

## General health questionnaire

**Important Information**

In accordance with Section 23(5) of the Insurance Act 1966, you are to disclose in this questionnaire fully and faithfully all facts which you know or ought to know, otherwise the policy may be void and you may receive nothing from this policy.

**Note :**

1. All questions must be answered in respect of the insured or proposed insured (as the case may be) (the "Insured"). If any of the questions are not applicable, please answer "N/A".
2. If any of the answers are physically altered (i.e., in the form of printouts), they must be counter signed by the Insured (or policy holder if the Insured is age 0 to 15).
3. Use a new set of questionnaire if there are different Insured persons.

Name of policy owner ("Applicant")

Type of request

 New application  Increase in sum assured Addition of riders  Reinstatement Others, please specify:

Application / Policy no.

### Section 1 – Insured's information

Full name  
(as in NRIC/FIN/Passport)NRIC/FIN number  
(for Singapore resident)Passport number  
(for non-Singapore resident)

### Section 2 – Insured's medical condition(s)

1. The Insured's exact diagnosis

2. Date of the Insured's diagnosis  
mm/yyyy

3. Details of symptoms experienced by the Insured

4. Frequency of symptoms (daily/weekly/once off/others – please specify)

5. Date that the Insured last experienced symptoms (month/year)

6. Details of investigations done (including type, results, and dates (month/year))

7. Details of the Insured's current treatment (e.g. nature of treatment, medication name, etc.)

8. Has the Insured had 3 consecutive days off work after treatment? If yes, when?

9. Was hospitalisation required? If yes, indicate when and number of days hospitalised

10. Date (month/year) of the Insured's last follow up

11. Is the Insured fully recovered and discharged from follow up?

## 12. Details of residual complications (if any)

## 13. Remarks - please provide (i) name and address of doctor consulted and (ii) any additional information that you feel is relevant to the Insured's condition

**Section 3 – Declaration and acknowledgement**

1. I/We, the Insured (and policy owner, if applicable), declare that all the information given above is accurate, true and complete.
2. I/We, the Insured (and policy owner, if applicable), agree to inform FWD Singapore Pte. Ltd. ("FWD") if there is any change to the responses provided in this health questionnaire between the date of this declaration and the date when the policy documents are issued by FWD to me/us. I/We, the Insured (and policy owner, if applicable) understand that FWD may revise the terms of the insurance coverage according to any such information received.
3. I/We, the Insured (and policy owner, if applicable), declare that the information given is accurate, true and complete and I/We have/has not withheld any material information that may influence the assessment of my application. I/We understand that should there be any non-disclosure of a material fact that may influence the assessment and acceptance of the insurance application, FWD has the right to either decline my claims or cancel this policy and treat it as never having existed.

Signature of Insured  
(if different from Applicant and aged 16 and above)

Name

Date (dd/mm/yyyy)

Signature of Applicant  
(policy owner)

Name

Date (dd/mm/yyyy)