

(To be completed by applicant's Personal Doctor)  
(Untuk diisi dan dilengkapkan oleh Doktor Peribadi Pemohon)

Proposed Life / Pencadang Life Assured / 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	
1. For how long you have been the applicant's family doctor? <i>Berapa lamakah anda telah menjadi doktor keluarga pemohon ?</i>			
2. What it has been the applicant's general state of health? <i>Apakah tahap kesihatan pemohon?</i>			
3. i) When did you last see him /her professionally? <i>Bilakah kali terakhir pemohon menemui anda untuk perundingan?</i>			
ii) Reason for consultation. <i>Sebab perundingan.</i>			
4. Is he/she to the best of your knowledge sober and temperate in habits? <i>Adakah pemohon, sepanjang pengetahuan anda, bersikap waras dan dalam keadaan tenang?</i>			
5. Have any special investigation (e.g. ECG, X-RAY) been performed? If so, please give result and dates. <i>Adakah sebarang pemeriksaan khas (contoh ECG, X-ray) dilakukan? Jika ya, sila berikan hasil dan tarikh.</i>			
6. Have you recorded the Blood Pressure? <i>Adakah anda merekodkan Tekanan Darah pemohon?</i>		<input type="checkbox"/> Yes / Ya <input type="checkbox"/> No / Tidak	
i) Please give readings and dates <i>Sila berikan bacaan dan tarikh.</i>		Date B.P. Record <i>Tarikh Tekanan Darah Direkodkan</i>	Blood Record Record <i>Bacaan Tekanan Darah</i>
ii) What treatment, if any, has, been prescribed for blood pressure. <i>Apakah rawatan jika ada, yang telah diberikan untuk tekanan darah?</i>			
7. Have you ever examined the urine? Please give findings and dates. <i>Adakah anda pernah memeriksa air kencingnya? Sila nyatakan keputusan dan tarikh?</i>			
8. Is the applicant currently being prescribed any treatment? If so please give details and dosage. <i>Adakah pemohon sedang diberi sebarang rawatan? Jika ya, sila berikan butirannya dan dos.</i>			
9. Please state from you past records and personal knowledge details of illnesses, accidents, surgical operations or disease (except trivia) from which the applicant has suffered. <i>Sila nyatakan dari rekod anda yang lepas dan sepanjang pengetahuan anda, maklumat tentang kemalangan, pembedahan atau penyakit (kecuali trivia) yang dialami oleh pemohon.</i>		Date / Tarikh	
		Nature of Incapacity / <i>Jenis Ketidakupayaan</i>	
		Treatment / Rawatan	
		Duration / Tempoh	
10. Are you aware of any additional facts, reports or comments that would assist us in assessing the risk? <i>Adakah anda mempunyai sebarang fakta, laporan atau ulasan tambahan yang dapat membantu kami menilai risiko ini?</i>			

Name and Address of the Doctor  
*Nama dan Alamat Doktor* \_\_\_\_\_

Signed  
*Tandatangan* \_\_\_\_\_

Date / Tarikh \_\_\_\_\_

AXA AFFIN Life Insurance Berhad (723739W)  
8th Floor, Chulan Tower, No. 3 Jalan Conlay, 50450 Kuala Lumpur.  
Telephone: (+6)03 2117 6688 Fax: (+6)03 2117 3698

*Be Life Confident*

