## DECLARATION OF NO REGULAR DOCTOR FORM



When completing this form, please use BLOCK CAPITALS and black ink only.

A PARTICULARS OF LI	FE ASSURED AND POLICYHOLDER
Name of Life Assured:	NRIC/Passport/FIN No.:
Name of Policyholder:	NRIC/Passport/FIN No.:
B POLICY NUMBER(S)	
C DECLARATION	
I declare that	
a. I have no regular doctor or me	edical practitioner; and
b. Within the last 6 months, I hav investigations; and	e not consulted any doctor or medical practitioner, received treatment or undergone
c. I am not awaiting any medical to seek medical treatment in t	consultations, investigations or treatment, or experiencing symptoms that might cause me he near future.
SIGNATURE	
of Life Assured	
Date	d d m m y y y y

## A WEALTH of DIFFERENCE

www.utmost international.com

Calls may be monitored and recorded for training purposes and to avoid misunderstandings.

Utmost Wealth Solutions is a registered business name of Utmost International Isle of Man Limited Singapore Branch. Utmost International Isle of Man Limited Singapore Branch, 6 Battery Road #16-02, Singapore 049909.

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Registered in Singapore Number T08FC7158E. Authorised by the Monetary Authority of Singapore to conduct life assurance business in Singapore. Member of the Life Insurance Association of Singapore. Member of the Singapore Finance Dispute Resolution Scheme.

Utmost International Isle of Man Limited is registered in the Isle of Man under number 024916C.
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 $Ut most\ Wealth\ Solutions\ is\ registered\ in\ the\ lsle\ of\ Man\ as\ a\ business\ name\ of\ Ut most\ International\ Isle\ of\ Man\ Limited.$ 

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