

Questions for insured (continued)

Name (as shown in NRIC or FIN)	NRIC number or FIN	Proposal number(s)
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7 Please provide your HbA1c (glycosylated haemoglobin) readings below.

	Date measured	HbA1c readings
Latest		
3 months ago		
1 year ago		

8 Has any investigation (for example, ECG or blood test) or health screening been done?

Yes (please provide details below) No

Please enclose a copy of the medical reports. Enclosed Not available

Type of investigation or health screening	Date performed	Result

9 Have you ever suffered from any of the following medical conditions?

Yes (please tick the ones which you have) No

Medical conditions

Heart problem Raised blood pressure or raised cholesterol Kidney problem or urine abnormalities
 Stroke Circulatory problem of the legs Others

Details to include name of medical conditions, date of diagnosis, investigations done and results.

Declaration by the proposer and insured

I declare that the answers in this form are true, correct and complete, and I have not withheld any relevant information. I accept full responsibility for them, whether written by me or by anyone else on my behalf.

I acknowledge and agree that this form will constitute part of my application for life or health insurance, and will form the basis of the contract of insurance. If anything is untrue, incorrect or incomplete, the insurance policy will not be valid.

I confirm that there has been no change in the insured's health since the completion of the application and all additional declarations made in connection with the application.

Signature of proposer	Signature of insured (for age 16 and above)
Date (dd/mm/yyyy):	Date (dd/mm/yyyy):