Policy Number

			-							

FOR OFFICE USE ONLY
Received Date:

112017

Health Declaration Form

Who can complete this form
Policyholder or Assignee, whichever is applicable.

3 Simple Steps to file a request
(1) Read the "Important Note" section for some reminders
(2) Complete this form
(3) You can submit this form through any 1 of these channels: (We do not accept photocopies.)
  a) By Post to:-
    Operations Department
    AXA Insurance Pte Ltd
    8 Shenton Way #24-01 AXA Tower
    Singapore 068811
  b) By Hand to; (i) your Financial Consultant; or (ii) Customer Care Counter at AXA Tower

Important notes:
Under Section 25 (5) of the Insurance Act CAP 142 or any subsequent amendment thereof, you are to disclose in this form, fully and faithfully, all the facts which you know or ought to know, or the policy issued below may be void.

TYPES OF POLICY SERVICE REQUESTED

I/We, the Assured / Trustee / Assignee, hereby make the application(s) as indicated below subject to the relevant terms and conditions of the above policy as follows:

☐ New Application ☐ Add / increase / upgrade / change of policy coverage
☐ Reinstate the basic policy, which has lapsed on ………… /………… /………………
DD / MM / YYYY
☐ Others, please specify below:

1. HEALTH DECLARATION

Part A: Details and Habits

		Life Assured	Policyholder
1.	Name (if other than policyholder)		
2.	State Height and Weight	……………… (cm) ……………… (kg)	……………… (cm) ……………… (kg)
3.	State exact nature of ALL occupations (Full time & part time)		
4.	Name and address of employer		
5.	Annual Income		

		Life Assured		Policyholder		If "yes", please indicate details
		Yes	No	Yes	No	
6.	Have you ever made an application or application for reinstatement of a life, disability, accident, medical or critical illness insurance which has been accepted with an extra premium or on special terms, postponed, declined, withdrawn or is still being considered?	◻	◻	◻	◻	
7.	Are you making or have you made any claims on any policies with this or any other office?	◻	◻	◻	◻	
8.	Do you engage or do you have any intention to engage in any aerial flight other than a fare-paying passenger on a commercial airline, sports, races, business or occupation of a hazardous nature?	◻	◻	◻	◻	
9.	During the past 5 years, have you ever gone abroad other than for holidays? If yes, state the purpose, duration, destination and frequency of travel.	◻	◻	◻	◻	
10.	Do you consume beer, wine or alcohol? If yes, state type and average weekly consumption.	◻	◻	◻	◻	
11.	Have you smoked cigarettes within the last 12 months? If yes, please state the number of sticks smoked per day and number of years smoked.	◻	◻	◻	◻	
12.	Have you ever used any habit forming drugs or narcotics or been treated for drug habits?	◻	◻	◻	◻	

Part B: Medical Information

		Life Assured		Policyholder		If "yes", please indicate details
		Yes	No	Yes	No	
1.	Are you currently receiving or considering receiving any type of medical treatment or do you currently have or have you ever had any lump or growth, cancer, Hodgkin's disease, lymphoma, brain or spinal tumor, diabetes, raised cholesterol or heart disease (including heart beat, hypertension, heart attack, chest pain, heart defects from birth or heart surgery), paralysis, numbness, loss of feeling, seizures, fainting, any form of loss of feeling, stroke, brain haemorrhage or injury, disorders of central nervous system, epilepsy, Parkinson's disease, Alzheimer's disease, dementia or cerebral palsy, disease and disorders of blood vessels, blood disorder or anemia, mental illness, depression, anxiety or nervous breakdown, AIDS or any AIDS related complex, respiratory disorder, disorder of the eyes or ears, disorder of the joints, arthritis, back or neck pain, disorder of digestive system, thyroid disorder, liver disorder (including hepatitis, disorder of the kidney, bladder or the genito-urinary system?	◻	◻	◻	◻	
2.	Any other illness, disorders, operation, physical disability or accident not mentioned above?	◻	◻	◻	◻	
3.	Have either of your natural parents or any siblings ever suffered or died from blood disease, liver disease, heart or kidney disease, stroke, diabetes, hypertension, mental disorder, tuberculosis, cancer, haemophilia, AIDS or AIDS related complex, multiple sclerosis, Huntington's disease, polycystic kidney disease, polyposis of the colon or any other hereditary disorder? If yes, please provide details.	◻	◻	◻	◻	

