



Health Declaration Form for MyCoreCI Plan

WARNING: Pursuant to section 25(5) of the Insurance Act (cap.142), you are to disclose in this application form fully and faithfully all facts which you know or ought to know, otherwise the insurance effected may be void. This policy is underwritten by Aviva Ltd and will be entered into the register of Singapore policies. The terms and conditions of this policy shall be governed by and construed in accordance with the laws of Singapore.

Policy Number :
Life Assured :
Proposer (Assured) :

Based on the health declaration in the Policy Illustration submitted earlier, we would require additional information for our risk assessment. Please provide details for the question(s) as required in our underwriting memo.

| Health Questions | Life Assured | | | | | | | |
|---|--|--|-------------------------------------|---|--|---|--------------------------------------|--|
| <p>4. Have you ever had or been treated for heart disease, chest pain, stroke or Transient Ischaemic Attack, cancer, carcinoma-in-situ, tumours, lumps, nodules, polyps, cysts, liver disease, disease of the respiratory system, kidney disease (including protein or blood in urine), diabetic eye disease (e.g. retinopathy), diabetic ketoacidosis, diabetic nerve damage (peripheral neuropathy) or neurological disease (e.g. epilepsy), HIV infection or any deformity/ disability?</p> | <input type="radio"/> Yes <input type="radio"/> No | | | | | | | |
| <p>If you have answered 'Yes' to Question 4 above, please complete the following:</p> | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%; padding: 2px;">Medical condition and exact diagnosis:</td> <td style="width: 30%; padding: 2px;">Date of first symptoms or diagnosis <input type="radio"/> 0 – 6 mths <input type="radio"/> 7 – 12 mths <input type="radio"/> 1 – 2 yrs <input type="radio"/> 2 – 3 yrs <input type="radio"/> 3 – 5 yrs <input type="radio"/> > 5 yrs </td> <td style="width: 35%; padding: 2px;">Details of tests, dates and results</td> </tr> <tr> <td colspan="2" style="padding: 2px;"> Have you made a full recovery with no further treatment, symptoms or complications? <input type="radio"/> Yes (to provide duration since full recovery) <input type="radio"/> No (to provide treatment and medication given) </td> </tr> <tr> <td style="padding: 2px;"> <input type="radio"/> 0 – 6 mths <input type="radio"/> 7 – 12 mths <input type="radio"/> 1 – 2 yrs <input type="radio"/> 2 – 3 yrs <input type="radio"/> 3 – 5 yrs <input type="radio"/> > 5 yrs </td> <td style="padding: 2px;">Name and address of doctor consulted</td> </tr> </table> | Medical condition and exact diagnosis: | Date of first symptoms or diagnosis <input type="radio"/> 0 – 6 mths <input type="radio"/> 7 – 12 mths <input type="radio"/> 1 – 2 yrs <input type="radio"/> 2 – 3 yrs <input type="radio"/> 3 – 5 yrs <input type="radio"/> > 5 yrs | Details of tests, dates and results | Have you made a full recovery with no further treatment, symptoms or complications? <input type="radio"/> Yes (to provide duration since full recovery) <input type="radio"/> No (to provide treatment and medication given) | | <input type="radio"/> 0 – 6 mths <input type="radio"/> 7 – 12 mths <input type="radio"/> 1 – 2 yrs <input type="radio"/> 2 – 3 yrs <input type="radio"/> 3 – 5 yrs <input type="radio"/> > 5 yrs | Name and address of doctor consulted | |
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| <p>5. (a) In the last 5 years, have you experienced recurring signs and symptoms, been advised to seek medical consultation, investigation (eg. imaging, mammogram, biopsy, prostate examination etc.) and treatment for a condition other than high blood pressure, elevated total cholesterol/ triglycerides and high blood sugar?</p> | <input type="radio"/> Yes <input type="radio"/> No | | | | | | | |
| <p>If you have answered 'Yes' to Question 5.(a) above, please complete the following:</p> | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%; padding: 2px;">Medical condition and exact diagnosis:</td> <td style="width: 30%; padding: 2px;">Date of first symptoms or diagnosis <input type="radio"/> 0 – 6 mths <input type="radio"/> 7 – 12 mths <input type="radio"/> 1 – 2 yrs <input type="radio"/> 2 – 3 yrs <input type="radio"/> 3 – 5 yrs <input type="radio"/> > 5 yrs </td> <td style="width: 35%; padding: 2px;">Details of tests, dates and results</td> </tr> <tr> <td colspan="2" style="padding: 2px;"> Have you made a full recovery with no further treatment, symptoms or complications? <input type="radio"/> Yes (to provide duration since full recovery) <input type="radio"/> No (to provide treatment and medication given) </td> </tr> <tr> <td style="padding: 2px;"> <input type="radio"/> 0 – 6 mths <input type="radio"/> 7 – 12 mths <input type="radio"/> 1 – 2 yrs <input type="radio"/> 2 – 3 yrs <input type="radio"/> 3 – 5 yrs <input type="radio"/> > 5 yrs </td> <td style="padding: 2px;">Name and address of doctor consulted</td> </tr> </table> | Medical condition and exact diagnosis: | Date of first symptoms or diagnosis <input type="radio"/> 0 – 6 mths <input type="radio"/> 7 – 12 mths <input type="radio"/> 1 – 2 yrs <input type="radio"/> 2 – 3 yrs <input type="radio"/> 3 – 5 yrs <input type="radio"/> > 5 yrs | Details of tests, dates and results | Have you made a full recovery with no further treatment, symptoms or complications? <input type="radio"/> Yes (to provide duration since full recovery) <input type="radio"/> No (to provide treatment and medication given) | | <input type="radio"/> 0 – 6 mths <input type="radio"/> 7 – 12 mths <input type="radio"/> 1 – 2 yrs <input type="radio"/> 2 – 3 yrs <input type="radio"/> 3 – 5 yrs <input type="radio"/> > 5 yrs | Name and address of doctor consulted | |
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| <p>5. (b) In the last 5 years, other than routine medical check-up and minor illnesses such as but not limited to flu or cold, had you been hospitalized for at least 7 consecutive days?</p> | <input type="radio"/> Yes <input type="radio"/> No | | | | | | | |
| <p>If you have answered 'Yes' to Question 5.(b) above, please complete the following:</p> | | | | | | | | |
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| Health Questions <i>(continued)</i> | Life Assured | | |
|--|--|------------------|----------------------------|
| 6. Have two or more of your biological parents, brothers or sisters ever suffered from cancer before age 50? | <input type="radio"/> Yes <input type="radio"/> No | | |
| If you have answered 'Yes' to Question 6 above, please provide details. | | | |
| Type of cancer | Relationship | Age at diagnosis | Age at death (if deceased) |
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Declaration

Important Notes: If a material fact is not disclosed in this application, any policy issued and any policy which you have with Aviva to which the material fact applies may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the Financial Adviser Representative but was not included in the application. Please check to ensure you are fully satisfied with the information declared in this application.

Signed and declared in SINGAPORE on (DD/MM/YYYY)

| | | |
|--------------------------------------|--------------------------------------|---|
| Signature of Life Assured | Signature of Proposer (Assured) | Signature of Financial Adviser Representative |
| Name: Identity Card/Passport No.: | Name: Identity Card/Passport No.: | Name: Identity Card/Passport No.: |