AVIVA

Declaration of Continued Good Health Form
(To be duly completed by the Employee, Applicant and/or Dependant)

A. Particulars of Employee / Applicant / Dependant

Policy No. :

Insured Name :

NRIC / Passport No. :

B. Declaration of Continued Good Health

I, the Assured, hereby declare that since the date of signing the above application:

1. There has been no change in the Life to be Assured's health, occupation or smoking status.
2. The Life to be Assured had not been told or been treated for cancer, diabetes, asthma, high blood pressure, chest pain, heart disorders, blood or protein in urine, gout, gastric ulcer, epileptic fits, mental disorder, liver disorder, Hepatitis B, sexually transmitted disease, HIV infection (AIDS) or any other illness or physical deformity not listed above
3. The Life to be Assured has not had and has no intention of undergoing any medical procedure or surgery, any medical test or investigation (excluding yearly voluntary health screening) carried out on the recommendation of a doctor.
4. The Life to be Assured has not sought any medical advice or treatment and does not intend to seek medical advice or treatment in the foreseeable future for any medical condition, disability/deformity/defect, symptom or injury.
5. The Life to be Assured has not engaged and has no intention of engaging in a hazardous sport.
6. The Life to be Assured has not stopped day-to-day activities in the last year such as doing housework, preparing meals, shopping, using public transport, or any hobby due to health or disability conditions.
7. The Life to be Assured does not need any assistance of another person or mechanical aids such as a cane, crutches, wheelchair or walker in the performance of the Activities of Daily Living.

If the Life to be Assured is unable to affirm all or any of the above declaration, please state the reason(s) below, noting the declaration number:

_____

_____

C. Declaration

Important Note : Pursuant to the Insurance Act (Cap.142), you are to disclose in this form fully and faithfully, all facts which you know or ought to know, otherwise, nothing may be payable under the Policy.

I agree to inform Aviva Ltd if there is any change in the state of my health or my activities between the date of this Health Declaration and the date full insurance coverage is provided by Aviva Ltd to me. I understand that the terms of accepting me as a risk for insurance coverage may vary according to such information received.

I declare that the information given is true and complete and that I have not withheld any material information that may influence the assessment of myapplication.

Signature of Employee : _____ Date: _____

If details are requested on the dependant's life, please also complete the following:

Signature of Dependant : _____ Date: _____