NTUC Income Insurance Co-operative Limited
Income Centre 75 Bras Basah Road Singapore 189557
Tel: 6788 1777 · Fax: 6338 1500
Email: csquery@income.com.sg · Website: www.income.com.sg

Product Type
☐ Affinity ☐ IncomeShield
☐ Employee Benefit ☐ Life Insurance
☐ LTC

High Blood Pressure or High Cholesterol Questionnaire

WARNING: Under Section 25(5) of the Insurance Act, Cap. 142 (or any other future amendments to it), you must reveal all facts you know, or ought to know, which may affect the insurance cover you are applying for. Otherwise, the insurance policy may not be valid.

You may fill in this questionnaire if you are suffering from either high blood pressure or high cholesterol or both.

Details of insured

Full name (as in NRIC/BC/Passport/Long-Term Pass)	NRIC/BC/Passport number/FIN	Proposal number(s)

Questions for insured

1. Please advise on the diagnosis of your condition:

☐ High blood pressure

Date of diagnosis or onset	
Underlying cause	

☐ High cholesterol

Date of diagnosis or onset	
Underlying cause	

2. Have you ever experienced symptoms like chest pain, palpitations, dizziness, shortness of breath or reduced physical ability?

☐ Yes (please provide details below) ☐ No

Details to include symptoms experienced, date of onset, date of last attack, investigations done and results.

3. Have you ever been hospitalised?

☐ Yes (please provide details below) ☐ No

Please enclose a copy of inpatient discharge or clinical summaries. ☐ Enclosed ☐ Not available

Date	Duration of stay	Reason or diagnosis	Name of hospital

Details of insured

Full name (as in NRIC/BC/Passport/Long-Term Pass)	NRIC/BC/Passport number/FIN	Proposal number(s)

Questions for insured (continued)

4. Type of treatment prescribed by your doctor:
   - ☐ Diet only
   - ☐ Diet and medications (please provide details below)

Name of medication	Dosage	Date or period

5. Have you ever not taken or stopped treatment without your doctor's approval?
   - ☐ Yes ☐ No

6. Please give your blood pressure or cholesterol level readings below.

	Date	Blood pressure readings		Cholesterol level readings	
Latest		Systolic		Cholesterol	
		Diastolic		Triglycerides	
				HDL Cholesterol	
				LDL Cholesterol	
				Cholesterol/HDL Ratio	
3 months ago		Systolic		Cholesterol	
		Diastolic		Triglycerides	
				HDL Cholesterol	
				LDL Cholesterol	
				Cholesterol/HDL Ratio	
1 year ago		Systolic		Cholesterol	
		Diastolic		Triglycerides	
				HDL Cholesterol	
				LDL Cholesterol	
				Cholesterol/HDL Ratio	

7. Has any investigation (for example, ECG, blood test, etc) or health screening been done?
   - ☐ Yes (please provide details below) ☐ No

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

Type of investigation or health screening	Results	Date of tests

Details of insured

Full name (as in NRIC/BC/Passport/Long-Term Pass)	NRIC/BC/Passport number/FIN	Proposal number(s)

Questions for insured (continued)

8. Please select the condition(s) which you have suffered from or are currently suffering from.

- ☐ Diabetes mellitus
- ☐ Eye problems as a result of your condition
- ☐ Heart problem or heart attack
- ☐ Others, please specify: _____
- ☐ Stroke, transient ischaemic attack (TIA), or blocked or narrowed arteries in your legs
- ☐ An ECG or heart test that was abnormal or needed further investigation
- ☐ Kidney problem, urine abnormalities, or protein in your urine
- ☐ Not applicable

Details to include name of medical condition, date of diagnosis, investigations done and results.

9. Are you on regular follow-up with a doctor?

☐ Yes (please provide details below) ☐ No

Frequency	
Date of last consultation	
Name and address of doctor	

Declaration by the proposer and insured

I cannot alter any of the wordings in this form. Any attempt to do so will have no effect.

I declare that the answers given in this form are true, correct and complete. I accept full responsibility for them, whether written by me or by anyone else on my behalf. I have not withheld any information. If it is discovered later that I or the Insured suffer from a medical condition that is not disclosed in this form, I will not be entitled to rely on the defence that the information was disclosed for or in the records of other policies with Income. I agree that this form and other written answers, statements, information or declarations I have made or which have been made on my behalf will form the basis of the contract of insurance between the policyholder and Income. If anything is untrue, incorrect or incomplete, the insurance policy will not be valid.

I confirm that there has been no change in my health or the Insured's health since the completion of the application and all additional declarations made in connection with the application. I will notify Income immediately if there is any change in the state of my health or the Insured's health, or if I or the Insured plan to seek medical consultation, investigation, or treatment between the date of this application and the date this policy is in force. I am aware that Income may add special terms to the policy or declare the policy as void according to the information provided or if I fail to notify Income of any change in the state of my health or the Insured's health.

I acknowledge and agree that this form will constitute part of my application for life or health insurance, and will form the basis of the contract of insurance.

I confirm that I understand and agree to the 'Personal Data Use Statement' and declaration set out in my policy application form which I have submitted to Income. I understand that I can refer to Income's Privacy Policy for more information, including access and correction of my personal data and consent withdrawal.

I agree that if I do not reveal any significant fact (which would have affected Income's decision to accept my application on standard terms), any policy issued may be invalid. This includes any facts I may not be sure is significant, and any information I have given to my advisor but was not included in this form.

Signature of proposer	Signature of insured (for age 16 and above)
Date (dd/mm/yyyy):	Date (dd/mm/yyyy):