

Product Type

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- Affinity
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- ElderShield
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- DPS
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- IncomeShield
-
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- Employee Benefit
-
- Life Insurance

High blood pressure or high cholesterol questionnaire

You may fill in this questionnaire if you are suffering from either high blood pressure or high cholesterol or both.

If you have any questions on Life Insurance, please contact us at 6788 1122 or csquery@income.com.sg

For questions on other product type, you may contact us at 6332 1133 or healthcare@income.com.sg

Details of insured

Name (as shown in NRIC or FIN)	NRIC number or FIN	Proposal number(s)
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Questions for insured

1 What condition(s) are you suffering from?

High blood pressure

Date of diagnosis or onset	
Underlying cause	

High cholesterol

Date of diagnosis or onset	
Underlying cause	

2 Did you ever experience symptoms like chest pain, palpitations, dizziness, shortness of breath and reduced physical ability?

Yes (please provide details below)

No

Details to include symptoms experienced, date experienced at onset and last experienced, investigations done and results.

3 Have you ever been hospitalised before?

Yes (please provide details below)

No

Please enclose a copy of inpatient discharge or clinical summaries.

Enclosed

Not available

Date	Duration of stay	Reason or diagnosis	Name of hospital

Questions for insured (continued)

Name (as shown in NRIC or FIN)	NRIC number or FIN	Proposal number(s)
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4 Are you on regular follow-up with a doctor?

Yes (please provide details below) No

Frequency	
Date of last consultation	
Name and address of doctor	

5 What treatment has been prescribed by your doctor?

Diet only
 Diet and medications (please provide details below)

Name of medication	Dosage	Date or period

6 Please give your blood pressure or cholesterol level readings below.

	Date measured	Blood pressure readings		Cholesterol level readings	
Latest		Systolic		Cholesterol	
		Diastolic		Triglycerides	
				HDL Cholesterol	
				LDL Cholesterol	
				Cholesterol/HDL Ratio	
3 months ago		Systolic		Cholesterol	
		Diastolic		Triglycerides	
				HDL Cholesterol	
				LDL Cholesterol	
				Cholesterol/HDL Ratio	
1 year ago		Systolic		Cholesterol	
		Diastolic		Triglycerides	
				HDL Cholesterol	
				LDL Cholesterol	
				Cholesterol/HDL Ratio	

Questions for insured (continued)

Name (as shown in NRIC or FIN)	NRIC number or FIN	Proposal number(s)
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7 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

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

Yes (please tick the ones which you have) No

Medical conditions

Heart problem Liver problem Kidney problem or urine abnormalities
 Stroke Diabetes mellitus 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):