

**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.