



RENAL / BLADDER (URINARY) STONE 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. Please tick as appropriate:

Renal (kidney) stone Bladder (Urinary) stone

2. a. When was it first detected?

b. How many attacks so far?

3. Did you consult any doctor concerning it? If Yes, please state name and address of the doctor and the last consultation date.

No

Yes; please provide details:

a. Name & address of doctor

b. What was the doctor's advice?

c. Have you been advised to do follow up?

No Yes

Frequency of follow up: _____

Date of last follow up: ____/____/____

4. Has any investigation been done eg: X-ray, etc?

No

Yes; please provide details and copy of the results.



Type of Investigation	Results	Date
_____	_____	___/___/___
_____	_____	___/___/___

5. a. What was the treatment prescribed?

b. Has surgery been advised?

[] No [] Yes

Date of surgery: _____

6. a. Any recurrence since?

[] No

[] Yes

Dates of all occurrences: _____

b. Have you fully recovered?

[] No [] Yes

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.

Signature of Participant

I/C No:

Date: