Manulife

Questionnaire on Heath Screening Test

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. Why was the test done (e.g. Health conscious, company's requirement, as advised by doctor, etc?

2. What are the presenting symptoms (if any)?

3. When was it done?

4. Please tick accordingly what are the type of tests done and results.

   (a) Blood Test

   - Cholesterol Test – Result: ☐ Normal ☐ Abnormal

   Please provide details if result is abnormal:

   - Full Blood Count – Result: ☐ Normal ☐ Abnormal

   Please provide details if result is abnormal:

   - HIV Test – Result: ☐ Normal ☐ Abnormal

   Please provide details if result is abnormal:

Question 4 – Continued

- Liver Function Test – Result: ☐ Normal ☐ Abnormal

Please provide details if result is abnormal:

- Thyroid Function Test – Result: ☐ Normal ☐ Abnormal

Please provide details if result is abnormal:

- Other blood test(s) – please provide the following details:

(i) Name/Type of blood test(s) done:

(ii) Result of the blood test(s) done: ☐ Normal ☐ Abnormal

Please provide details if result is abnormal:

(b) X-ray – Result: ☐ Normal ☐ Abnormal

Please provide details if result is abnormal:

(c) Electrocardiogram (ECG) – Result: ☐ Normal ☐ Abnormal

Please provide details if result is abnormal:

(d) Treadmill – Result: ☐ Normal ☐ Abnormal

Please provide details if result is abnormal:

(e) Ultrasound – Result: ☐ Normal ☐ Abnormal

Please provide details if result is abnormal:

(f) Other test(s) – please provide the following details

(i) Name/Type of test(s) done:

(ii) Result of the test(s) done: ☐ Normal ☐ Abnormal

Please provide details if result is abnormal:

5. If the results of the above tests were abnormal, were you required to repeat those tests?

☐ Yes ☐ No

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

(a) Type of test(s) repeated:

(b) Date done:

(c) Results:

6. Please provide the name and address of the doctor(s) and clinic/hospital who has attended to you.

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)