



HEAD OFFICE/
IBU PEJABAT:

Syarikat Takaful Malaysia Keluarga Berhad 198401019089 (131646-K)
27th Floor, Annexe Block, Menara Takaful Malaysia
No. 4, Jalan Sultan Sulaiman, 50000 Kuala Lumpur
P.O. Box 11483, 50746 Kuala Lumpur

W takaful-malaysia.com.my
T 1-300 88 252 385
F 603-22740237
E csu@takaful-malaysia.com.my

| | | | |
|--|----------------------|--|----------------------|
| Sales Representative's Name Nama Wakil Jualan | <input type="text"/> | Sales Representative's Mobile No. No. Telefon Bimbit Wakil Jualan | <input type="text"/> |
| Sales Representative's Code Kod Wakil Jualan | <input type="text"/> | Sales Representative's Email Address Alamat E-mel Wakil Jualan | <input type="text"/> |

ENDORSEMENT FORM FOR INDIVIDUAL FAMILY CERTIFICATE / BORANG ENDORSEMENT UNTUK SIJIL TAKAFUL KELUARGA INDIVIDU

Important Notes / Nota-nota Penting:

Pursuant to Schedule 9 of the Islamic Financial Services Act 2013, you are obliged to provide all information required in this Endorsement Form For Individual Family Certificate ("Endorsement Form") and disclose any other matter that you know to be relevant to Syarikat Takaful Malaysia Keluarga Berhad's (which includes all its subsidiaries, related and/or associated companies collectively as the context requires) ("Takaful Malaysia") decision in accepting the risk and determining the rates and terms to be applied, otherwise it will result in voidance of contract, refusal of claims or change of terms. This duty of disclosure shall continue until your certificate is endorsed pursuant to this Endorsement Form. You are also obliged to take reasonable care not to make a misrepresentation in providing all information and in making the disclosure. It is important that this Endorsement Form is completed accurately as it will form part of the Takaful Contract. The plan coverage is effective upon receipt of completed documents (including all additional documents arising from the underwriting assessment) and successful payment of your contribution (if any). An endorsement slip/letter will be issued after your application is accepted by Takaful Malaysia, and the endorsement slip/letter will form part of the Takaful Contract.

Di bawah Jadual 9 Akta Perkhidmatan Kewangan Islam 2013, anda perlu memberi semua maklumat yang diperlukan di dalam Borang Endorsement Untuk Sijil Takaful Keluarga Individu ("Borang Endorsement") ini dan mendedahkan apa-apa perkara lain yang anda tahu berkaitan dengan keputusan Syarikat Takaful Malaysia Keluarga Berhad (termasuk semua subsidiari, syarikat berkaitan dan/atau syarikat bersekutu secara kolektif dimana konteks memerlukan) ("Takaful Malaysia") dalam menerima risiko dan menentukan kadar dan terma yang hendak dipakai, jika tidak, ia akan menyebabkan pembatalan kontrak, penolakan tuntutan atau perubahan syarat-syarat. Kewajipan pendedahan ini akan berterusan sehingga sijil anda diendors mengikut Borang Endorsement ini. Anda juga bertanggungjawab untuk mengambil langkah yang munasabah untuk tidak membuat salah nyata dalam memberikan semua maklumat dan membuat pendedahan tersebut. Adalah mustahak untuk Borang Endorsement ini dilengkapkan dengan tepat kerana ia akan menjadi sebahagian daripada Kontrak Takaful. Endorsement ini akan berkuat kuasa setelah kesemua dokumen-dokumen (termasuk dokumen tambahan daripada penilaian pengunderaitan) atau bayaran caruman anda (jika perlu) berjaya. Slip/surat endorsement akan dikeluarkan selepas permohonan anda diterima oleh Takaful Malaysia dan slip/surat endorsement tersebut akan menjadi sebahagian daripada Kontrak Takaful.

INSTRUCTIONS: Please complete this form in CAPITAL LETTERS and tick (✓) in the boxes as appropriate. / ARAHAN: Sila isi borang ini dengan menggunakan HURUF BESAR dan tandakan (✓) pada petak yang berkenaan.

DETAILS OF PARTICIPANT AND PERSON COVERED / BUTIR-BUTIR PEMILIK SIJIL DAN ORANG YANG DILINDUNGI

| | | |
|---|--|---|
| 1 | Certificate / e-Certificate No. No. Sijil / e-Sijil | <input type="text"/> |
| 2 | Name of Person Covered Nama Orang Yang Dilindungi | <input type="text"/> |
| 3 | NRIC No. Kad Pengenalan | <input type="text"/> - <input type="text"/> - <input type="text"/> Other ID No. No. ID Lain <input type="text"/> |
| 4 | Name of Participant Nama Peserta | <input type="text"/> |
| 5 | NRIC No. Kad Pengenalan | <input type="text"/> - <input type="text"/> - <input type="text"/> Other ID No. No. ID Lain <input type="text"/> |

ENROLMENT FOR PAYOUT/REFUND VIA E-PAYMENT / PENDAFTARAN UNTUK PEMBAYARAN/BAYARAN BALIK MELALUI E-PEMBAYARAN

It is compulsory for this section to be completed for all future refund / payout to be made via e-Payment.

