



MARINE SERVICE 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. Please state your specific occupation (e.g. captain, engineer) and give details of your duties:

2. Please indicate the size (i.e. gross tonnage) and type of vessel you work on:

3. In which country is the vessel registered and who owns it?

4. In what waters and between what ports does the vessel operate?

5. Is it likely that the vessel may operate in any politically sensitive areas?
 Yes No

If yes, please let us know details:

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: