

QUESTIONNAIRE



SECTION A: PARTICULARS OF LIFE ASSURED

Name

Identity Card / Passport No. Contract No.

SECTION B: QUESTIONS

1. When were you first diagnosed with high blood pressure?

- Age 25 or earlier
- Between age 26 to 35
- Between age 36 to 45
- After age 45

2. Within the last 6 months, have you been advised by doctor

- (a) to increase treatment or medication for high blood pressure, or
- (b) that your blood pressure is not normal or not well controlled (i.e. above 140/90 mmHg)?

If 'Yes', please provide more information.

- Yes No

Date of last consultation

Latest blood pressure readings / mmHg

Details of your doctor's advice in managing your blood pressure, including medication or treatment received.

3. Have you had any protein or blood in the urine, kidney or heart disease, or other complications associated with high blood pressure?

If 'Yes', please provide more information of the complication and treatment received.

Yes No

4. Please provide the name and address of the doctor / clinic / hospital which you have consulted for this condition.

Name of Doctor / Clinic / Hospital	Address	Date of Last Consultation

SECTION C: DECLARATION

I/We agree to inform Singapore Life Ltd. if there is any change in my/our health status between the date of this Declaration and the date full insurance coverage is provided by Singapore Life Ltd. to me/us. I/We understand that the terms of accepting me/us as a risk for insurance coverage may vary according to such information received.

I/We agree that the above information shall form the basis of my/our application for insurance. I/We declare that the information given is true and complete and I/we have not withheld any material information that may influence the assessment of my/our application.

Name and Signature of Life Assured

Date (dd/mm/yyyy)

Name and Signature of Assured

Date (dd/mm/yyyy)