



ASTHMA QUESTIONNAIRE (For completion by the Covered 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, otherwise the Certificate(s) issued under this application may be null and void.

Full name of the Covered Participant: _____

NRIC No. : _____ Certificate No. : _____

1. When did you first have the asthma attack?

2. How many attacks of asthma you had over the last 24 months and when was the last attack?

3. How many of these attacks have required:

Attendance by a doctor? _____

Admission to hospital? _____

4. Please state the name and address of the physician currently attending to your condition.

5. Are you receiving any treatment or had taken any medication? Yes [] No []
If 'Yes', please provide details. (Type and duration of treatment, name of drug and its dosage)

6. Are there any complications associated with this condition? Yes [] No []
If 'Yes' please provide details.

7. Have you ever been given steroid treatment? If yes, are these taken continuously or only during attacks?

DECLARATION AND AUTHORIZATIONS

I declare that the above answers are true to the best of my knowledge 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.

Signature of Covered Participant

I/C No:

Date: