



ACCIDENT 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 the date, place (location) type and cause of accident?

2. Were you unconscious and if so, for how long?

3. State the nature and extent of injuries sustained.

4. Was any investigation done e.g.X-ray, scan, ECG etc.? If so, please state the test done, date and its results.

5. How long were you hospitalized and did you undergo any operation or surgical procedure? If yes, please specify. Please also state the name of the doctor and hospital.

6. Had you received any treatment or had taken any medication? If 'Yes', please provide details. (Type and duration of treatment, name of drug and its dosage)

7. Is there any limitation of movement experienced currently? If yes, please provide details.

8. Is there any limb shortening or loss of limb? If yes, please provide details.



9. Is walking aids required currently?

10. Are there any disabilities, disorders or complications sustained? (e.g. loss of sight or hearing, headache, giddiness, urinary problem, etc.) If yes, please provide details.

11. Have you ever been given steroid treatment? If yes, are these taken continuously or only during attacks?

12. Have you fully recovered?

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: