

Name of Applicant:	Reference No:
Birthdate:	Sex:

Please **PRINT** all answers.

1. Is there any history of diabetes in your family (parents, siblings)?  Yes  No  
If so, kindly state the approximate age of onset for each case.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. What was the date of onset in your case?  
(An approximate date will suffice.)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

3. (a) Are you under regular medical supervision?  Yes  No

Kindly state the name and address of the doctor or clinic.

Doctor	Address

- (b) At what intervals do you visit the doctor or clinic? \_\_\_\_\_

- (c) Please state the date of the last visit. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

4. What types of treatment do you have?

Insulin

Oral

Other Drugs, please specify \_\_\_\_\_

Kindly state the designation of the drug and the dosage.

\_\_\_\_\_

5. (a) Do you regularly test your urine for sugar?  Yes  No

If so, at what intervals? \_\_\_\_\_

- (b) How frequent is sugar present in your urine?

Regularly

Occasionally

Often

Never

6. (a) Is your diet free or calculated? \_\_\_\_\_

Please state particulars.

\_\_\_\_\_

\_\_\_\_\_

- (b) How much physical activity do you have

(i) at work? \_\_\_\_\_

(ii) at leisure (including sports)? \_\_\_\_\_

7. Have you ever suffered from any of the following conditions?

- Diabetic coma
- Infections such as boils, abscessed teeth, tonsillitis
- Eye trouble
- Heart trouble
- High blood pressure
- Urinary bladder or kidney trouble
- Pain or burning sensation in legs or feet

If so, please state in each case the nature of treatment and whether recovery was complete.

(A separate sheet could be attached if necessary.)

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8. (a) Have you ever undergone a Chest X-Ray examination?  Yes  No  
If so, please state the date of the last examination, the result, the doctor's name, the clinic and where the plate may be obtained for inspection.

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(b) Have you ever undergone an electrocardiogram (ECG) examination?  Yes  No  
If so, please state the latest date of examination, the physician's name and where the record may be obtained for inspection.

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*I certify that the above statements are true and complete and agree that this questionnaire, together with my application dated \_\_\_ / \_\_\_ / \_\_\_ shall form the basis of the contract between the Company and myself.*

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Name and Signature of Applicant

Witnessed by:

\_\_\_\_\_  
Name and Signature of Bancassurance Sales Executive / Code No.