

23 Church Street, #01-01 Capital Square, Singapore 049481 | T +65 6887 8777 | www.etiqa.com.sg

Gastro-Intestinal Disorders 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				
Questions					'				
I. Please provide details of your diagnosis									
Exact Diagnosis		Underlying Cause [Date of Diagnosis				
2. What are the signs and symptoms (e.g.) blood in stools, bleeding, vomiting of blood, etc.									
Description of signs / symptoms	Date of 1 st occurrence	Date of last occurrence No o		No of epis	f episode in last 12 months				
3. Have any tests been done for this condition (for example, barium meal, gastroscopy, colonoscopy, ultrasound, biopsy, CLO test for Helicobacter Yes No pylori, etc)?									
If yes, please provide details and a cop	y of medical report(s).								
Type of Test		Da	Date		Results				
4. Have you been prescribed with any medications, therapy or treatment for this condition?									
Type medications, therapy or trea	itment	Dosage		Start Date		End Date			
Have you been hospitalised or have you undergone any surgery or procedure for this condition?			Yes			No			
Treatment / Procedure	Name of Hospital / C	linic	inic Date of Admission Date of Dis			Date of Discharge			
6. Please provide details of your follow up.									
Date of last follow-up	Date of next follow-up	Type of investigation or test done, Result				octor's advice			
	ARNING: PURSUANT TO SECTION 23(ILLY AND FAITHFULLY, ALL THE FAC'II name of Life to be Insured (as shown in Questions Please provide details of your diagnosis Exact Diagnosis What are the signs and symptoms (e.g. Description of signs / symptoms Have any tests been done for this cond gastroscopy, colonoscopy, ultrasound, pylori, etc)? If yes, please provide details and a cop Type of Test Have you been prescribed with any me condition? Type medications, therapy or treather the procedure for this condition? Treatment / Procedure Please provide details of your follow up	ARNING: PURSUANT TO SECTION 23(5) OF THE INSURANCE ACLLY AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OF It name of Life to be Insured (as shown in NRIC/Passport) Questions Please provide details of your diagnosis Exact Diagnosis What are the signs and symptoms (e.g.) blood in stools, bleeding, Description of signs / symptoms Date of 1st occurrence Have any tests been done for this condition (for example, barium n gastroscopy, colonoscopy, ultrasound, biopsy, CLO test for Helicol pylori, etc)? If yes, please provide details and a copy of medical report(s). Type of Test Have you been prescribed with any medications, therapy or treatmendition? Type medications, therapy or treatment Have you been hospitalised or have you undergone any surgery or procedure for this condition? Treatment / Procedure Name of Hospital / Council or the surgery of the procedure of the soundition? Please provide details of your follow up.	RRNING: PURSUANT TO SECTION 23(5) OF THE INSURANCE ACT 1966, Y LLY AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OR OUGHT If name of Life to be Insured (as shown in NRIC/Passport) Please provide details of your diagnosis Exact Diagnosis Underly What are the signs and symptoms (e.g.) blood in stools, bleeding, vomiting of Description of signs / symptoms Date of 1st occurrence Date of Have any tests been done for this condition (for example, barium meal, gastroscopy, colonoscopy, ultrasound, biopsy, CLO test for Helicobacter pylori, etc)? If yes, please provide details and a copy of medical report(s). Type of Test Date of Test Date of Insurance Act 1966, Y Date of Date of Date of Outcome Act 1966, Y Date of Liset followarp Type of Type of Please provide details of your follow up. Type of Type of Type of Type of Type of Date of last followarp Type of Ty	RRNING: PURSUANT TO SECTION 23(5) OF THE INSURANCE ACT 1966, YOU ARE LLY AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW If name of Life to be Insured (as shown in NRIC/Passport) RRIC / Passport N RRIC / Passport N NRIC / P	ARNING: PURSUANT TO SECTION 23(5) OF THE INSURANCE ACT 1966, YOU ARE TO DISCLOS LLY AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWIS Ill name of Life to be Insured (as shown in NRIC/Passport) RIC / Passport Number / FIN R	ARNING: PURSUANT TO SECTION 23(6) OF THE INSURANCE ACT 1966, YOU ARE TO DISCLOSE IN THIS LLY AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE THE PUBLIC AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE THE PUBLIC AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE THE PUBLIC AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE THE PUBLIC AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE THE PUBLIC AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE THE PUBLIC AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW, OTHERWISE THE PUBLIC AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW, OTHERWISE THE PUBLIC AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW, OTHERWISE THE PUBLIC AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW, OTHERWISE THE PUBLIC AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW, OTHERWISE THE PUBLIC AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW, OTHERWISE THE PUBLIC AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW, OTHERWISE THE PUBLIC AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW, OTHERWISE THE PUBLIC AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW, OTHERWISE THE PUBLIC AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW, OTHERWISE THE PUBLIC AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW, OTHERWISE THE PUBLIC AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW, OTHERWISE THE PUBLIC AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW, OTHERWISE THE PUBLIC AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW, OTHERWISE THE PUBLIC AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW, OTHERWISE THE PUBLIC AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW, OTHERWISE THE PUBLIC AND FAITHFULLY. THE PUBLIC AND FAITHFULLY AND FAITHFULLY ALL THE FACTS WHICH YOU KNOW, OTHERWISE THE PUBLIC AND FAITHFULLY. THE PUBLIC AND FAITHFULLY AN			



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ıll name of Life to be Insured (as shown in NRIC/Passport)		NRIC /	Passport Nu	Policy Number		
Questions (continuation)						
Are you still currently on follow-up?				Yes		No
If No, please provide date of last follo	ow-up (DD/MM/YYY	Y)				
Has any further treatment, surgery, investigation or repeat tests been discussed/recommended/planned to be done in the future?				Yes		No
If yes, please include the details of d	scussion, recomme	ndation and planne	d date(s)			
Is there any complication or related medical condition?				Yes		No
If yes, please provide full details and	treatment (if any)					
10. Have you ever taken time off from v	vork/studies due to	this condition?		Yes		No
Date Number of days off from work / studies					s	
Has your mobility, work/studies and or restricted by this condition?	l/or daily activities e	ver been affected		Yes		No
If yes, please provide details						
L 12. Do you consume alcohol?				Yes		No
If yes, please state amount of unit of	onsume per week (1 unit = 1 can of 33	1	1 glass of 12	25ml wine; 1 s	shot of 30ml spirit)
	·				•	,
13. Please provide details regarding the	e doctors (including	specialists) whom	you have c	onsulted for	this condition	1.
Date / Period of Visit Name of doctor			Na	ame/Address	of clinic / hospital	



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B. Declaration and Authorisation								
 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. I/We authorise the Company to obtain, if necessary confidential reports from any doctor/clinic/hospital that I/we have referred above. 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:							