



### Asthma Questionnaire

**WARNING: PURSUANT TO SECTION 23(5) OF THE INSURANCE ACT 1966, YOU ARE TO DISCLOSE IN THIS PROPOSAL FORM FULLY AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE THE POLICY MAY BE VOID**

Full Name of Life to be Insured (as shown in NRIC/Passport)	NRIC / Passport Number / FIN	Policy Number
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#### A. Questions

1. Date of Diagnosis

2. Average number of asthma attacks per week in the last 2 years.

Daily                       Weekly / Bi-weekly                       Monthly or longer                       None

3. Date of last asthma attack

4. How long have you been free from asthma attacks?

0 to 6 months                       >6 months to 1 year                       >1 to 2 years                       More than 2 years

5. Are you currently require any treatment or medication?                       Yes                       No

If yes, please state the name and dosage of treatment or medication given.

6. Have you been hospitalised for your treatment of asthma?                       Yes                       No

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

Date	Length of Stay	Name / Address of Hospital

7. Have you been away from school or work due to your condition?                       Yes                       No

If yes, please specify dates and duration that you were absent.

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

Frequency

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.



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#### B. Declaration and Authorisation

1. I/We declare that all the information given above is to the best of my/our knowledge, true and complete and I/we have not withheld any material information that may influence the assessment of my/our application. I/We further agree that the information given above shall form the basis of my/our application for insurance and any material fact known to me/us may invalidate the contract of insurance.
2. I/We authorise the Company to obtain, if necessary confidential reports from any doctor/clinic/hospital that I/we have referred above.
3. I/We agree to inform Etiqa Insurance Private Limited ("the Company") if there is any change in the Proposer / Life to be Insured's state of health or any information provided in the application form from the date I/we signed the application form to the issued date of my/our policy. I/W understand that the Company may vary the acceptance term or void the contract according to such information received.

I/We further agree and consent that Etiqa Insurance, Singapore, may collect, use, process and disclose the personal data in accordance with the terms and condition as stated in the insurance application form and/or the Etiqa Insurance, Singapore's Data Protection Policy available at [www.etiqa.com.sg](http://www.etiqa.com.sg) which I/We have read, understood and agreed to the same

Signature of Proposer:

Signature of Life to be Insured (if different from Proposer and age 16 or above)

Date:

Date: