HEALTH STATEMENT

Company Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Policy Number: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Name of Insured: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Job Title: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

NRIC Number: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Date of Birth (dd/mm/yy): |___|___|/|___|___|/|___|___| Gender (M/F): |___| Height (cm): |___|___|___| Weight (kg): |___|___|___|

1. Have you ever been under observation or had medical or surgical advice or treatment, or been hospitalised in the past 5 years?

   ☐ Yes (please explain): ____________________

   ☐ No

2. Are you currently under treatment, special diet, or medication for any illness, injury, or medical condition?

   ☐ Yes (please explain): ____________________

   ☐ No

3. Have you been advised to undergo any test, treatment, special diet, medication, procedure, check-up, or hospitalisation?

   ☐ Yes (please explain): ____________________

   ☐ No

4. To the best of your knowledge and belief are you now in good health and free from physical impairment or deformity?

   ☐ Yes

   ☐ No (please explain): ____________________

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

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