



AMENDMENT FORM

SECTION A: PARTICULARS OF LIFE ASSURED

Name

Identity Card / Passport No. Contract No.

SECTION B: MEDICAL QUESTIONS

1. Name of the medical condition

2. How long has it been since you first experienced symptoms or were first diagnosed?

- 0 to 6 months
 7 to 12 months
 1 to 2 years
 2 to 3 years
 3 to 5 years
 more than 5 years

3. Have you made a full recovery with no further treatment, ongoing symptoms or complications?

- Yes
 No

If 'Yes', how long has it been since your full recovery?

- 0 to 6 months
 7 to 12 months
 1 to 2 years
 2 to 3 years
 3 to 5 years
 more than 5 years

If 'No', currently what treatment are you undergoing or what medication are you taking?

4. Have you undergone any investigations?

- Yes
 No

If 'Yes', please provide details:

Type of Investigation / Test	Date	Results*	
		<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
		<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
		<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal

* For abnormal results, please provide details:

5. Please provide the name and address of the doctor / clinic / hospital which you have consulted for this condition.

Name of Doctor / Clinic / Hospital	Address	Date of Last Consultation

Note: Please provide us with copies of all medical reports relating to this condition, if available.

SECTION C: DECLARATION

I/We agree to inform Singapore Life Ltd. if there is any change in my/our health status between the date of this Declaration and the date full insurance coverage is provided by Singapore Life Ltd. to me/us. I/We understand that the terms of accepting me/us as a risk for insurance coverage may vary according to such information received.

I/We agree that the above information shall form the basis of my/our application for insurance. I/We declare that the information given is true and complete and I/we have not withheld any material information that may influence the assessment of my/our application.

Name and Signature of Life Assured

Date (dd/mm/yyyy)

Name and Signature of Assured

Date (dd/mm/yyyy)