

PROPOSED LIFE / PENCADANG : _____ POLICY OWNER / PEMEGANG POLISI	PROPOSAL NO / NO CADANGAN : _____ POLICY NO/ NO POLISI
NRIC NO. / NO KP : _____ AGE / UMUR : _____	SEX / JANTINA : <input type="checkbox"/> MALE / LELAKI <input type="checkbox"/> FEMALE / PEREMPUAN
<p><b>We would appreciate if you could kindly complete this questionnaire</b> <b>Kami amat menghargai sekiranya tuan/puan dapat melengkapkan daftar pertanyaan ini</b></p>	
1. When was high blood pressure first diagnosed? <i>Bilakah pertama kali tekanan darah tinggi dikesan?</i>	
2. Why was your blood pressure measured at that particular time? eg routine examination due to symptoms, etc <i>Kenapakah bacaan tekanan darah tinggi diambil pada masa itu? Contohnya pemeriksaan rutin, akibat petanda dll.</i>	
3. Do you know what your blood pressure readings were at diagnoses? If YES, please provide details. <i>Adakah anda tahu paras bacaan tekanan darah tinggi semasa didiagnosiskan? Jika jawapan "YA" sila beri butir-butir lanjut.</i>	<input type="checkbox"/> YES / YA <input type="checkbox"/> NO / TIDAK
4. Have you had an ECG, x-ray, blood lipid test or other investigations? If YES, please provide details including dates of investigations and result. <i>Pernahkah anda membuat ECG, X-ray, ujian lipid darah atau lain-lain siasatan? Jika jawapan "YA", sila beri butir-butir lanjut termasuk tarikh(-tarikh) siasatan dan keputusan.</i>	<input type="checkbox"/> YES / YA <input type="checkbox"/> NO / TIDAK
5. Provide your details of your treatment, Include name of medication (eg Modureric, Navidrex, Aldomet, Inderal, Tenoreric, Tenormin, Trasicor etc), dosage and how often taken: <i>Sila berikan butir-butir terperinci tentang rawatan yang diberikan, termasuk nama-nama ubat (contoh, "Modureric", "Navidrex", "Aldomet", "Inderal", "Tenoreric", "Tenormin", "Trasicor" dll), dos dan kekerapan diambil:</i>	A Currently / Sekarang
	B In the past / Dahulu
6. Regarding the monitoring of your condition: <i>Berkenaan pengawasan keadaan anda:</i> A Who is in charge of your follow-up? <i>Siapakah yang menjaga rawatan susulan anda?</i>	
B How often do you attend for follow-up? <i>Berapa kerapnya anda membuat rawatan susulan?</i>	
C When was your last consultation? Please provide details of your blood pressure reading at the time, if known. <i>Bilakah rundingan terakhir anda? Sila beri butir terperinci bacaan tahap tekanan darah tinggi anda pada masa itu, sekiranya tahu.</i>	
7. Have any abnormalities (eg protein, blood, etc) ever been found in your urine? If YES, please provide date(s) and full details. <i>Pernahkah keanehan (cth pertein, darah, dll) didapati didalam air kencing anda? Jika jawapan "YA", sila beri tarikh(-tarikh) dan butir terperinci.</i>	<input type="checkbox"/> YES / YA <input type="checkbox"/> NO / TIDAK



**LIFE INSURANCE**

8. Do you smoke cigarettes? If YES, how many per day? <i>Adakah anda merokok? Jika jawapan "YA", berapa batang dalam sehari?</i>	<input type="checkbox"/> YES / YA <input type="checkbox"/> NO / TIDAK	<input type="checkbox"/> stick/day batang /hari
9. Have you lost significant time (eg weeks) off work with this condition? If YES, please provide details including dates and durations of time off work. <i>Pernahkan anda kehilangan masa yang ternyata penting (cth berminggu-minggu) dari kerja dalam keadaan sebegini? Jika jawapan "YA", sila beri butir terperinci termasuk tarikh dan tempoh masa tidak bekerja.</i>	<input type="checkbox"/> YES / YA <input type="checkbox"/> NO / TIDAK	
10. Please provide any additional information on your condition which you feel will be helpful in processing you application. <i>Sila beri maklumat tambahan berkaitan keadaan anda sekiranya anda rasa ia boleh membantu dalam proses permohonan anda.</i>		

I declare that the answer 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.  
*Saya mengakui bahawa jawapan yang telah saya beri, adalah pada pengetahuan saya benar, dan saya tidak menyimpan apa-apa maklumat penting yang boleh mempengaruhi penilaian atau penerimaan permohonan ini.*

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 contact.  
*Saya bersetuju bahawa borang ini akan menjadi sebahagian daripada permohonan saya untuk insurans hayat dan kegagalan untuk mengemukakan apa-apa fakta penting yang saya tahu mungkin akan menjadikan kontrak ini tidak sah.*

Signature of applicant : \_\_\_\_\_  
*Tandatangan permohon*

Date : \_\_\_\_\_  
*Tarikh*