

11. Details of any permanent disability the patient sustained as a result of the illness / injury

12. Is the above condition associated with the following:

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| a. Any condition resulting from pregnancy, childbirth or miscarriage or abortion | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b. Any form of dental care or surgery | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c. Any treatment for obesity, weight management program | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| d. Eye test, refractive errors of eyes, photo refractive keratectomy, cosmetic or plastic surgery and the provision of appliances, including spectacles lenses, hearing aids, artificial organs or joints, wheelchairs and prosthesis | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| e. Any elective surgery, cosmetic or plastic surgery | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| f. Routine health check-up, custodial or rest care | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| g. Mental illness and psychiatric disorders | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| h. Infertility, contraception, sterilisation, circumcision | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| i. Human Immunodeficiency Virus infection, AIDS or any sexually transmitted diseases | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| j. Birth defect or congenital anomalies | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| k. Alcohol, drug abuse or the use of unprescribed drugs where such drugs are required by law to be prescribed by a registered doctor | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| l. Participation as a professional in competitive sports | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| m. Self inflicted injury e.g. voluntary causing hurt, attempt suicide, participating in hazardous activity (e.g. scuba diving, bungee-jumping, mountaineering) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

13. If your answer to any of the conditions listed under Question 12 is "Yes", please provide details.

Part 2 – Hospitalisation Room & Board

2.1. Name of hospital patient was admitted to:

2.2. Please indicate how the patient was admitted:

Emergency admission

Referral by a doctor

Please provide Doctor's name and address

2.3. Date and time of admission:

2.4. Date and time of discharge:

2.5. Date of medical leave

Part 3 – Surgical Procedure

3.1. Were surgical procedures performed on the patient?

Yes

No

If your answer is " Yes ", please put a tick in the box alongside the categories of procedures listed below:

a.

Skin

h.

Male Genital System

b.

Musculoskeletal System

i.

Female Reproductive System

c.

Respiratory System

j.

Endocrine System

d.

Cardiovascular System

k.

Nervous System

e.

Haemic & Lymphatic System

l.

Eye

f.

Digestive System

m.

Ear / Nose / Throat

g.

Urinary System

n.

Endoscopies

3.2. Please describe in detail the surgical operation(s) performed on the patient.

3.3. Please state the objective(s) of the operation(s)

3.4. If 2 or more of the surgical procedures were performed, were they performed under the same anaesthesia?

Yes No

If your answer is "No", please give details.

3.5. Date of surgical operation(s)

3.6. Is patient still under your care for this condition?

Yes No

If 'No', please give date of last consultation.

3.7. If no surgery was performed, was surgery advised?

Yes No

If 'Yes', please give reasons why patient did not proceed with the surgery.

Part 4 – Reference

4.1. Name and Address of doctor(s) previously consulted by patient for this condition

I hereby certify that the answers given are complete, full and true to the best of my knowledge.

Signature

Name

Date

Practice Stamp

Prudential Assurance Company Singapore (Pte) Limited 30 Cecil Street #30-01 Prudential Tower Singapore 049712
Postal Address: Robinson Road P.O. Box 492 Singapore 900942
Telephone: 6535 8988 Fax: 6734 9555
Part of Prudential Corporation plc Reg. No 199002477Z