



HEADACHE / MIGRAINE 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. When did you first have headache/ migraine?

2. a. How many attacks have you had in the past 2 years?

Year No of attacks

b. When was the last attack? _____

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. Date of last consultation

___/___/_____

c. What was the doctor's advice?

4. Has any investigation or confirmatory test been done eg: X-ray, CT scan, etc?

[] No

[] Yes; please provide details and copy of the results.



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

5. What was the nature of treatment prescribed?

Name of medicine	dosage	frequency
_____	_____	_____

6. a. Presently, are you still taking any medication?

[] No [] Yes; *name of medication:* _____

b. Did the doctor explain to you the reason for your headaches / migraine?

[] No [] Yes; *reasons:* _____

c. When do you usually get headache/ migraine?

7. Have you ever been admitted to hospital due to an attack?

[] No [] Yes; (a) *when:* _____

(b) *duration:* _____

(c) *name of hospital:* _____

(d) *treatment:* _____

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: