



\* P R O P F \*



### Declaration of Continued Good Health Form (Q28)

#### Particulars of Life Assured

Name : \_\_\_\_\_

Identity Card / Passport No. : \_\_\_\_\_ Contract No. : \_\_\_\_\_

#### Health Declaration

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

1. There has been no change in the Life Assured's health, occupation or smoking status.
2. The Life Assured has 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 Assured has not had and has no intention of undergoing any medical procedure or surgery, nor any medical test or investigation (excluding yearly voluntary health screening) on the recommendation of a doctor.
4. The Life 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 Assured has not engaged and has no intention of engaging in a hazardous sport.
6. The Life Assured has not stopped the 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 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 Assured is unable to affirm all or any of the above declaration, please state the reason(s) below, indicating the above declaration number:

**Declaration**

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

I/We agree that the above information shall form the basis of my/our application for insurance. I/We declare that the information given is true and complete and I/we have not withheld any material information that may influence the assessment of my/our application.

\_\_\_\_\_  
Name and Signature of Life Assured

\_\_\_\_\_  
Date (dd/mm/yyyy)

\_\_\_\_\_  
Name and Signature of Assured

\_\_\_\_\_  
Date (dd/mm/yyyy)