

PREGNANCY QUESTIONNAIRE

HEALTH INSURANCE

Particulars of Life to be Assured

Name of Life to be Assured (as shown in NRIC)	Proposal/Policy No.	NRIC/Passport No.
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Questions

1. Have you delivered your baby?

Yes. Date of delivery _____ (dd/mm/yyyy) No

2. How many months are you currently pregnant?

_____ months

Not applicable

3. Do you suffer from post natal depression?

Yes (Please give details below) No

Please enclose a copy of the medical reports. Enclosed Not available

Give Details

4. Was there any complication during your pregnancy?

Yes (Please give details below) No

Please enclose a copy of the medical reports. Enclosed Not available

Give Details

5. Do you have any past history of complications (eg. miscarriage or ectopic pregnancy)?

Yes (Please give details below) No

Please provide details such as date of incident and number of occurrence.

Declaration

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of my proposal.

I agree that this form will constitute part of my proposal for health insurance and that failure to disclose any material fact known to me may invalidate the contract of insurance.

I confirm that there has been no change in my/Life to be Assured's health status since the completion of the application forms including all questionnaires/ additional declarations made in connection with the application.

Signed in Singapore on the _____ day of _____ 20____

Signature of Life to be Assured

Signature of Proposer (if different from Life to be Assured)

GH/G6113/PQ/09/2009