

Thyroid Disorders Questionnaire

Name of Life to be Insured	NRIC / Passport Number / FIN	Policy Number
----------------------------	------------------------------	---------------

A. Questions

1. What is the exact diagnosis?
2. When were you first diagnosed with your condition?
3. Do you currently experience any symptoms (e.g. palpitations, neck swelling, hand tremor, etc)? Yes No
 If yes, please provide details.
4. Was there any investigation done? Yes No
 If yes, please provide details as well as a copy of medical report(s).
5. Was there any surgery done or planned surgery? Yes No
 If yes, please provide the date of surgery / planned surgery.
 Please provide details of treatment given after the surgery.
6. Do you currently require any treatment or medication? Yes No
 If yes, please provide full details of treatment or medication given.
7. Are there any recurrences or relapses? Yes No
 If yes, please provide date(s) of recurrence or relapse.
8. Are you currently on any follow-up? Yes No
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.

B. Declaration by the Proposer and Life to be Insured

I hereby declare and agree that the above particulars and answer are complete and true, and this questionnaire will form part of the contract for the desired insurance on my life. I also authorise Etiqa Singapore Private Limited to obtain, if necessary, confidential reports from any doctor/clinic/hospital that I have referred above.

Signature of Proposer	Signature of Life to be Insured (if different from Proposer)
Date:	Date: