Raised Cholesterol Supplementary Questionnaire (Q45)

Particulars of Life Assured

Name : _____

Identity Card / Passport No. : _____ Contract No. : _____

Medical Questions

1. What was the diagnosis made by the doctor?

   _____

2. When was this condition diagnosed?

   _____

3. Have you had an ECG, X-ray, blood lipids test, echocardiogram or any other investigations done?

   ☐ Yes ☐ No

   If '**Yes**', please provide details:

Type of Investigation / Test	Date	Results*
		☐ Normal ☐ Abnormal
		☐ Normal ☐ Abnormal
		☐ Normal ☐ Abnormal
		☐ Normal ☐ Abnormal
		☐ Normal ☐ Abnormal

   * For abnormal results, please provide details: _____

   _____

Aviva Ltd 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 Tel: (65) 6827 7988 Fax: (65) 6827 7900 Website: www.aviva.com.sg
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4. Please indicate your latest lipids profile test results and attach a copy of the results.

Date of Test: _____

Lipid Profile Test	Results (mg/dl or mmol/l)
Total Cholesterol	
Triglycerides	
High Density Lipoprotein (HDL)	
Low Density Lipoprotein (LDL)	

5. Do you smoke cigarettes or any form of tobacco?

☐ Yes ☐ No

If '**Yes**', please provide details. Number of sticks per day: _____ Number of years: _____

6. What treatment was or has been prescribed by your doctor?

Please tick accordingly and provide details:

☐ **Oral Medication**

Name of Medication	Dosage	Frequency	Start Date of Medication	End Date of Medication (if applicable)

☐ **Others**, please provide details: _____

Please specify date of last treatment (if applicable): _____

7. Please provide the name and address of the doctor / clinic / hospital which you have consulted for this condition.

Name of Doctor / Clinic / Hospital	Address	Date of Last Consultation

Note: Please provide us with copies of all medical reports relating to this condition, if available.

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Declaration

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

I/We agree that the above information shall form the basis of my/our application for insurance. I/We declare that the information given is true and complete and I/we have not withheld any material information that may influence the assessment of my/our application.

_____	_____
Name and Signature of Life Assured	Date (dd/mm/yyyy)
_____	_____
Name and Signature of Assured	Date (dd/mm/yyyy)

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