Manulife

Questionnaire on Diabetes Mellitus

WARNING: STATEMENT PURSUANT TO SECTION 25(5) OF THE INSURANCE ACT (CHAPTER 142): YOU ARE TO DISCLOSE IN RESPECT OF THIS APPLICATION, FULLY AND FAITHFULLY ALL FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE THE POLICY MAY BE VOID.

A. Policy Information

Policy No:

Name of Proposed Life Insured:

NRIC/Passport/FIN/Birth Certificate No:

Name of Owner (if different from Proposed Life Insured):

NRIC/Passport/FIN No:

B. Please answer the following questions with as much details as possible.

1. When were you first diagnosed with diabetes?

2. Please state the type of diabetes you were diagnosed by doctor:

☐ Gestational ☐ Type 1 ☐ Type 2 ☐ Unknown / Not sure

3. Have you undergone any investigation and/or tests (e.g. ECG, blood tests, urine tests, vision tests, etc)?

☐ Yes ☐ No

If ***Yes***, please provide details of all the investigations and/or tests:

(a) Type of investigation or test:

(b) Date of each investigation or test:

(c) Result of each investigation or test:

(Please state if result is normal or abnormal. If abnormal, please provide more details.)

4. Please list all the medication(s) and/or treatment(s) that has been prescribed by your doctor.

Please tick accordingly and provide full details:

(a) Oral medication(s)

(i) Name of medication(s), dosage and frequency:

(ii) Date medication started:

(iii) Are you still on medication:

☐ Yes ☐ No

If *No*, please provide reason and date medication is discontinued:

(b) Insulin

(i) Name of Insulins), dosage and frequency:

(ii) Date medication started:

(iii) Are you still on medication:

☐ Yes ☐ No

If *No*, please provide reason and date medication is discontinued:

(c) Diet control and exercise

(d) Any other treatment (Please provide details)

5. Please provide your latest blood sugar (glucose) reading, last 2 HbA1c (glycosylated haemoglobin) readings and attach copies of the test results.

Date of blood glucose test:		Result (mg/dL or mmol/L):	
Date of HbA1c glucose test:		Result (%):	
Date of HbA1c glucose test:		Result (%):	

6. Have you suffered from any of the following complications as a result of your high blood pressure?

(a) High blood pressure or heart problems

☐ Yes ☐ No

If ***Yes***, please provide details:

(b) Kidney problems or albumin/protein in the urine, etc.

☐ Yes ☐ No

If ***Yes***, please provide details:

(c) Numbness or tingling in joints, etc.

☐ Yes ☐ No

If ***Yes***, please provide details:

(d) Vision problems

☐ Yes ☐ No

If ***Yes***, please provide details:

(e) Others (Please provide details):

7. Have you ever had a diabetic or insulin coma?

☐ Yes ☐ No

If ***Yes***, please provide details (e.g. the date(s), duration, frequency and severity, etc.):

8. When was your last medical consultation with your doctor?

9. Please provide the name and address of the doctor(s) and clinic/hospital you have consulted for this condition.

10. Have you ever missed work or school due to diabetes or associated symptoms?

☐ Yes ☐ No

If ***Yes*****,** please provide details (e.g. the date(s), number of days for each occurrence and reason, etc.):

11. Please provide any additional information on your condition which will be relevant in processing your application.

Note: Please submit all investigation test(s) and/or medical report(s), if available.

C. Declaration & Authorisation

1. I / We have read the above statements and answers and they are complete and true to the best of my / our knowledge and belief. I / We understand they will form part of the Application to Manulife (Singapore) Pte. Ltd. for insurance on the above name Life Insured / Joint Owner / Owner.
2. I/We declare that there has been no change in the Proposed Life Insured / Joint Owner / Owner's health conditions, occupation and activity and I / we have received no medical consultation or examination whatsoever, since the date of completion of the Application for the issuance of this Policy.
3. I/We agree to inform Manulife (Singapore) Pte. Ltd. if there is any change in the state of health, occupation or activity of the Insured at any time before the issuance of this Policy.
4. If a material fact is not disclosed in this Application, any policy issued 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 / Financial Consultant but was not included in the Application. Please check to ensure you are fully satisfied with the information declared in this Application.

Signature of Proposed Life Insured

Signature of Owner
(If different from Proposed Life Insured)

Date (DD MMM YYYY)

Date (DD MMM YYYY)

If you wish to understand the list of purposes for which your personal data may be used or disclosed, you may refer to the Statement of Personal Data Protection located at our website (www.manulife.com.sg)