

Addendum to Injury Questionnaire

Name: _____

Policy Number: _____

As regards life assured's accident, please state the following :

1. What is the final diagnosis ?
2. What cause the above diagnosis ?
3. What type of treatment / medication was prescribed ?
4. Was there any surgery being performed ? If yes, please specify.
5. Is there any metal plate/screw being implanted. If yes, which area or part of the limb ?
6. Does life assured require any follow up treatment ?
7. Please provide a copy of test conducted during the admission (example : X-ray, MRI scan or etc)
8. Other medical conditions our underlying disease present ?
9. Please describe, how does this affect you in your day to day living e.g., does it prevent you from lifting or carry objects, bending, walking, running, playing sports etc ?
10. Have you ever been admitted to a hospital ? If yes, please state the date and duration
11. Please state, how much does your treatment cost ?
12. Where did you make your claim ? Please get a copy of the claim form for your injury, if any. If not, please provide reason.

13. Do you feel pain, numbness etc on and off ?

14. Any other injured area being affected ?

15. Have you fully recovered from your injuries? If yes, please state the date of full recovery

Declaration

I confirm that the answers I have given are, to the best of my knowledge, true, and that I have ~~not~~ withheld any material information that may influence the assessment or acceptance of this application.

I agree that this form will constitute part of my application for insurance(s) and that failure to ~~disclose~~ any material fact known to me may invalidate my insurance(s).

Name

Signature

Date