

**SUPPLEMENTARY QUESTIONNAIRE
FOR TAKE-OVER POLICY**

Name of Proposer / Policyholder : _____
 Intermediary : _____
 Intermediary Account Code : _____

1. Name of the Insurance Co. : _____
 Policy No. : _____
 Name of Covered Person : _____

2. Is the current Medical Policy in force for more than 12 months?
 If "Yes", state the period of insurance. Yes No

3. Is the current Medical policy subject to any specific exclusion by endorsement?
 If "Yes", state the type of exclusion and submit a copy of the endorsement. Yes No

4. Has the insured member ever made a claim against any insurance company for injury or
 sickness? If "Yes", please provide details as follows : Yes No

Name of Claimant	Nature of Disability <i>(state the surgical procedure, if there was a surgery)</i>	Date of Disability	Amount Settled (RM)

I hereby confirmed the information stated in this form is true and correct and I have not concealed and mis-stated any material fact.

Date

Signature of Proposer / Policyholder

Important note :

- a) Copy of Medical Insurance Policy must be submitted
- b) PIB shall only consider Take-Over Policy at the time of proposal and any appeal after the policy is issued will not be entertained.
- c) If question 2 is answered as "No", Take-Over Policy is not allowed.