Proposal Number

Life Insureds Name (First Middle Last)

Date of Birth (D D M M Y Y Y Y) Gender

Cancer Care Questionnaire (to be answered only if Multistage Cancer Care Benefit is opted)

1.	Have you suffered from or been advised investigation/investigated or been treated for any form of Cancer, sarcoma, tumor, or pre-cancerous conditions (few example but not exhaustive are Barrett's esophagus, atrophic gastritis, cervical dysplasia, leukoplakia)	☐ Yes ☐ No
2.	Are you suffering from or ever suffered from Hepatitis B, Hepatitis C, Liver disease due to alcohol, Barrett's Esophagus, Crohn's Disease, Peptic Ulcer, Ulcerative Colitis ?	☐ Yes ☐ No
3.	Have you suffered from or been investigated for any of the following in a. Recurrent cough, hoarseness of voice, or difficulty in swallowing for a continuous period of 15 days? b. Any persistent loss of blood or unusual discharge from any part of the body? c. Weight loss more than 5kg within 6 months other than through a weight loss program? d. Any ulceration, growth, nodule, cyst or lump in any part of the body?	☐ Yes ☐ No
4.	Have you had abnormal findings in any of the listed investigations in the last 6 months (if applicable)- ☐ Ultrasound ☐ Endoscopy/Colonoscopy ☐ CT Scan / MRI ☐ Biopsy ☐ PAP Smear ☐ Mammography ☐ Blood test for cancer diagnosis (Tumor Marker)	☐ Yes ☐ No
5.	Have any of your parents (below age 60 yrs), sisters or brothers suffered from any form of cancer?	☐ Yes ☐ No
6.	Are you suffering from or ever suffered from HIV/AIDs, Chronic Glomerulonephritis, Chronic Kidney Disease, Polycystic Kidney Disease, Anemia?	☐ Yes ☐ No
7.	Are you suffering from or ever suffered from Fatty liver, Gastritis, Gastro-Esophageal Reflux?	☐ Yes ☐ No
8.	Has your proposal for life insurance, accident, medical or health related insurance ever been declined, postponed, withdrawn or accepted at extra premium	☐ Yes ☐ No

Cardiac Care Questionnaire (to be answered only if Multistage Cardiac Care Benefit is opted)

1.	Have you ever had, or been told that you have, or are you currently under investigation for any of the below:	
	a. Any Heart condition like coronary artery disease, valvular or congenital heart disease	☐ Yes ☐ No
	b. High blood pressure	☐ Yes ☐ No
	c. Stroke	☐ Yes ☐ No
	d. High cholesterol/lipids	☐ Yes ☐ No
	e. Raised blood sugar/diabetes	☐ Yes ☐ No
	f. Abnormal findings in ECG, TMT, CXR, Echo, Angiography or any other cardiac investigation	☐ Yes ☐ No
2.	Have your suffered from or been investigated for any of the following in the past 12 months?	
	a. Cest pain	☐ Yes ☐ No
	b. Breathlessness	☐ Yes ☐ No
	c. Excessive fatigue	☐ Yes ☐ No
	d. Severe headaches	☐ Yes ☐ No
	e. Dizziness	☐ Yes ☐ No
	f. Syncope	☐ Yes ☐ No
3.	Have any of your immediate family members been diagnosed with heart ailment, diabetes or stroke before the age of 65 years?	☐ Yes ☐ No
4.	Have you ever been diagnosed with, treated/investigated for or advised to take treatment for cancer, kidney or liver disease, blood, joint or skin disorder, stomach disorder, brain or lung disease, mental/neurological disorder, gynecological disorder, physical or congenital deformity or HIV/AIDS?	☐ Yes ☐ No
5.	Has any of your proposal for issuance or application for reinstatement for life, health or accident insurance ever been declined, postponed, withdrawn, accepted at extra premium or subjected to any special terms?	☐ Yes ☐ No

Signature/Thumb impression of Proposer

Date: (D D M M Y Y Y Y)

Place:

Signature/Thumb impression of the Life Assured

Date: (D D M M Y Y Y Y)

Place: