

# Client Dental Questionnaire

For your convenience, this form is also available on our website: [www.allianz.cn/en/products/individualhealthcare](http://www.allianz.cn/en/products/individualhealthcare). Please complete this form in BLOCK CAPITALS.

Surname \_\_\_\_\_  
 First name \_\_\_\_\_  
 Date of birth | Y | Y | Y | Y | M | M | D | D | \_\_\_\_\_

1. Are dental measures (bridges, crowns, inlays, onlays, implants, etc.) currently being performed or recommended? Yes ☐ No ☐  
 If Yes, please provide details \_\_\_\_\_  
 \_\_\_\_\_  
 Expected cost (incl. currency) \_\_\_\_\_  
*Please attach a treatment/cost plan.*

2. Do you suffer from periodontitis (extensive disorder of the gum and the tooth-supporting structures)? Yes ☐ No ☐  
 If Yes, please provide details \_\_\_\_\_  
 \_\_\_\_\_  
 Details of on-going treatment \_\_\_\_\_  
 \_\_\_\_\_  
 Details of planned treatment \_\_\_\_\_  
 \_\_\_\_\_  
 Expected cost (incl. currency) \_\_\_\_\_  
*Please attach a treatment/cost plan.*

## Dental Chart

Please fill in the dental chart below using the abbreviations provided. For your information, the first front tooth on your upper left jaw is referred to as number 21; number 22 is the tooth located to the left of this.

### Abbreviations

#### Currently existing:

m = missing tooth      b = bridge  
 g = gap closure      i = implant  
 c = crown      in = inlay  
 f = filling      on = onlay

#### Planned treatment/procedure:

I = Implant      B = Bridge  
 C = Crown      S = Support element  
 T = Telescope crown      IN = Inlay  
 ON = Onlay      M = Metal-ceramic crown

Dental chart																	
Right									Left								
Treatment date (YY/MM)																	Treatment date (YY/MM)
Planned treatment																	Planned treatment
Existing																	Existing
Upper jaw	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28	Upper jaw
Lower jaw	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38	Lower jaw
Existing																	Existing
Planned treatment																	Planned treatment
Treatment date (YY/MM)																	Treatment date (YY/MM)

### Example

If you already have an existing crown, the letter "c" must be entered into the "Existing" row (located above or below the number) and in the box that relates to this tooth. Similarly, if an implant is planned, an "I" must be entered into the relevant box on the "Planned treatment" row.

# Data Protection – collection and use of personal information

References to information includes personal information given by you to us, in your Application, Claim or Treatment Guarantee Form and/or supporting documents/ information we collect in connection with products or services we provide.

**Uses:** Personal information may be used for administration purposes (e.g. underwriting, claims handling, fraud prevention). We may use third parties to process data on our behalf. Such processing, which may take place outside China, is subject to contractual restrictions regarding confidentiality and security in line with Data Protection obligations.

**Sensitive data:** We need to collect sensitive data relating to you (e.g. health details), to assess insurance terms and/or to administer claims.

**Disclosure:** We may share your information with our agents, members of the Allianz Group, third party administrators and their agents, service providers, any intermediary acting on your behalf or governing/regulatory bodies (by which we are governed). In certain circumstances, we may investigate a claim you have submitted.

**Retention:** We will retain your data only for the period of time that is needed for the purposes for which it was obtained or for the period of time required by law and regulation (whichever is longer).

**Representation and consent:** By signing this form, you confirm that you have the authority to act on behalf of your dependants in respect of all personal information you provide to us, and that you consent to the disclosure, processing, usage and retention of this information in relation to yourself and on behalf of your dependants.

**Access:** You have the right to request and receive a copy of your personal data held by us. If you wish to do this, please write to the address provided on this form or to the following email address: [client.services@allianzhealth.cn](mailto:client.services@allianzhealth.cn).

**Call recording:** Calls to our Helpline will be recorded and may be monitored for training, quality and regulatory purposes.

## Declaration

Please read the following declarations carefully and only sign and date below if you understand and accept them.

- (a) I declare that all information supplied above is true and complete, including those answers that are not in my own handwriting. I also declare that I have not suppressed, misrepresented or misstated any material fact. I understand that the information provided in this questionnaire along with my application shall be the basis of the contract between Allianz China General Insurance Company Ltd. and myself, and that any false, incorrect or misleading statement or non disclosure of material medical information may render this insurance null and void.
- (b) I undertake to inform Allianz China General Insurance Company Ltd. immediately in writing of any changes in my or my dependants' state of health occurring between completing the Dental Questionnaire and the start date of the policy.
- (c) I agree to waive any rights that I may have to medical secrecy/confidentiality in respect of my medical information and I consent to the fact that Allianz China General Insurance Company Ltd., if it considers it appropriate, will check statements concerning my health condition and will check with other healthcare insurers, all statements concerning previous, or existing contracts applied for. I authorise all such practitioners, physicians, dentists, members of medical professions, employees of hospitals and health authorities as well as medical facilities to provide relevant medical information relating to me, if requested by Allianz China General Insurance Company Ltd, its medical advisers, its appointed representatives, or to any third party expert(s) in case of disputes, subject to any legal restrictions which may apply.

**This declaration and form must be signed and dated by the applicant presenting the dental condition(s). If the applicant is a minor, a parent or guardian should sign and date this section.**

Signature	_____	Date	_____
Printed name	_____		

### Please return your fully completed questionnaire by:

**Scan and email to:** [underwriting@allianzhealth.cn](mailto:underwriting@allianzhealth.cn)  
**Fax to:** (+ 86) 21 60424688  
**Post to:** Healthcare Team  
Allianz China General Insurance Company Ltd.  
Shanghai Branch  
Unit A22, 28F Shanghai World Financial Center  
100 Century Avenue, Pudong New Area  
Shanghai 200120  
People's Republic of China

If you have any questions regarding this Dental Questionnaire, please contact our Helpline on: 4008866014 (if you call from China) or (+ 86) 21 60424601 (if you call from outside China).

Allianz China General Insurance Company Ltd. is the insurer and the inside mainland China administrator of this policy. The company is registered in China and regulated by the China Insurance Regulatory Commission. Registered Office: Unit 01-05, 11 & 12, 34th floor, Main Tower, Guangzhou International Finance Center, 5 Zhujiang Xilu, Tianhe District, Guangzhou, Guangdong, P.R. China. Registered No.: 914400005517258765.

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