

Income Insurance Limited | UEN: 202135698W | Income Centre 75 Bras Basah Road Singapore 189557 | Tel: 6788 1777 · Fax: 6338 1500 | Email: csquery@income.com.sg · Website: www.income.com.sg

Questionnaire on doctor(s) consulted

Section A: Insured's details			
Policy No			
Claim No			
Name of Insured			
Please provide the details of insured	d's regular doctor(s) ar	nd company doctor(s) below:	
Name of Doctor		Address of Doctor	
Section B: Details on current	Illness/ Hospitalis	ation	
occinon bi betano en carrent	miress, riospicans	ation	
Has the insured/patient consulted a If yes, please provide the details bel	doctor for these disea		Yes No D
Has the insured/patient consulted a	doctor for these disea low.		
Has the insured/patient consulted a If yes, please provide the details be	doctor for these disea low.	ases, conditions or injuries?	
Has the insured/patient consulted a If yes, please provide the details be	doctor for these disea low.	ases, conditions or injuries?	
Has the insured/patient consulted a If yes, please provide the details be	doctor for these disea low.	ases, conditions or injuries?	
Has the insured/patient consulted a If yes, please provide the details be	doctor for these disea low.	ases, conditions or injuries?	
Has the insured/patient consulted a If yes, please provide the details be	doctor for these disea low.	ases, conditions or injuries?	
Has the insured/patient consulted a If yes, please provide the details be	doctor for these disea low.	ases, conditions or injuries?	
Has the insured/patient consulted a If yes, please provide the details be	doctor for these disea low.	ases, conditions or injuries?	
Has the insured/patient consulted a If yes, please provide the details be	doctor for these disea low.	ases, conditions or injuries?	
Has the insured/patient consulted a If yes, please provide the details be	doctor for these disea low.	ases, conditions or injuries?	
Has the insured/patient consulted a If yes, please provide the details be	doctor for these disea low.	ases, conditions or injuries?	
Has the insured/patient consulted a If yes, please provide the details be	doctor for these disea low.	ases, conditions or injuries?	