Cyst / Lump / Tumours / Polyps Supplementary (Q41)

QUESTIONNAIRE

* Q U E S T *

Singlife with AVIVA

SECTION A: PARTICULARS OF LIFE ASSURED

Name

Identity Card / Passport No. Contract No.

SECTION B: MEDICAL QUESTIONS

1. What was the diagnosis made by the doctor?

2. Please provide the following details:

Condition (eg cysts / lumps / tumours / polyps)	Site of Cysts / Lumps / Tumours / Polyps	Date First Detected	Number Detected	Number Removed	Benign (non-cancerous) or Malignant (cancerous)

3. Have all the cysts / lumps / polyps / tumours been completely removed?

☐ Yes ☐ No

If **'Yes'**, please provide details:

Date of Surgery	Nature of Surgery	Results

If **'No'**, do you have any intention to remove it in the future?

☐ Yes ☐ No

If **'Yes'**, please provide scheduled date of surgery

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4. Have you undergone any investigation (eg ultrasound / biopsy)?

☐ Yes ☐ No

If **'Yes'**, please provide details:

Type of Investigation / Test	Date	Results*
		☐ Normal ☐ Abnormal
		☐ Normal ☐ Abnormal
		☐ Normal ☐ Abnormal
		☐ Normal ☐ Abnormal
		☐ Normal ☐ Abnormal

* For abnormal results, please provide details:

5. What treatment was or has been prescribed by your doctor?

Please tick accordingly and provide details:

☐ **Oral Medication**

Name of Medication	Dosage	Frequency	Start Date of Medication	End Date of Medication (if applicable)

☐ **Regular Surveillance** (eg ultrasound / scan / scope)

Type of Test	Date of Last Test	Results	Date of Next Test

☐ **Others**, please provide details

Please specify date of last treatment (if applicable)

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6. Has there been any recurrence since the surgery to remove the cysts / lumps / polyps / tumours?

☐ Yes ☐ No

If **'Yes'**, please provide details and attach a copy of the ultrasound / investigation report:

7. 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

Note: Please provide us with copies of all medical reports relating to this condition, if available.

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)

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