Part C: Medical Information *(for female age 10 and above only)*

		Life Assured		Policyholder		If "yes", please indicate details
		Yes	No	Yes	No	
1.	Have you had any breast disease, menstrual disorders, fibroids, cysts or any other disorders of the female reproductive organs, or abnormal pap smear, mammogram, ultrasound or any gynaecological investigations?	☐	☐	☐	☐	
2.	Are you currently pregnant? If yes, how many weeks and any complications during pregnancy such as gestational diabetes, hypertension or any other pregnancy related condition?	☐	☐	☐	☐	

2. DECLARATION OF EXISITING POLICIES

1. Do you have any insurance policy(ies)? (with this or any other office) Yes ☐ No ☐

If yes, please provide full details:

Company	Policy No.	Type of Policy	Sum Assured	Year of issue

Note:

1. If you are in doubt as to whether a fact or material, you are advised to disclose it.
2. This includes any information that you may have provided to the adviser but was not included in the proposal form.

3. FOR GLOBAL CARE POLICY ONLY

3.1 Reinstatement

a. Have you or any of the Life Assured under the policy had any consultation, diagnostic tests or treatment within the last 90 days (that starts from the last premium due date of this Policy until the date you or the Life Assured signs this reinstatement application) or intend to or have submitted claims to any insurance company?

☐ Yes ☐ No

If you have answered "Yes", please provide details:

____

____

b. Have you or any of the Life Assured under the policy plan to have or pending consultation, diagnostic tests or treatment within the last 90 days (that starts from the last premium due date of this Policy until the date you or the Life Assured signs this reinstatement application)?

☐ Yes ☐ No

If you have answered "Yes", please provide details:

____

____

3.2 Upgrading of Plan

a) Have you, or any of the Life Assured under this policy had any consultation, diagnostic tests or treatment in the last 12 months and /or submitted claims due to his / her medical condition to any other insurance company?

☐ Yes ☐ No

If you have answered "Yes", please provide details:

____

____

b) Do you, or any of the Life Assured under the policy experienced symptoms even if you or any of the Life Assured had not consulted a Medical Practitioner/a Health Professional or do you currently have any appointments, consultation, treatment, investigation or tests planned or pending with a GP, Specialist, a Health Professional or at a hospital in the future?

☐ Yes ☐ No

If you have answered "Yes", please provide details:

____

____

4. DECLARATIONS AND AUTHORISATION

1. I (We), the undersigned life assured (and Policyholder, if applicable),

   1.1 declare that since the date of the application of this policy, or, if applicable, date of lapsation or date of conversion to a reduced paid-up assurance, I (we) have not suffered any illness, bodily injury or physical impairment or sought medical treatment or advice of any kind of which I (we) have not already made known to AXA Insurance Pte Ltd (AXA).

   1.2 agree and authorise any medical source, insurance office, or organisation to release to AXA; and AXA to release any medical source, insurance office, any relevant information concerning me (us) at any time, for the purpose of considering this application as stated on page 1 of 4 of this form.

2 We, the Policyholder and life assured,

   2.1 agree that in the event that the life assured (and the assured, if applicable) shall die by his own act, whether sane or insane within 12 months from the date of this application, or should any of the above statements be found incorrect, AXA's liability shall be limited to the extent as if this application had not been approved. Should this application be for the purpose of reinstating the lapsed or paid-up policy, AXA's liability shall be limited to the refund of the premiums and interest paid to reinstate this policy.

   2.2 declare that we are not undischarged bankrupt(s) and no proceedings in bankruptcy have been instituted by any person against us.

   2.3 agree that the above statements and declarations are true, correct and complete and the company believing them to be such, shall rely and act upon them.

4. By providing this information, I understand and give my consent for AXA and their respective representatives or agents to:

   4.1 Collect, use, store, transfer and/or disclose the information, to or with all such persons (including any member of the AXA Group or any third party service provider, and whether within or outside of Singapore) for the purpose of enabling AXA to provide me with services required of an insurance provider, including the evaluating, processing, administering and/or managing of my or our relationship and policy(ies) with AXA, and for the purposes set out in AXA's Data Use Statement which can be found at http://www.axa.com.sg ("**Purposes**").

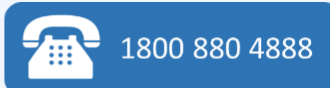
   4.2 Collect, use, store, transfer and/or disclose personal data about me, the Life Assured and those whose personal data I have provided from sources other than myself for the Purposes.

Name of Policyholder / Assignee	NRIC / Passport No.
Signature* of Policyholder / Assignee	Signature Date

*The signature(s) of Policyholder / Assignee should be signed in the same manner as they appear in our records.

5. TRACK STATUS OF YOUR REQUEST

If you have any query on your request, please reach us via



AXA is committed to making your service experience as easy and stress-free as possible. Thank you for insuring with us. We are always glad to be of service.