

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? Is the metal plate/screw removed?
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 or 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 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 others 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