



Drug Supplementary Questionnaire (QA8)

Particulars of Life Assured

Name : _____

Identity Card / Passport No. : _____ Contract No. : _____

Medical Questions

1. Have you used any of the following drugs other than for treatment of a medical condition under proper medical supervision?

Please tick accordingly and provide details:

	Yes	No	If 'Yes', please provide details:
Opiates (eg Heroin, Opium, Morphine)			
Barbiturates (eg Amytal, Tuinal, Seconal)			
Sedatives (eg Diazepam, Nitrazepam)			
Amphetamines (eg Ecstasy, Ice)			
Cocaine			
Hallucinogens (eg LSD, DMT, Mescaline)			
Cannabis (eg Marijuana, Hashish)			
Solvents (eg Aerosols, Glue)			
Others			

2. Have you ever injected or used drugs intravenously?

Yes No

If 'Yes', please provide details on usage:

3. Have you ever had any condition or impairment related to the use of drug (eg Hepatitis, HIV infection, mental illness)?

Yes No

If 'Yes', please provide details:

Name of Condition	Date of Diagnosis	Type of Treatment Received	Date of Treatment Received	Name of Institution

4. Have you ever sought medical treatment, medical advice, detoxification, drug counselling or have been hospitalised due to drug usage?

Yes No

If 'Yes', please provide details:

Name of Institution	Name of Doctor	Duration of Stay	Type of Treatment

5. Please provide any additional information which may have had bearing on any past or present use of drugs.

6. Have you ever taken time off from work or school due to drug consumption?

Yes No

If 'Yes', please provide details:

Date	Duration of Time-off

7. Are you now drug-free?

Yes No

If 'Yes', how long has it been since you are drug-free: _____

Note: Please provide us with copies of all medical reports relating to this condition, if available.

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)