



**OIL AND NATURAL GAS OCCUPATIONAL QUESTIONNAIRE**  
**(For completion by the Participant)**

Note: This questionnaire forms part of your application for Takaful proposal. You are required to disclose in this questionnaire, fully and faithfully all the facts that you know or ought to know. Failure to take reasonable care in answering the questions may result in voidance of your contract of Takaful, refusal or reduction of your claim(s), change of the terms or termination of your contract of Takaful.

Full name of the participant: \_\_\_\_\_

NRIC No: \_\_\_\_\_ Certificate No: \_\_\_\_\_

1. What is your occupation?

\_\_\_\_\_

2. Please give a description of the nature of work performed.

\_\_\_\_\_

3. How long have you been employed in this type of work?

\_\_\_\_\_

4. Do your duties involved:  
(Please tick and complete which is applicable.)

[  ] Lifting or moving heavy equipment?  
Type of equipment: \_\_\_\_\_

[  ] Working with chemicals or gases?  
Type of chemical/gases: \_\_\_\_\_

[  ] Working with any type of equipment?  
Type of equipment: \_\_\_\_\_

[  ] Handling explosives?  
Describe how this is carried out  
\_\_\_\_\_

[  ] Handling high voltages?  
Maximum voltage involved: \_\_\_\_\_ (voltage)

[  ] Underwater oil exploration?



5. Are there any other hazardous duties involved?

[  ] No [  ] Yes, please give details:

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6. Have you ever had an accident whilst performing the above duties?

[  ] No [  ] Yes, please give details:

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7. Where is the rig situated?

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8. How often do you travel to the oil rig per annum? \_\_\_\_\_ (per annum)

9. What is the mode of transport used?

Helicopter:

(a) State duration of the journey to oil rig: \_\_\_\_\_ (hours)

(b) Frequency of travel: \_\_\_\_\_ (per annum)

Others, please specify: \_\_\_\_\_

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#### DECLARATION AND AUTHORIZATIONS

I declare that the above answers are true and that I have not withheld any material information that may influence the assessment or acceptance of this proposal.

I agree that this supplementary questionnaire shall form part of my application for Takaful coverage with FWD Takaful Berhad and that failure to disclose any material fact known to me may invalidate the contract of takaful.

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Signature of Participant

NRIC No:

Date: