The Pacific Insurance Berhad (91603-K)
太 平 保 險 有 限 公 司
40-01, Q Sentral, 2A Jalan Stesen Sentral 2,
Kuala Lumpur Sentral, 50470 Kuala Lumpur, Malaysia.
(P.O. Box 12490, 50780 Kuala Lumpur, Malaysia.)
Tel: +603-2633 8999 Fax: +603-2633 8998
Website: www.pacificinsurance.com.my

SUPPLEMENTARY QUESTIONNAIRE FOR TAKE-OVER POLICY

Name of Proposer / Policyholder : _____

Intermediary : _____

Intermediary Account Code : _____

1. Name of the Insurance Company : _____

   Policy Number : _____

   Name of Covered Person : _____

2. Is the current Medical Policy in force for more than 12 months? ( ) Yes ( ) No
   If the answer is Yes, please state the period of insurance.

   _____

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

   _____

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

Name of Claimant	Nature of Disability (state the surgical procedure, if there was a surgery)	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.

_____ _____

Signature of Proposer / Policyholder Date

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.