



Application No.

--	--	--	--	--	--	--	--	--	--	--	--

Injury Questionnaire

Important Note:

- Insurance is a contract of utmost good faith and the Proposed Insured / Proposed owner is required to disclose ALL material facts to the insurer. All answers to the questions stipulated in this questionnaire are the basis of and are an inseparable part of the policy of insurance. In case of doubt as to whether a fact is material or not, the fact should be disclosed.
- This questionnaire is to be filled by the Proposed Insured / Proposed Owner in BLOCK LETTERS and please do not sign on blank form.

Personal details of Proposed Insured / Owner

Name of Proposed Insured:

Identity No.:

Name of Proposed Owner:

Identity No.:

Declaration by Proposed Insured/ Proposed Owner

- Date of occurrence:
Date of last consultation:
- How was the injury sustained?
- If due to sports, please specify – type of activity and whether as an amateur/professional.
- Nature of Injuries
- What investigations were carried out?
- What were the results of the investigations? Please attach copy of results.
- What type of treatment was rendered?
- Date of recurrence, if applicable.
- How many days/weeks were you off from work after the injury was sustained? Days
- Length of hospitalization Date of operation (if any)

Injury Questionnaire

11. i) Are you currently on any treatment or follow-up? If so, please state the type of treatment received (e.g. physiotherapy).

ii) Or have you fully recovered

12. Were there any complications or residual disability arising from the injury? Please describe the degree of the disability suffered.

13. Please provide name and full address of consulting doctor.

Declaration and authorization

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I agree that this form will constitute part of my application for life assurance and that failure to disclose any material fact known to me may invalidate the contract.

Date

Signature of Proposed Insured

Signature of Proposed Owner
(if different from Proposed Insured)