



Viral Epidemic Questionnaire

Particulars of Life Assured	
Name	
NRIC / Passport (last 4 characters e.g. 123A)	
Contract No.	

Questions

1. Are you, or have you been
- in close contact with anyone who has been quarantined or who has been diagnosed with novel coronavirus (SARS-CoV-2/COVID-19), or
 - quarantined due to a possible exposure to novel coronavirus (SARS-CoV-2/COVID-19)?

If yes, please provide relevant details, including dates & locations.

Yes No

Date of contact / quarantine end date * (delete where applicable) (DD/MM/YYYY):

Locations:

2. Have you been
- tested for novel coronavirus (SARS-CoV-2/COVID-19)?, or are you awaiting the result of a test which has already been submitted for the novel coronavirus (SARS-CoV-2/COVID-19)?

If yes, please provide relevant dates and details.

Yes No

Date of full recovery (DD/MM/YYYY):

Results:

Reason for testing:

3. Have you experienced any of the following symptoms within the last 14 days?
 If yes to any of these, please indicate which and provide full information, including date of symptoms.

- None of the below
- Any fever
 Shortness of breath
 Malaise (flu-like tiredness)
- Cough
 Sore throat
 Rhinorrhea (mucus discharge from the nose)
- Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhea

4. Please provide your travel patterns over the past 14 days, if any.

- Did not travel over the past 14 days

Country	City	Date Arrived	Date Departed

5. Please provide your intended future travel plans for the next 30 days, if any.

- No travel plan for the next 30 days

Country	City	Arrival Date	Intended Duration

The following questions are for Healthcare Professionals only

6. Please describe your exact nature of duties (including medical specialty if you are a medical professional).

Declaration

1. 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.
2. 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.

Signature of Life Assured:

Name of Life Assured:

Date (DD/MM/YYYY):

Signature of Assured:

Name of Assured:

Date (DD/MM/YYYY):