



GASTRIC 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. Are you suffering from Gastric, Duodenal Ulcer or Gastritis?

2. Did a doctor confirm the diagnosis? If so, please state name / address of the doctor

3. Date of 1st and last attack:

a) _____

b) _____

4. How frequently do you feel the epigastric pain / discomfort?

5. Have you ever?

a) Vomit blood or dark coffee like substance _____

b) Passed out black (tarry) offensive stool _____

6. Was any X-ray performed? If so, to state date, type of X-ray and results.

7. Have you undergone any operation? If so, please state the nature of operation.

8. Are you on medical treatment? If so, please state type of medication given.

a) Previously: _____



b) Currently: _____

9. Do you consume alcohol or smoke? _____

10. Degree of control with aspect to diet, alcohol and smoking.

11. Are you on any medication for other medical problem? If so, to state the nature of illnesses and type of medication:

a) Previously: _____

b) Currently: _____

12. Please state the name and address of the attending doctor.

a) For your gastric problem: _____

b) For the conditions as mentioned in Q. 11: _____

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: