



# ADDITION OF NEW BORN

Name of Insured: \_\_\_\_\_  
 Policy Holder: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_



## NEW BORN DETAILS

Name (last): \_\_\_\_\_  
 Name (first): \_\_\_\_\_  
 Name (middle): \_\_\_\_\_  
 Date of Birth (dd/mm/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender (M/F): \_\_\_\_ Height (cm): \_\_\_\_ Weight (kg): \_\_\_\_  
 Date of Discharge from Hospital (dd/mm/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

1. Was your new born discharged from hospital in a healthy state and does not suffer from any birth defects or congenital condition(s)?  
 Yes \_\_\_\_\_  
 No (please explain): \_\_\_\_\_
2. Is your new born under treatment for any illness, injury, or medical condition?  
 Yes (please explain): \_\_\_\_\_  
 No \_\_\_\_\_
3. Have you been advised to have your new born undergo any test, treatment, procedure, or hospitalisation?  
 Yes (please explain): \_\_\_\_\_  
 No \_\_\_\_\_

I hereby declare that all answers to the foregoing questions are correctly recorded, and that they are full, complete, and true.

\_\_\_\_\_  
 Signature of the Insured / Main Applicant  
 (Signature by Policyholder if the insured person is a Minor)

\_\_\_\_\_  
 Date

**Chartis Singapore Insurance Pte. Ltd.**  
 CHARTIS Building  
 78 Shenton Way #07-16  
 Singapore 079120  
**Email:** [membercare@globalhealthasia.com](mailto:membercare@globalhealthasia.com)  
**Web:** [www.globalhealthasia.com](http://www.globalhealthasia.com)  
[www.chartisinsurance.com/sg](http://www.chartisinsurance.com/sg)  
 Co. Reg. No. 201009404M