Manulife

Questionnaire on Respiratory Condition

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. Please state the exact respiratory condition as diagnosed by doctor.

2. When were you first diagnosed with this respiratory condition?

3. Please state your symptoms experienced, frequency of symptoms/attacks and date of last symptoms/attack.

   (a) Symptoms (e.g. Chest tightness, coughing, shortness of breath, wheezing, etc):

   (b) Frequency of symptoms/attacks

   (c) Date of last symptoms/attack

   (d) Serverity of symptoms/attack (e.g. Any hospitialisation, duration, etc)

4. Have you undergone any investigation and/or tests (e.g. CT scans, chest x-ray, spirometry, 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.)

5. 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) Medication(s) / Inhalers

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

(ii) Date medication(s) / Inhaler(s) started:

(iii) Are you still on medication(s) / Inhaler(s):

☐ Yes ☐ No ***(If No, please continue to complete Question iv and v)***

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

(b) Any other treatment (Please provide details)

6. Have you ever used tobacco or nicotine products in any form (including cigarettes, cigars, cigarillos, a pipe, chewing tobacco, nicotine patches or gum)?

☐ Yes ☐ No

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

(a) Type of tobacco or nicotine product:

(b) Amount / Frequency (e.g. Number of stick(s) per day):

(c) Please tick the following accordingly:

☐ Current smoker ☐ Past smoker → Year Stopped:

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

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

9. Have you ever missed work or school or had restrictions to your daily activities due to the respiratory condition?

☐ Yes ☐ No

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

10. 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)