Etiqa Insurance Pte Ltd (Company Reg. No. 201331905K)

23 Church Street, #01-01 Capital Square, Singapore 049481 | T +65 6887 8777 | www.etiqa.com.sg

Gynaecological Disorders Questionnaire

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

A. Questions

1. Please provide details of your diagnosis.

Exact diagnosis	Underlying Cause	Date of Diagnosis

2. What were the signs and symptoms experienced?

3. Have any tests been done for this condition (for example, ultrasound, biopsy, pap smear, etc.)? ☐ Yes ☐ No

If yes, please provide details and copy of the medical report(s).

Date of Test	Type of Test	Results

4. Have you been prescribed with any medications, therapy or treatment for this condition (for example, medication, radiotherapy, chemotherapy, etc)? ☐ Yes ☐ No

Type of medications, therapy or treatment	Dosage	Start Date	End Date

5. Have you been hospitalised or undergone surgery or procedure for this condition? ☐ Yes ☐ No

Type of Surgery / Procedure	Name of Hospital	Date of Admission	Date of Discharge

6. Please provide details of follow-up

Date of last follow-up	Date of next follow-up	Type of tests/ investigations done and result	Doctor's advice

7. Are you currently still on follow-up? ☐ Yes ☐ No

If No, please provide the date of last follow-up (DD/MM/YYYY)

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A. Questions (Continuation)

8. Has any further treatment, surgery, investigation or repeat tests been discussed/recommended/planned to be done in the future? ☐ Yes ☐ No

   If yes, please provide details

9. Is there any complication or related medical condition? Is there any recurrence after the surgery? ☐ Yes ☐ No

   If yes, please provide details.

10. Have you ever taken time off from work/studies due to this condition? ☐ Yes ☐ No

    If yes, please provide dates and number of days of time off from work/studies

11. Has your mobility, work/studies and/or daily activities ever been affected or restricted by this condition? ☐ Yes ☐ No

    If yes, please provide details

12. Please provide details regarding the doctors (including specialists) whom you have consulted for this condition.

Date / Period of Visit	Name of Doctor	Name of Clinic / Hospital

13. Please provide a copy of all reports and tests results that you have on your condition.

B. Declaration and Authorisation

1. 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.
2. I/We authorise the Company to obtain, if necessary confidential reports from any doctor/clinic/hospital that I/we have referred above.
3. 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 Date:	Signature of Life to be Insured (if different from Proposer and age 16 or above) Date: