

CHEST PAIN QUESTIONNAIRE

(To be completed by the life insured)

1. Life insured's details

Policy no. _____ Identity no. _____

Name of insured _____

2. General information

2.1 What was the date of the most recent pain or discomfort?

D	D	M	M	Y	Y	Y	Y
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a. Site of pain or discomfort (in the middle or on the left or right side of the chest, radiation to the left or right arm or elsewhere)

b. Nature of pain or discomfort (i.e. vicelike, aching, burning, stabbing or knifelike)

2.2 How frequently does the chest pain or discomfort occur? _____

2.3 a. What is the average duration? _____

b. If any pain or discomfort lasted for more than 15 minutes, please state date(s)

D	D	M	M	Y	Y	Y	Y
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D	D	M	M	Y	Y	Y	Y
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2.4 a. Does the pain or discomfort occur only on effort or exertion?

YES NO

b. If YES, must you stop the effort?

YES NO

c. If the pain or discomfort occurs at rest, at what time do they normally occur?

2.5 a. Do you obtain relief from trinitrin or glycerine trinitrate tablets?

YES NO

b. If YES, how quickly does the relief occur?

2.6 Have you ever been treated, or are you now being treated, with any anti-coagulant or other drug?

YES NO

If YES, state as far as possible the nature of the drug and dosage and date of duration of such treatment

2.7 Have your medical advisors suggested that you should restrict your activity

a. at work? YES NO

b. otherwise? YES NO

If YES, give some indication of the extent and duration of such restricted activity

2.8 Has an electrocardiogram or an echocardiogram of your chest been taken?

YES NO

If YES, state date of most recent

a. Electrocardiogram

D	D	M	M	Y	Y	Y	Y
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b. Echocardiogram of chest

D	D	M	M	Y	Y	Y	Y
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Initials

2.9 Details of any hospitalisations or special investigations

3. Declaration by life insured

I declare that the statements above are true and complete and shall form part of my application for insurance and I declare that the statements together with my application shall be the basis of the contract between me and Hollard Life.

I authorise Hollard Life to approach any doctor or medical institution to confirm the details of my medical history.

Please take note of the following Hollard disclosures

Protection of Personal Information Act (POPIA)

Hollard cares about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this form. We will treat this information with caution and we have put reasonable security measures in place to protect it.

Financial Intelligence Centre Amendment Act (FICAA)

In accordance with applicable anti-money laundering laws in South Africa, we are required to obtain specific information and evidence to verify your identity (and in many cases the identities of related persons, such as, but not limited to, directors, beneficial owners and persons instructing us on your behalf (where applicable)) when applying for cover and on an on-going basis. If we ask you for information or documents (including originals or certified copies) you must provide them to us as soon as possible. If we do not receive adequate information and evidence within a reasonable time of our request we may be unable to provide you with cover or may cancel the policy in accordance with applicable law.

**Signature
(life insured)**

Date

D	D	M	M	Y	Y	Y	Y
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