



Additional Medical Information

WARNING: PURSUANT TO SECTION 23(5) OF THE INSURANCE ACT 1966, YOU ARE TO DISCLOSE IN THIS PROPOSAL FORM FULLY AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE THE POLICY MAY BE VOID.

Full name of Life to be Insured (as shown in NRIC/Passport)	NRIC / Passport Number / FIN	Policy Number
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A. Questions

1. Please provide details on the CT Urology Test done in Year 2016 and provide copy of the results

Reason for Test	Results

2. Have you been advised to follow up or seek further treatment or investigation after the CT Urology Test was done? Yes No

If yes, please provide details and copy of the investigation results

Details of treatment / investigation	Date	Name of Clinic / Doctor

3. Have you done a repeat Microunalysis as advised in the health screening done in Year 2021? If yes, please provide a copy of the results. Yes No

B. Declaration and Authorisation

- I/We declare that all the information given above is to the best of my/our knowledge, true and complete and I/we have not withheld any material information that may influence the assessment of my/our application. I/We further agree that the information given above shall form the basis of my/our application for insurance and any material fact known to me/us may invalidate the contract of insurance.
- I/We authorise the Company to obtain, if necessary confidential reports from any doctor/clinic/hospital that I/we have referred above.
- I/We agree to inform Etiqa Insurance Private Limited ("the Company") if there is any change in the Proposer / Life to be Insured's state of health or any information provided in the application form from the date I/we signed the application form to the issued date of my/our policy. I/W understand that the Company may vary the acceptance term or void the contract according to such information received.

I/We further agree and consent that Etiqa Insurance, Singapore, may collect, use, process and disclose the personal data in accordance with the terms and condition as stated in the insurance application form and/or the Etiqa Insurance, Singapore's Data Protection Policy available at www.etiqa.com.sg which I/We have read, understood and agreed to the same

Signature of Proposer	Signature of Life to be Insured (if different from Proposer and age 16 or above)
Date:	Date: