

General Questionnaire

For completion by the Applicant



1 Policy details

Policy Number

Date of Birth

DD MM YYYY
/ /

Life to be Assured

2 Questionnaire

1. Name of Condition

2. When were you diagnosed with this condition?

3. When did you first experience any symptoms?

DD MM YYYY
/ /

4. Have you had or have you been advised to have any investigations regarding this condition?

Yes No

Details

5. Are you currently on or have you ever been recommended, prescribed or received treatment for this condition?

Yes No

Details

6. Have you ever seen a specialist or been hospitalised for this condition?

Yes No

Details

7. Do you experience any ongoing symptoms or complications associated with the condition and/or the treatment of this condition?

Yes No

Details

8. Do your symptoms occur or are your symptoms made worse during work/study, exercise or other activities of daily living?

Yes No

Details

9. Have you had to alter or consider altering the way you work/study or perform your activities of daily living as a result of your symptoms or condition?

Yes No

Details

10. Have you ever been advised to have time off work /study or reduce your hours due to your symptoms or condition?

Yes No

Details

11. Are you awaiting investigations or treatment and/or have you been advised that you may require further investigations or treatment?

Yes No

Details

12. When did you last have any treatment?

DD MM YYYY
/ /

13. When did you last experience any symptoms?

Additional Information

3 Declaration

I understand that the information in this questionnaire will form part of the application for my insurance. I understand that I have a duty of disclosure to AIA New Zealand Limited. All statements contained in this questionnaire are true and complete to the best of my knowledge.

Signature of Applicant

X

Date

DD/MM/YYYY

Office use only

Application number

Policy number

AIA House,
74 Taharoto Road,
Takapuna,
Auckland 0622

Private Bag 92499,
Victoria Street West,
Auckland 1142

Phone (Int.): +64 9 487 9963
Freephone: 0800 500 108
Email: enquireNZ@aia.com
Web: aia.co.nz



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