



**GENERAL OCCUPATIONAL 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 is your occupation and the industry you engage in? State all occupations if more than one.

\_\_\_\_\_

2. Please describe the nature of your occupation including all the work duties engaged.

\_\_\_\_\_

3. Does your job involve (please give details):

a) lifting or moving heavy objects? Please specify the type of object, and the frequency involved.

\_\_\_\_\_

b) working underground or at height? Please specify the depth or height involved, and the frequency involved.

\_\_\_\_\_

c) working with chemical, gases, radioactive substances, with or near explosives? Please specify the type of substance and the frequency involved.

\_\_\_\_\_

d) working with high voltages? Please specify the minimum and maximum of the voltage and the frequency involved.

\_\_\_\_\_

e) working with any type of equipment or machine (e.g tower crane, gondola, scaffoldings, bulldozers, etc.)? Please specify the type of equipment or machine, frequency and height involved.

\_\_\_\_\_

f) working on board the vessels? Please specify type of vessels, location or journey traveled and duration of each travel.

\_\_\_\_\_

g) working with regular travel in privately owned or chartered aircraft? Please specify average of no. of flying hours per annum as a crew passenger.

\_\_\_\_\_



- h) working in adverse environmental conditions (e.g. dust, weather, noise, etc.)? Please specify the details and frequency involved.

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4. Have you ever had accident while performing your work duty? Please provide details.

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5. Have your health ever affected by the occupation? Please provide details.

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6. How long have you been working in this occupation? Do you intend to change the nature of the work you perform in the next twelve months? If so, please provide details.

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#### **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.

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Signature of Covered Participant

I/C No:

Date: