Lifestyle – Supplementary Questionnaire **Q12**

A. Particulars of Life to be Assured / Assured

Name : ______________________________

NRIC/ Passport No. : ______________________________

Attaching to Contract No. : ______________________________

B. Questions

No.	Questions	Answers
1a.	Do you belong to one of the following AIDS high-risk groups established by the health authorities? Homosexual Men	☐ Yes ☐ No
1b.	Bisexual Men	☐ Yes ☐ No
1c.	Heterosexuals with multiple partners	☐ Yes ☐ No
1d.	Intravenous drug abusers	☐ Yes ☐ No
1e.	Haemophiliacs	☐ Yes ☐ No
1f.	Sexual partners of the preceding groups	☐ Yes ☐ No **If Yes**, please indicate which group:
2.	Have you ever been tested, received medical advice, counselling or treatment in connection with AIDS or an AIDS related condition? If 'Yes', please provide full details including the investigation (if any), treatment, date and result.	☐ Yes ☐ No **If Yes**, please provide the following: • Type of investigation or test: • Date of each investigation or test: • Result of each investigation or test ☐ Normal or negative

Aviva Ltd 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 Tel: (65) 6827 7988 Fax: (65) 6827 7900 www.aviva-singapore.com.sg Company Reg. No.: 196900499K
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		☐ Abnormal or positive (please provide date and type of investigations or tests taken or conditions diagnosed): ☐ Don't know (please provide details of investigations or tests taken): • Type of treatment received:
3.	Has the Life to be Assured ever been tested, received medical advice or treatment in connection with any sexually transmitted disease including Hepatitis B? If 'Yes', please provide full details including investigation (if any), treatment, date and result.	☐ Yes ☐ No **If Yes**, please provide the following: • Type of investigation or test: • Date of each investigation or test: • Result of each investigation or test ☐ Normal or negative ☐ Abnormal or positive (please provide date and type of investigations or tests taken or conditions diagnosed): ☐ Don't know (please provide details of investigations or tests taken): • Type of treatment received:

C. Declaration

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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)

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