



THYROID 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. What was the specific nature of the thyroid problem?

2. When did you first have thyroid problem?

3. a. Number of attacks to date: _____

b. Dates of all attacks: _____

4. Has any investigation been done eg, thyroid test, scan, biopsy, etc?

[] No

[] Yes; provide details:

Type of Investigation	Results	Date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

Please provide a copy of the results.

5. Nature of treatment prescribed (eg antithyroid drug, radio iodine etc...?)

Name of treatment	Duration	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Is treatment still continuing?

[] Yes [] No; date of cessation: ____/____/____.



7. Have you been advised to undergo any surgery or has any surgery been done?

No

Yes ; Date : ____/____/____.

Please provide copy of HPE report.

8. Were you informed of any clinical evidence of malignancy (cancerous)?

No Yes

9. Are you still experiencing signs and symptoms of the condition?

No Yes ; describe the signs & symptoms:-

10. a. Name and address of the doctor whom you usually consult:

b. Date of last consultation: ____/____/____.

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: