LIA GUIDE TO

MEDICAL UNDERWRITING FOR LIFE INSURANCE

Life Insurance Association Singapore
LIFE IS WORTH **PROTECTING**. **INVEST** IN IT.

2024 EDITION

TABLE OF CONTENTS

LIA GUIDE TO MEDICAL UNDERWRITING FOR LIFE INSURANCE
This LIA Guide provides information of a general nature and does not give any life insurance customer any right or cause of action whatsoever to take legal action against LIA or its members.

LIFE INSURANCE ASSOCIATION, SINGAPORE
79 Anson Road #11-05
Singapore 079906
lia@lia.org.sg
www.lia.org.sg

PURPOSE OF THE GUIDE

1 PURPOSE OF THE GUIDE

This Guide provides an overview of the insurers' general underwriting principles and practices relating to the risk assessment of individuals for life insurance and health insurance coverage.

THE FOLLOWING TOPICS ARE COVERED:


General risk assessment principles


Underwriting - guiding principles and practices


Underwriting process – risk assessment and considerations


Case studies

The objective of the Guide is to help you[1] better understand how an insurer evaluates your application based on the disclosures made and medical evidence provided by you.

[1] You refer to being an applicant, throughout the Guide.

2

GENERAL RISK ASSESSMENT PRINCIPLES

2 GENERAL RISK ASSESSMENT PRINCIPLES

2.1 PRINCIPLE OF UTMOST GOOD FAITH

The principle of utmost good faith is a principle used in insurance contracts. This requires contracting parties (i.e. the insurer and you) to act honestly and to provide accurate information. This is essential for the insurance contract to be valid.

Any untrue, incorrect, or incomplete information or declaration provided to the insurer can cause the insurance contract to be void or claims to be rejected. For example, non-disclosure of any current or past medical conditions (such as cancer, diabetes, etc.) may cause the insurance policy to be invalid.

The responsibility rests primarily on you to disclose all material facts truthfully and honestly in the application form.

When in doubt on whether to disclose a piece of information, we encourage you to disclose it.

2.2 CONSIDERATION OF INDIVIDUAL RISK PROFILE AND RISK ASSESSMENT

An insurance premium is the amount that you pay for an insurance policy. The insurer will consider the risks presented by you and adjust the premiums or coverage to appropriately reflect your risk profile relative to those of others in the insurance pool. Each application is assessed on its own merits, taking into consideration the individual's risk profile. Insurers conduct such assessments on the analysis of life expectancy and health indicators, taking into consideration factors such as build, gender, health/medical profile as well as research and studies based on historical data.

The premiums paid by all policyholders are contributed to a common pool to share financial risks equitably. This is the concept of risk pooling in insurance.

The insurer manages this common pool on behalf of all the policyholders. For the pool to be sustainable, the premiums paid must be commensurate with the risks. In general, as a person grows older, one may be more likely to fall ill, be disabled or experience a higher risk of premature death. As a younger person is generally expected to live longer and less likely to fall critically ill compared to an older person, the younger person will usually pay lower premiums. If a person has a medical condition, the insurance application may either require extra premium to be paid or may even be declined.

Point to note: The common pool will not be sustainable when there are more people with medical conditions relative to healthy people in the insurance pool. This will increase the overall cost of insurance for all the policyholders in the group. Hence, risk assessment is very important in the insurance industry to ensure that the insurance pool is sustainable, with sufficient funds to pay the anticipated claims.

3

UNDERWRITING GUIDING PRINCIPLES AND PRACTICES

3 UNDERWRITING GUIDING PRINCIPLES AND PRACTICES

3.1 UNDERWRITING GUIDING PRINCIPLES

WHAT IS UNDERWRITING?

Underwriting is the process that insurance companies undertake to evaluate the risk of insuring a person's life and/or health and the corresponding premium that they should pay.

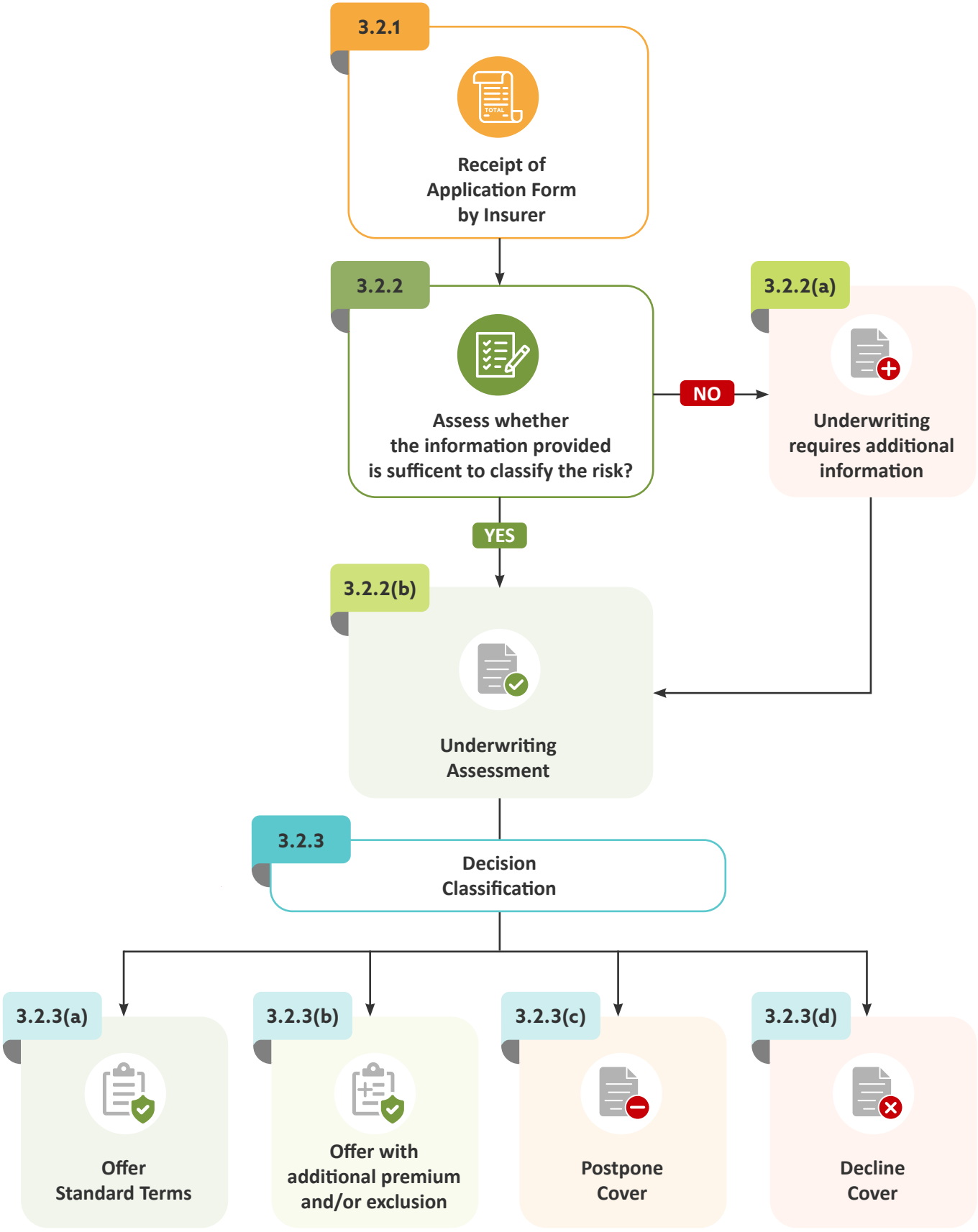
Insurers follow a set of guiding principles as set out below when they conduct their underwriting process. This is to promote a consistent and fair approach towards risk assessment:

- Act in a fair and reasonable manner
- Assess each application based on the merits of the case, according to each person's risk profile
- Assess objectively and holistically based on disclosures and medical evidence e.g. a medical report from attending physician, medical tests, results of statistical or actuarial data etc.
- Underwriting will be based on the same set of principles and practices for all types of medical conditions and risk profiles
- Charge premium that is commensurate with the risk profile

WHAT DOES AN UNDERWRITER CONSIDER WHEN ASSESSING THE RISK PROFILE?

- Age
- Gender
- Height and Weight (Body Mass Index)
- Hobbies/Lifestyle
- Medical history (past and present)
- Family history
- Claim records
- Occupation
- Existing insurance cover
- Country of residence

3.2 UNDERWRITING PROCESS



3.2.1 RECEIPT OF APPLICATION FORM BY INSURER

The application form (also known as "*proposal form*") is the insurer's main source of underwriting information. To facilitate its underwriting assessment process, the insurer will ask for relevant information to assess the "risk profile" (also known as "material information") of the person or subject matter to be insured.

As part of the underwriting process, Underwriters may ask for additional information to be provided to assess the severity of the conditions (if any) and to perform a proper risk assessment.

- Depending on your age and amount of insurance in your application, you may have to undergo a routine medical examination and/or tests to be conducted by the Insurers' panel of doctors.
- Based on the disclosure of your medical condition or lifestyle, Underwriters may request for additional information via questionnaires. For example, you may need to complete the "Asthma Questionnaire" if you have disclosed asthma condition or "Diving Questionnaire" if you engage in scuba diving.
- Medical Examination and Tests to be conducted by the Insurers' panel of doctors based on disclosure of your medical conditions or lifestyle.
- Any other relevant reports (medical and/or non-medical related) if the information provided is not enough to assess the risk profile (For example, if the application states that you have co-morbidity or are still on follow-up, the Underwriter may write to your attending doctor/other professionals for reports).

For hospitalisation cover, you will be asked to provide the report at your own cost.

However, for other types of coverages (refer to Section 4), any fees incurred for the Medical Examination, tests performed by the Insurers' panel of doctors and medical reports may be borne by the Insurers. If the case is subsequently offered on Standard term by the Insurer and not taken up by you, you may have to bear the cost. However, if the case is counter offered with exclusion or loading and you decide not to take up this offer, the fees will be borne by the Insurers (refer to Section 3.2.3 for Underwriting Decisions).

3.2.2 UNDERWRITING ASSESSMENT

In an insurer's underwriting assessment, it will consider the severity of your medical condition(s) and the types of coverage in the application, amongst other factors.

For example, if you have previously suffered from a slipped disc, the insurer may still offer you standard terms for the life cover. However, the insurer may impose an exclusion on your spine for the total and permanent disability benefit (TPD) and the hospitalisation benefit because of the higher risk of surgery and hospitalisation.

Where the associated risks involve multiple organs, most benefits such as disability (TPD), critical illness, and hospitalisation cover will not be offered. One example could be diabetes which potentially affects the heart, eyes, nerves, skin, kidney, etc. If your diabetes is poorly controlled, the insurer may not be able to offer any type of coverage to you.

Where the medical condition does not affect other organs, the insurer may offer you certain benefit(s). However, the specific medical condition and its associated risks may be excluded from the benefit(s). One example could be blindness. In general, the insurer considers the risks associated with the medical condition when imposing an exclusion on the policy.

Each insurer has their own underwriting guidelines and risk appetite. Hence, the underwriting outcomes may differ.

3.2.3 UNDERWRITING DECISIONS

Following the underwriting assessment, the final decision on the application will be one of the following outcomes.

3.2.3(a) Offer Standard Terms

If the Underwriter classifies your risk profile as standard risk, which is in line with the standard premium chargeable for the insurance plan, the insurer would accept your application on standard terms as originally quoted without having to charge extra premiums or impose any exclusions. Most applicants would fall under this outcome.

3.2.3(b) Offer with Loading (Extra Premium) and/or Exclusion

If the Underwriter is unable to accept your application on Standard terms due to factors such as being overweight and/or pre-existing medical conditions, they may accept the case with Loading (Extra Premium) and/or with Exclusion(s). For example, if applicant has Loss of Hearing as a pre-existing condition, an exclusion of "any disability resulting directly or indirectly from loss of hearing" may be imposed.

In such cases, the Insurers will counter offer you the revised terms and you may decide if you want to take up the policy.

3.2.3(c) Postpone Cover

The insurer may decide to postpone your application for a period of time. For example, if you have indicated on the application form that you are due for some surgery (e.g. spine surgery), the insurer may not be willing to offer you any terms now due to the high risk and uncertainty of the impending surgery.

3.2.3(d) Decline Cover

If your risk profile is assessed to be unacceptable to the insurer, the insurer will decline your application. This decision is made for more severe cases (e.g. Uncontrolled Hypertension). However, if your condition improves, you can always resubmit a new application to the Insurer.

For policies that have been previously accepted with loading (extra premiums) and/or exclusions, you may submit fresh medical evidence to Insurers to reassess your risk profile if your medical conditions have improved.

4

DIFFERENT TYPES OF INSURANCE COVER

4 DIFFERENT TYPES OF INSURANCE COVER

This table list out the common types of insurance cover as illustrated in the case studies in Section (9):-

1

LIFE (DEATH) COVER

Life insurance pays out a sum of money on the death of the insured or at policy maturity (e.g. whole life policy or endowment plan).

2

CRITICAL ILLNESS COVER

Critical illness insurance pays out a sum of money when the insured is diagnosed with a critical illness covered by the policy. Types of critical illness cover may vary from insurer to insurer.

3

TOTAL AND PERMANENT DISABILITY COVER (TPD)

Total and Permanent Disability insurance pays out a sum of money when the insured is severely disabled with no hope of recovery. What is considered as total and permanent disability is defined in the policy and may differ from insurer to insurer.

4

HOSPITALISATION COVER (HEALTH INSURANCE)

Health insurance helps to pay for healthcare costs in the event of injury or illness. Singaporean and Permanent Residents are covered by MediShield Life – a basic health insurance plan that provides universal, lifelong coverage for large hospital bills and selected costly outpatient treatments, regardless of age, gender, or health condition. The coverage is sized to cover Class B2/C wards in public hospitals. Those who prefer additional coverage for private hospitals or A/B1-type wards in the public hospitals may wish to consider an Integrated Shield Plan (IP).

5

CONSUMER GUIDES

5 CONSUMER GUIDES

If you are interested to obtain a life or health insurance plan and want to find out more before engaging a representative, please click on the link below:

https://www.lia.org.sg/tools-and-resources/consumer-guides/ Search

MANAGING AND SERVICING YOUR COMPLAINTS

6 MANAGING AND SERVICING YOUR COMPLAINTS

If you have a complaint about your insurance policy, you should first refer the matter to your insurer. Insurers provide information and clear instructions on their websites on how to lodge a complaint. You may also contact your representative.

Insurers should handle complaints promptly in an independent and fair manner.

LODGING A COMPLAINT

STEP 01

Provide details such as name, contact numbers and exact nature of your complaint, including the background, i.e. what has taken place and the documents to support your case.

STEP 02

The insurer will acknowledge your complaint within two business days.

STEP 03

Within 15 business days after the date of receipt of your complaint, the insurer will provide an interim response if a final response has not been sent.

STEP 04

Within 30 business days after the date of receipt of your complaint, the insurer will provide the final response.

STEP 05

If the outcome of your complaint is unsatisfactory, you may appeal to the insurer in writing and the insurer will respond to your appeal within 14 business days.

STEP 06

Every insurer maintains a Complaints Register to record and monitor the status and outcome of all complaints.

7

RESOLVING YOUR DISPUTE

7 RESOLVING YOUR DISPUTE

If you are dissatisfied with the insurer's final response to you, the insurer will refer you to an independent disputes resolution institution known as the Financial Industry Disputes Resolution Centre (FIDReC), if appropriate.

Contact FIDReC for more information on the types of complaints or disputes it handles.

FIDReC

36 Robinson Road #15-01
City House, Singapore 068877

Phone: +65 6327 8878 Fax:
+65 6327 8488
https://www.fidrec.com.sg/

If you are dissatisfied with the final decision of FIDReC, you may reject the decision and consider other options, such as taking legal action, to follow up on the matter.

8

CONTACTING US

8 CONTACTING US

You can contact the LIA Singapore in the following ways:

Email: lia@lia.org.sg

www.lia.org.sg

Contact details of the members of LIA Singapore (i.e. life insurers) are stated at:

https://www.lia.org.sg/about-us/membership/

9

CASE STUDIES

9 CASE STUDIES

The ten case studies or descriptions of matters are purely illustrative to provide a better understanding of the requirements that a particular insurer may need for underwriting assessment depending on the insurer, applicant's risk profile and type of coverage applied for.

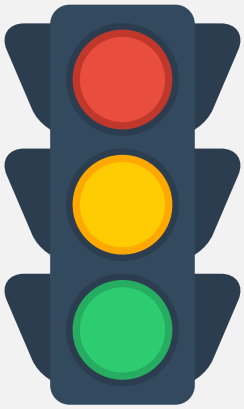
The underwriting outcome depends on an insurer's assessment of your personal information and a variety of factors that are unique to your case.

These case studies do not provide all the underwriting outcomes of all insurers. Any prior underwriting outcome reached by an insurer or as illustrated in the case studies does not guarantee a similar outcome in another case.

** For the purpose of the case studies illustrated under "Hospitalisation Cover", it refers to IP coverage.

"Traffic Light illustration" is used to depict the possible underwriting outcomes for each case study.

Each colour does not represent a single outcome but illustrates a possible range of outcomes ranging from the best possible outcome of standard rate (i.e. no extra premium), standard rate with exclusion(s), through to extra premium payable and the most severe outcome of rejection or postponement of coverage as follows:



	Severe loading, exclusions or rejection
	Moderate loading or exclusions
	Low loading or exclusions
	No loading or exclusions

CASE STUDY #1 ASTHMA

Application Form

19 years old, non-smoker
I am 1.58m, 48kg with body mass index 19
Polytechnic Graduate

"I had a few asthma attacks when i was young but recovered after using inhaler. I am fully recovered since."

Assess whether the information is sufficent to classify the Risk?

Sufficient Information?

NO

(applicant is requested to provide additional information)

Details of condition on Medical Questionnaire

Asthma questionnaire completed by her:

- She had mild asthma attacks about once a year since she was 8 years old. Only inhaler was required for recovery each time.
- Her last attack was 5 years ago. Since then, she no longer needs any treatment nor inhaler.

(applicant provided comprehensive information)

YES

Underwriting notes

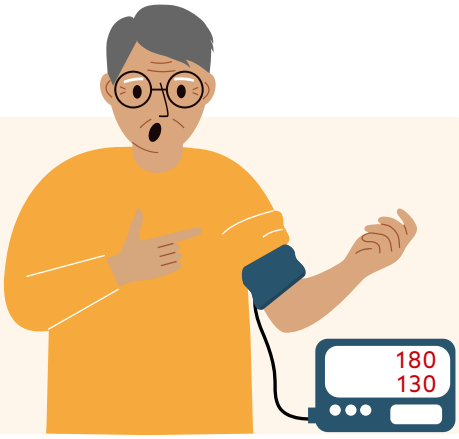
Asthma questionnaire completed by her:

- Mild asthma attacks since 8 years old and only inhaler was required for recovery each time.
- In view that her last attack was 5 years ago. Currently, she has no symptoms or recurrences of asthma for the past 5 years and no other medical conditions.

Underwriting Classification

Life Cover	▲
Total & Permanent Disability Cover	▲
Critical Illness Cover	▲
Hospitalisation Cover	▲

CASE STUDY #2 HYPERTENSION AND HIGH CHOLESTEROL



Application Form

50 years old, non-smoker
I am 1.73m, 72kg with body mass index 24
Management personnel

"I have high blood pressure and high cholesterol for 5 years, taking medicine."

Assess whether the information is sufficent to classify the Risk?

Sufficient Information?

NO

(applicant is requested to provide additional information)

1. Medical Examination
2. Blood test (including cholesterol, fasting blood sugar and HbA1c)
3. Medical report from the attending doctor providing details of his condition

(applicant provided comprehensive information)

YES

Underwriting notes

His conditions are well-controlled with medication but possibility of hospitalisation is higher for these conditions. Hospitalisation cover may be offered with exclusion or loading (depending on insurer).

- **Medical examination:** All 3 blood pressure readings normal; no other abnormalities
- Blood test (including cholesterol, fasting blood sugar and HbA1c) are normal.
- Medical reports of the past 3 years show normal readings. He is taking medicine regularly and his blood pressure is well-controlled.

Underwriting Classification

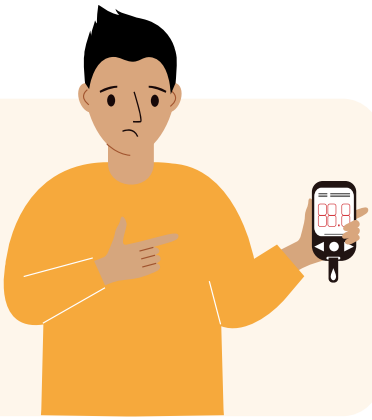
Life Cover	
Total & Permanent Disability Cover	
Critical Illness Cover	
Hospitalisation Cover	

CASE STUDY #3 DIABETES MELLITUS

Application Form

28 years old, non-smoker
I am 1.65m, 87kg with body mass index 32
Customer Service Officer

"2 years ago, my doctor said I have Type 2 Diabetes. But I only need to control my diet."



Assess whether the information is sufficent to classify the Risk?

Sufficient Information?

NO (applicant is requested to provide additional information)

1. Medical Examination
2. Blood test with fasting blood sugar and HbA1c
3. Medical report from the attending doctor providing details of his condition

YES (applicant provided comprehensive information)

Medical examination:

There was presence of blood and sugar in his urine test.

- **Blood test:** Fasting blood sugar and HbA1C readings are above normal range.
- No medical report available as he is not on follow-up or treatment with any doctor.

Underwriting notes

His diabetes is not well controlled, and he is not receiving treatment.

There is a high risk of his condition worsening and developing complications such as amputation, blindness, and end organ damage. Life Cover will be offered with loading, while TPD, Critical Illness and Hospitalisation covers will possibly be declined.

Underwriting Classification

Life Cover	●●●●▲●
Total & Permanent Disability Cover	●●●●●▲
Critical Illness Cover	●●●●●▲
Hospitalisation Cover	●●●●●▲

CASE STUDY #4 PERSON ON AUTISM SPECTRUM

Application Form

19 years old, non smoker
I am 1.69m, 61kg with body mass index 21
Student in a higher-level institution

"I am a person on autism spectrum since young. I do not have problems studying in a mainstream school and I am still on follow-up with a doctor"

Assess whether the information is sufficent to classify the Risk?

Sufficient Information?

NO (applicant is requested to provide additional information)

In view that applicant is still on follow-up with a doctor, to call for:-

1. Medical report from the attending doctor providing details of his condition
2. School Report
3. Supplementary medical questionnaire on his condition

(applicant provided comprehensive information)

YES

Report from his doctor:

- He was diagnosed as being autistic at 6 years old. He has little problems with his sensory-motor skills.
- Although he is withdrawn in social situations and does not interact well with others, he is able to take care of himself independently. He has never experienced any complications such as epilepsy and he is not required to be on medication.

Report from his school teacher:

- He is an intelligent student and fast learner. He has been scoring good grades in almost all subjects. He has good use of his written and spoken languages and a good level of functional independence, but he does not interact with his peers. he avoids social gatherings but is well-mannered.
- He is mostly alone.

Supplementary medical questionnaire:

- No additional risks elicited from medical questionnaire

Underwriting notes

The reports show that his level of support needs is minimal, with almost no impairments and no other medical conditions. He can live independently.

Underwriting Classification

Life Cover	▲
Total & Permanent Disability Cover	▲
Critical Illness Cover	▲
Hospitalisation Cover	▲

CASE STUDY #5 PERSON ON AUTISM SPECTRUM

Application Form

6 years old child
I am 1.4m, 27kg, normal percentile
Attends Special Education School

"Mother declared that the doctor said the child is a person on autism spectrum when she was 3 years old."

Assess whether the information is sufficent to classify the Risk?

Sufficient Information?

NO

(applicant is requested to provide additional information)

1. Medical report from the attending doctor providing details of her condition
2. School Report
3. Supplementary medical questionnaire on her condition

Report from her paediatrician:

- She was diagnosed as being autistic at 3 years old. her motor skills development is slightly slower than her peers and she has delayed language skills.
- She can perform more complex tasks under supervision. She does not require any medication.

Report from her school teacher:

- She is shy but appears keen to play with her peers. She has minor bouts of tantrums when under stress.

Supplementary medical questionnaire:

- attend special school
- on follow-up with Specialist

(applicant provided comprehensive information)

YES

Underwriting notes

The condition is mild with no serious behavioural problems. However, it is more suitable to assess her development and health condition at an older age.

Since risk is unclear at this point of time, TPD and Hospitalisation Cover will have less favourable outcome than Life and Critical Illness.

She may submit fresh medical evidence for reassesment when her diagnosis stabilises at an older age.

Underwriting Classification

Life Cover	
Total & Permanent Disability Cover	
Critical Illness Cover	
Hospitalisation Cover	

CASE STUDY #6 ANXIETY DISORDER

Application Form

37 years old, non-smoker
I am 1.75m, 70kg with body mass index 23

"I have been seeing my psychiatrist for 2 years. I am well since last year, doctor still gave me medicine just in case, but I did not need it."

Assess whether the information is sufficent to classify the Risk?

Sufficient Information?

NO

(applicant is requested to provide additional information)

Medical report from the attending doctor providing details of his condition

(applicant provided comprehensive information)

YES

Underwriting notes

He was diagnosed with anxiety disorder, but free of symptoms and off treatment for a year and he is required to go back for regular follow ups. As the applicant has not been fully discharged, there is still a risk of recurrence. Hence, Hospitalisation cover may still not be offered and TPD may be offered with either exclusion or loading. Since the impact of mild anxiety disorder in this case on Life and Critical Illness covers is low, the coverage can likely be offered with favourable terms.

Report from Doctor:

- He first consulted due to unexplained feelings of anxiousness, chest pain, and palpitations 2 years ago.
- Investigations were done and was diagnosed with anxiety.
- His symptoms have stopped since the last year. Hence, medication was discontinued. However, he has still been going back for follow-ups regularly for monitoring purpose.

Underwriting Classification

Life Cover	
Total & Permanent Disability Cover	
Critical Illness Cover	
Hospitalisation Cover	

CASE STUDY #7 THYROID CANCER

Application Form

46 years old, non-smoker
I am 1.59m, 56kg with body mass index 22
Senior HR manager

"I was treated for thyroid cancer 5 years ago. I have been well since then and I am only on annual checks now."

Assess whether the information is sufficent to classify the Risk?

Sufficient Information?

NO

(applicant is requested to provide additional information)

Medical report from the attending doctor providing details of her condition

(applicant provided comprehensive information)

YES

Report from her doctor:

- She was found to have a thyroid nodule during a routine health screening 5 years ago. Thyroid ultrasound showed a 1.2cm malignant nodule and she was diagnosed with Stage 1 papillary thyroid cancer.
- No extra thyroid extension or metastases were noted.
- Surgery was done to remove the cancer and she was discharged well.
- She is attending regular follow-up and her condition is in her remission.

Underwriting notes

She has been treated for Stage 1 papillary thyroid cancer and had been in remission for 5 years, although the possibility of requiring hospitalisation for treatment remains high. For best case, Hospitalisation Cover may be granted with exclusion. Critical Illness may be offered with loading or exclusion.

Underwriting Classification

Life Cover	
Total & Permanent Disability Cover	
Critical Illness Cover	
Hospitalisation Cover	

CASE STUDY #8 LUNG CANCER

Application Form

61 years old, social smoker
I am 1.78m, 86kg with body mass index 27
Lecturer

"I had surgery and chemotherapy for lung cancer at 55 years old and I have fully recovered. I have also cut down a lot on smoking. "

Assess whether the information is sufficent to classify the Risk?

Sufficient Information?

NO

(applicant is requested to provide additional information)

Medical report from the attending doctor providing details of his condition

(applicant provided comprehensive information)

YES

Report from his doctor:

- He was seen 6 years ago for persistent cough with blood. He was diagnosed with Stage 3 lung cancer with node involvement. The tumour was surgically removed, and he underwent several rounds of chemotherapy.
- He was advised to stop smoking, so he cut down smoking from 3 packs to 2-3 sticks a week.
- His condition is in remission since then and he follows up at least once a year.

Underwriting notes

He was diagnosed with Stage 3 lung cancer and he continued smoking despite doctor's advice, thus the possibility of a future relapse is very high which makes offering any form of insurance coverage very expensive.

If he is a non-smoker from the start or stop smoking after diagnosis, Life Cover and TPD maybe offered with loading. Critical Illness and Hospitalisation covers may continue to be declined in view of recent history of cancer.

Underwriting Classification

Life Cover	
Total & Permanent Disability Cover	
Critical Illness Cover	
Hospitalisation Cover	

CASE STUDY #9 BLINDNESS

Application Form

31 years old, non-smoker
I am 1.62m, 51kg with body mass index 19
Counsellor

"I have been blind since 2 years old. I can take care of myself and I am a full time counsellor."

Assess whether the information is sufficent to classify the Risk?

Sufficient Information?

NO

(applicant is requested to provide additional information)

1. Medical examination
2. Medical report from the attending doctor providing details of her condition

(applicant provided comprehensive information)

YES

Medical examination:

- She has no other condition noted from the medical examination except blindness on both eyes.

Report from her doctor:

- She became blind after an accident at 2 years old. She is healthy during routine check-ups.
- Her blindness did not stop her from taking care of herself. She is independent and working full-time

Underwriting notes

Other than her blindness, she is healthy and able to take care of herself and remain employed.

However, applicant will be excluded for conditions relating to blindness from Critical Illness, TPD and Hospitalisation Covers.

Underwriting Classification

- **Life Cover**
- **Total & Permanent Disability Cover**
- **Critical Illness Cover**
- **Hospitalisation Cover**

CASE STUDY #10 COMMERCIAL DIVER

Application Form

34 years old, non-smoker
I am 1.70m, 69kg with body mass index 24
Diver

"I am fit and healthy, I work as a diver for my company."

Assess whether the information is sufficent to classify the Risk?

Sufficient Information?

NO

(applicant is requested to provide additional information)

Additional questionnaire on details of diving duties

(applicant provided comprehensive information)

YES

Questionnaire:

He works in a large established company and his full-time job mainly involves laying cables underwater under strict safety standards and regulations. There is regular maintenance of diving equipment and gear, and checks are done to ensure he is fully equipped before each dive.

Underwriting notes

He is a commercial diver. There is a higher risk of disablement due to the nature of his job. Hence, TPD benefit may not be offered. CI and Hospitalisation covers may be offered with exclusions since possibility of injuries are also higher.

Underwriting Classification

Life Cover	
Total & Permanent Disability Cover	
Critical Illness Cover	
Hospitalisation Cover	