting Questions **(Please tick 'Yes' or 'No')** **If your answer to any of the question below is "Yes", please furnish details in section C and attach your medical report if applicable.**	**Policy Owner**		**Life Insured**	
	Yes	**No**	**Yes**	**No**
1. Have you engaged or planned to engage in any hazardous activities or sports such as scuba diving, sky diving, parachuting, rock climbing, mountaineering, motor sports, flying other than as a fare paying passenger on a licensed commercial airline, etc?	☐	☐	☐	☐
2. Do you drink alcohol? If yes, please state type and the average daily consumption.	☐	☐	☐	☐
3. Since the date of application of the policy, has there been any change in your health status such as having any symptoms that you do not normally experience, unexplained weight loss, discomfort, pain, medical condition, disorders, tumours, cysts, lumps or growths of any kind, physical disability, illness, accidents and injuries, etc?	☐	☐	☐	☐
4. In the past 5 years, have you had or been advised to have any medical/diagnostic test (such as blood or urine test, ECG, X-ray, ultrasound, mammogram, CT scan, pap smear, biopsy etc.), treatment or operation done? If yes, please state name of hospital/clinic, date of consultation and admission, exact condition and diagnosis, type of treatment, operation or test performed and the result.	☐	☐	☐	☐
5. Are you currently taking or have you been taking any medication or addictive drugs?	☐	☐	☐	☐
6. Have any of your natural parents or siblings died or suffered from cancer, heart disease, stroke, high blood pressure, diabetes, kidney disease, mental disorder, tuberculosis, Parkinson disease, dementia, or any hereditary disease? If yes, please state relationship, medical condition, age at onset, age at death (if applicable).	☐	☐	☐	☐
7. Do you have any existing policy (ies), or are you currently applying for any policy (ies) with any insurance company? If yes, please state the name of company, year of policy issued, type of policy and sum assured.	☐	☐	☐	☐
8. Has any of your life or health insurance application or reinstatement ever been declined, postponed or accepted at special terms (i.e. extra premium or exclusion)? If yes, please state the name of insurer, date and reason.	☐	☐	☐	☐
9. Have you ever had or are you in the process of submitting a claim? If yes, please state the name of insurer, date, reason and type of claim.	☐	☐	☐	☐
10. Are you currently living outside Singapore or do you intend to travel outside Singapore for a total of more than 90 days in a year, other than for leisure or social purposes? If yes, please indicate the country, date, duration and purpose of travel.	☐	☐	☐	☐

11. For female only: a.) Are you currently pregnant? If yes, please state duration: _____ months.	☐	☐	☐	☐
b.) Have you suffered from any breast lumps, breast disorders, irregular or painful menstruation, ovarian cysts, fibroids, abnormal pap smear, growths or pregnancy related complications?	☐	☐	☐	☐

C. If any answer to the above stated question is "Yes", please state question number and provide details below.

Policy Owner	Life Insured

D. Declaration

I/WE HEREBY declare that I/WE have read the application or the same was interpreted to me/us and the answers entered in the application are mine/ours and I/WE HEREBY CERTIFY on behalf of myself/ourselves and of any person who may have or claim any interest in said policy, each of the above answers to be fully complete and true, and I/WE AGREE that they shall, with the following Agreements be taken as the basis of the proposed reinstatement, change or addition. I/WE ALSO AGREE that any reinstatement, change or addition shall not take into effect irrespective of any monies paid pursuant thereto, until the same shall have been approved by an authorised officer of the company. I/WE FURTHER AGREE that if the said policy be reinstated, the Incontestability and Suicide Provisions thereof shall be deemed and held to be so modified as to have effect from such approval date instead of the date of issue or the last reinstatement date of the said policy.
I/We hereby authorise any doctors, hospital, clinic, insurance company or other organisation, institution or person, which has any records including any personal records which include identifications of my/our signature or knowledge of me/us or my/our health, to disclose to Etiqa Insurance Pte. Ltd. all information about me/us with reference to my/our health and medical history and any hospitalization, advise, treatment, disease or ailment for the purpose(s) stated in the preceding paragraph. A copy of this authorisation shall be as effective and valid as original.

Date: _____

_____	_____	_____
Signature of Policy Owner	Signature of Assignee (if applicable)	Signature of Life Insured
Name: _____	Name: _____	Name: _____
NRIC/Passport Number: _____	NRIC/Passport Number: _____	NRIC/Passport Number: _____
Contact Number: _____	Contact Number: _____	Contact Number: _____