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

Autism 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

A. Questions

1. What is the exact diagnosis of autism are you suffering from?

☐ Autistic Spectrum Disorder ☐ Asperger's Syndrome ☐ Others, please specify

2. When was the diagnosis made? (DD/MM/YYYY)

3. Are you currently employed? ☐ Yes ☐ No

a. If employed, please state hours of work per week and nature of work.

b. If unemployed or employed on part-time basis only, please provide details

4. Are you currently studying? ☐ Yes ☐ No

Name of School	

5. Are there any other medical conditions (for example, gastrointestinal disorder, epilepsy, anxiety, depression, developmental delay, etc)? ☐ Yes ☐ No

If yes, please provide details

6. Have your motor skills ever been affected or restricted by this condition? ☐ Yes ☐ No

If yes, please provide details

7. Have you ever had any history of self-harm, suicidal thoughts or attempts, or inflicting harm to others? ☐ Yes ☐ No

If yes, please provide full details

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A. Questions (Continuation)

8. Have you consulted any doctor (i.e. Psychiatrist)/Therapist (i.e. Psychologist, Speech Therapist, Occupational Therapist or Physiotherapist)? ☐ Yes ☐ No

Name and Address of doctor / therapist	Frequency or follow up	Date of 1st consultation	Date of last consultation	Date of next consultation

9. Is there any medication or treatment prescribed? If yes, please provide details ☐ Yes ☐ No

Type of treatment	Dosage or frequency	Date or period

10. Please provide details regarding the doctors (including specialists) whom you have consulted for this condition.

Date / Period of Visit	Name of doctor	Name/Address of clinic / hospital

11. Please provide a copy of all reports and tests results (including any up-to-date educational / psychiatric report or medical attendant's report on autism with details on IQA test, academic results, perceptual cognitive ability, language and communication skills, vocational skills for self-support, sensory-motor ability and overall degree of severity.

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 which I/We have read, understood and agreed to the same

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