



ADDITIONAL SUPPLEMENTARY DECLARATION (For completion by the Covered Participant)

Full name of the Covered Person: _____
(If different from covered participant)

Full name of the Covered Participant: _____

NRIC / Passport No. : _____ Certificate No. : _____

1. Travel declaration:

a) Please provide the details of your travel patterns over the past 1 month:

COUNTRY	CITY	DATE ARRIVED	DATE DEPARTED
<i>e.g. China</i>	<i>Beijing</i>	<i>03 Jan 2020</i>	<i>07 Jan 2020</i>

b) Please detail your intended future travel plans for the next 6 months:

COUNTRY	CITY	DATE OF ARRIVAL	INTENDED DURATION
<i>e.g. China</i>	<i>Beijing</i>	<i>01 Mar 2020</i>	<i>1 week</i>

2. In the past 1 month, have you or any of the members residing in your household been in contact with a COVID 19 positive person, Person Under Investigation (PUI) or Person served with "Quarantine Order" related to COVID-19?

3. Have you been tested positive or advised to test for COVID-19, or are suspected to have or awaiting test result for COVID-19? If yes, please provide details.

4. Have you been issued any individual notice or directive to self-quarantine or stay home (excluding as part of altered employment arrangement)

5. Health Declaration:

Have you experienced any of the following symptoms within the past 1 month:

- I. Fever
- II. Sore throat
- III. Cough
- IV. Nasal congestion
- V. Myalgia (generalized body ache) or Arthralgia (pain in joint areas)
- VI. Headache
- VII. Shortness of breath
- VIII. Fatigue
- IX. Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhoea

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

NRIC / Passport No:

Date: