

PET INSURANCE CLINICAL EXAMINATION FORM

IMPORTANT NOTE: Under Section 23(5) of the Insurance Act 1966, we require you to disclose fully and faithfully, all the facts which you know or ought to know which is relevant to this insurance application. Otherwise, you may receive nothing from the policy or your policy may be void.

All fields must be completed by the Vet including blood test result, otherwise, the complimentary cover will not be applicable.

PET OWNER'S INFORMATION

Pet Owner's Name :

NRIC/FIN :

PET INFORMATION

Name of Pet :	Species :
Microchip No. :	Age :
Sex :	Breed :
Sterilized :	Vaccination status :
Current Medication (if applicable) :	Medical History :

PHYSICAL EXAMINATION

Weight (kg) :	MM/CRT :	Body Condition Score (1-9) :
General Appearance :	Nervous :	
Integument :	Musculoskeletal :	
Eyes, Ears, Nose, Throat (and mouth) :	Abdomen (gastrointestinal/genitourinary):	
Cardiovascular :	Peripheral Lymph Nodes :	
External Parasites :	Additional Comments :	

BLOOD TEST (Can be deferred for pets below 6 months old)

We require the full blood biochemistry test that measures the concentration of certain chemicals in a blood sample (which may include electrolytes, fats, proteins, glucose, etc.) and provides important information about how well your kidneys, liver and other organs are working.

Comprehensive Biochemistry :

VETERINARY INFORMATION

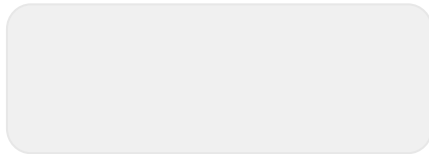
I certify that I have examined the above mentioned pet for the clinical examination for the Etiqa Pet Insurance policy application and information provided herein are true, correct and complete.

Date of Examination :

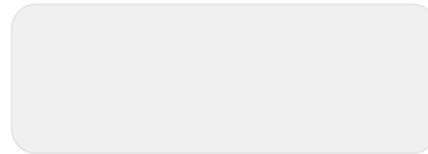
Examined by :

Clinic Name :

Clinic Address :



Signature of Vet



Clinic Stamp

PET OWNER DECLARATION

I declare that the above answers are true, correct and complete and that I have not withheld any material facts, that is, facts likely to influence the assessment and acceptance of my Etiqa Pet Insurance policy application and I agree that this Clinical Examination Form shall also form the basis of contract of insurance.

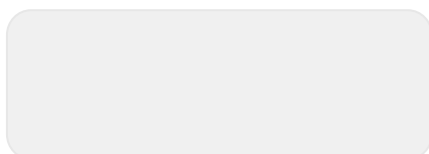
I understand that my coverage under the Etiqa Pet Insurance policy shall only be effective when it has been approved and accepted by Etiqa Insurance Pte. Ltd. ("Etiqa").

By providing the information, I consent to Etiqa and its related companies, its agents, authorised service providers and marketing partners collecting, using or disclosing and/or processing my/our personal data, for the purpose to evaluate my proposal form and to provide the product and services which I am applying for and such other purposes as stated in Etiqa's Data Protection and Privacy Statement on Etiqa's website, which I confirmed that I have read and understood.

I confirm and agree that my consents herein supplement but do not supersede or replace any other consents which I may have previously provided to Etiqa , and are additional to any rights which Etiqa may have at law to collect, use or disclose my personal data, with or without my/ our consent, to the extent permitted under applicable law.

In addition, where personal data of any person is disclosed by me/us, I/ We further confirm and represent that I/ We have obtained the consent of the individual concerned for the purposes, unless such consent is not required under applicable laws.

All costs and fees incurred from Clinical Examination of Your Pet will be borne by You and there will be no reimbursement from Us.



Signature of Pet Owner

Date: _____