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

COVID-19 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. Have you been vaccinated with the full dose of vaccination of an officially approved COVID-19 vaccine? ☐ Yes ☐ No

2. Do you currently have or have you had any of the following symptoms in the past 14 days? ☐ Yes ☐ No

   ☐ Fever

   ☐ Dry cough

   ☐ Sore throat

   ☐ Shortness of breath

   ☐ Rhinorrhoea (mucus discharge from the nose)

   ☐ Malaise (flu-like tiredness)

   ☐ Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhoea

   If yes, please provide further details such as dates, duration, treatment, results of investigations (if any), name of treating doctor and clinic/hospital.

3. Have you been tested positive for COVID-19? ☐ Yes ☐ No

   If yes, please provide the date of the positive test results.

   Have you made a complete recovery without any complications? ☐ Yes ☐ No

   Have you been hospitalised for COVID-19? ☐ Yes ☐ No

   If yes, please provide the date of admission and discharge

4. Have you travelled outside your country of residence within the last 14 days? ☐ Yes ☐ No

   If yes, please provide the following details:

Country	City	Date Arrived	Date Departed

5. Within the past 14 days, have you had any contact with someone confirmed as infected with COVID-19? ☐ Yes ☐ No

6. Have you been issued any notice or directive to self-quarantine or stay home? ☐ Yes ☐ No

   If yes, please provide details such as last date of quarantine and reasons:

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A. Questions (Continue)

7. In the next three months, do you intend to travel outside your country of residence? ☐ Yes ☐ No

If yes, please provide the following details:

Country	City	Date of Travel	Duration

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