

Tumour / Growth / Cyst 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. Please provide details of diagnosis

Exact diagnosis	Location / Site	Underlying cause	Date of diagnosis

2. Has there been any recurrence or relapse of the condition? Yes No

If yes, please provide details

Description of signs/ symptoms / diagnosis	Treatment/ procedure	Date of diagnosis

3. Have any tests been done for this condition (for example, mammogram, ultrasound, biopsy, CT Scan, MRI, etc.)? Yes No

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

Type of test(s)	Results	Date of diagnosis

4. Has the tumour, cyst, lump or growth been totally removed? Yes No

If No, please provide details and advise if there is any surgery planned (include date of planned surgery)

5. Please provide the nature of this condition Cancerous Non-Cancerous (proceed to Q7)

If cancerous, please indicate stage of cancer on diagnosis

6. Did the cancer spread to any lymph nodes and/or other parts of the body? Yes No

If Yes, please indicate which site/part of body/ organs affected

Tumour / Growth / Cyst Questionnaire

Full name of Life to be Insured (as shown in NRIC/Passport)	NRIC / Passport Number / FIN	Policy Number
---	------------------------------	---------------

A. Questions

7. Have you been prescribed with any medications, therapy or treatment for this condition (for example, medication, radiotherapy, chemotherapy, etc.)? Yes No

Type of medication, therapy or treatment	Dosage	Start Date	End Date

8. Have you been hospitalised or have you undergone any surgery or procedure for this condition? Yes No

If yes, please provide details.

Treatment or procedure	Name of clinic or hospital	Admission date	Discharged date

9. Please provide details of follow up

Date of last follow up	Type of test / investigation done and results	Doctor's advice	Date of next follow up

Frequency of review with doctor (Monthly, Quarterly, Half-Yearly, Yearly or Others _____)

10. Has any further treatment, surgery, investigation or repeat tests been discussed/recommended/planned to be done in the future? Yes No

If yes, please provide details of discussion, recommendation and planned date(s)

11. Is there any complication or related medical condition? Yes No

If yes, please provide details

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

Name of hospital or clinic	Name of Doctor

13. Please provide a copy of all reports and tests results (including histology report) that you have on your condition.

Tumour / Growth / Cyst Questionnaire

Full name of Life to be Insured (as shown in NRIC/Passport)	NRIC / Passport Number / FIN	Policy Number
---	------------------------------	---------------

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: