



**Declaration of Attending Physician's Details**

**DAP**

**A. Particulars of Life to be Assured / Assured**

Name	:	_____
NRIC/ Passport / B.C. No.	:	_____
Contract No.	:	_____

**B. Declaration of Attending Physician's Details**

Our assessment of your insurance application is based on information as provided by you (on the application form / at the medical examination / during discussion with your agent)

Can you please confirm the following statements?

1. I declare that I have no regular doctor or medical practitioner.
2. I declare that within the last 6 months, I have not consulted any doctor or medical practitioner, received treatment or undergone investigations.
3. I declare that I am not awaiting any medical consultations, investigations or treatment, or experiencing symptoms that might cause me to seek medical treatment in the near future.

Yes, I declare that the above statements are true.

**Should any of the above statements be incorrect as of today, please provide details below:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Kindly note that failure to provide correct information may affect your claim benefits. Please refer to the general policy conditions for further information on material non-disclosure.

**C. Declaration**

I agree to inform Aviva Ltd if there is any change in the state of my health or my activities between the date of this Health Declaration and the date full insurance coverage is provided by Aviva Ltd to me. I understand that the terms of accepting me as a risk for insurance coverage may vary according to such information received.

I declare that the information given is true and complete and that I have not withheld any material information that may influence the assessment of my application.

Signature of Assured : \_\_\_\_\_ Date : \_\_\_\_\_

Signature of Life to be Assured : \_\_\_\_\_ Date : \_\_\_\_\_  
(If other than the Assured)