



**EXAMINER'S  
REPORT**

The questions on page one of the form must be completed and signed by Proposed Insured in front of Paramedical Representative.

**IDENTIFICATION SECTION**

1. Identification of Proposed Insured:

Name of Proposed Insured

NRIC/SSN/Passport No.

Address

2. Solicitor's Identification:

Solicitor's Name \_\_\_\_\_

Producer ID (Solicitor) \_\_\_\_\_

Distributor's Name \_\_\_\_\_

3. Paramedical Firm Identification:

4. AMOUNT OF INSURANCE \$ \_\_\_\_\_

**MEASUREMENTS**

1. **Height**

\_\_\_\_\_ Ft. In.

2. **Weight** \_\_\_\_\_ Lbs.

Did you weigh?  Yes  No

6. **Pulse Rate** \_\_\_\_\_ per minute

Irregularities:  Yes  No

Give number per minute \_\_\_\_\_

3. **Males Only**

A. Chest Expanded \_\_\_\_\_ In.

B. Chest Contracted \_\_\_\_\_ In.

C. Abdomen \_\_\_\_\_ In.

4. **Blood Pressure** Obtain 3 Readings

	Systolic (mm)	Diastolic (mm)
1st reading		
2nd reading		
3rd reading		

**INSTRUCTIONS TO EXAMINER**

**Check Box if Completed:**

ABC (including HOS)

DBS (including HOS)

HOS Only

ECG

APR Dr. \_\_\_\_\_

OTHER \_\_\_\_\_

5. Are you related to the Proposed Insured or Agent?

Yes  No

Complete all questions above.

Mail the specimen for laboratory analysis to the laboratory indicated in the instructions from your company.

No examiner has any authority to issue a certificate of health or to declare the Proposed Insured acceptable for insurance. Under our rules, only the Company's underwriting department has authority to determine the insurability of the applicants for insurance.

Date (mm/dd/yyyy)

Signature of Paramedical Representative

Print Full Name \_\_\_\_\_

Address \_\_\_\_\_

**IMPORTANT:** Please refer to the instructions from your company for mailing.

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