

Application Reference Number

The questionnaire must be completed by the Life Insured.

Important: No compensation is payable if a Medical Examiner completes this questionnaire.

Particulars of Life Insured

First name(s)

Last name

Identity No./Passport No.

 (Compulsory)

Date of birth

D	D	M	M	Y	Y	Y	Y
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Address

Questions about your condition

1a) When did your first symptoms occur?

D	D	M	M	Y	Y	Y	Y
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1b) When did you last experience symptoms?

D	D	M	M	Y	Y	Y	Y
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2. Describe the nature of your symptoms and the exact location of your discomfort.

3. How often do these symptoms occur and how long do they last?

4. Did or does the discomfort spread to other parts of the abdomen or back and/or the chest or arms?

Yes

☐

No

☐

Please explain

5. Have you ever experienced any of the following:

☐

Vomiting blood

☐

Chronic diarrhoea

☐

Difficulty breathing

☐

Anaemia

☐

Shortness of breath

☐

Passing black stools

☐

Tightness of the chest



6. Have you lost weight in the past year?

Yes

☐

No

☐

If 'Yes', please provide full details

7. Do you experience a decreased appetite?

Yes

☐

No

☐

If 'Yes', please provide full details

8. Have you experienced any recent change in your usual bowel habits?

Yes

☐

No

☐

If 'Yes', please provide full details

9. Have you ever had any examination of the gastro-intestinal tract or gall bladder (i.e. barium meal/enema, gastroscopy, colonoscopy, ultrasound of the abdomen)?

Yes

☐

No

☐

If 'Yes', please provide full details

10. Please provide full details of any treatment received and specify whether it was dietary, medical, surgical or all three.

11. Are you currently receiving any treatment?

Yes

☐

No

☐

If 'Yes', please provide full details, including the brand name of any medication, the dosage and name and address of your medical doctor.

12. What was the final diagnosis? (If an ulcer, state whether gastric, duodenal or pyloric.)

13. Have you ever had an electrocardiogram (ECG)?

Yes

☐

No

☐

If 'Yes', please provide the date and name of your medical doctor

Declaration by Life Insured

I declare that the above information is true, complete and precise, and I agree that, together with the Proposal of Insurance, it shall form the basis of the Contract of Insurance.

Signature

Date

D	D	M	M	Y	Y	Y	Y
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