Bahagian ini wajib dilengkapkan supaya semua pembayaran balik / pembayaran pada masa akan datang boleh dilakukan secara e-Pembayaran.

| | | |
|---|--|---|
| 1 | Bank Account Holder Name Nama Pemegang Akaun Bank | <input type="text"/> |
| 2 | Bank Account Number Nombor Akaun Bank | <input type="text"/> |
| <p>The e-Payment facility only applies to the bank account of the Participant. During payment, Bank will be instructed to validate ID (NRIC/other ID) provided above against the bank account number to ensure payment is made only to the valid Participant. Kemudahan e-Pembayaran hanya terpakai untuk akaun bank Peserta. Semasa pembayaran, Bank akan diarahkan untuk mengesahkan ID (No Kad Pengenalan / ID Lain) yang diberi di atas terhadap nombor akaun bank bagi memastikan pembayaran dibuat hanya kepada Peserta yang sah.</p> | | |
| 3 | Bank Account Type Jenis Akaun Bank | <input type="checkbox"/> Savings Account Akaun Simpanan <input type="checkbox"/> Current Account Akaun Semasa |
| 4 | Bank Name Nama Bank | <input type="text"/> |

Terms and conditions / Terma-terma dan syarat-syarat:

1. The e-Payment facility is only applicable for bank account maintained in Malaysia. / Kemudahan e-Pembayaran hanya boleh digunakan bagi akaun bank yang diselenggara di Malaysia sahaja.

2. You are responsible to notify in writing immediately together with relevant document or update via myTakaful Customer portal, of any changes in the bank account number. The notice shall take effect on the date of receipt by Takaful Malaysia.

Anda bertanggungjawab untuk memaklumkan dengan segera secara bertulis beserta dokumen yang berkaitan atau mengemaskini melalui portal myTakaful Customer sekiranya terdapat sebarang perubahan pada nombor akaun bank. Perubahan akan dibuat pada tarikh penerimaan oleh Takaful Malaysia.

3. You are required to furnish a copy of the bank passbook or bank statement and the Identification Document such as Identification Card (IC), Passport, Company Registration Certificate or other documentation that was used to open the bank account for verification purposes. If the copy of bank passbook or bank statement is not provided, you are deemed to have confirmed the account details provided in this form as valid and accurate. / Anda perlu mengemukakan satu salinan buku simpanan bank atau penyata bank dan Dokumen Pengenalan seperti Kad Pengenalan, Pasport, Sijil Pendaftaran Syarikat atau dokumen lain yang digunakan semasa membuka akaun bagi tujuan pengesahan. Jika salinan buku simpanan bank atau penyata bank tidak dikemukakan, anda dianggap telah mengesahkan bahawa butir-butir akaun di dalam borang ini adalah sahih dan tepat.

4. In the event of any invalid / inaccurate account details provided by you which results in payment being credited into a third party bank account, the payment made thereto is still deemed as full payment for refund / surrender / partial withdrawal / claims / cancellation / others and Takaful Malaysia and its subsidiaries shall be released and fully discharged from all existing and future liabilities, claims and demands in relation to such refund / surrender / partial withdrawal / claims / cancellation / others. / Sekiranya butir-butir yang diberikan oleh anda tidak sah atau tidak tepat, mengakibatkan pembayaran kredit terus ke dalam akaun bank pihak ketiga, pembayaran yang dibuat itu masih dianggap pembayaran penuh bagi tujuan bayaran balik / serahan / pengeluaran sebahagian / tuntutan / pembatalan / lain - lain dan Takaful Malaysia tidak akan bertanggungjawab atas segala liabiliti, dakwaan dan permintaan pada masa kini dan juga masa hadapan yang berkaitan dengan bayaran balik / serahan / pengeluaran sebahagian / tuntutan / pembatalan / lain-lain.

TYPE OF ENDORSEMENT REQUIRED (Please cross 'X' in the appropriate boxes) / JENIS ENDORSEMENT YANG DIPERLUKAN (Sila tandakan 'X' dalam petak yang berkenaan)

Changes of Personal Particulars, Marketing Consent or Contribution Payment Method
Perubahan Maklumat Peribadi, Persestuan Pemasaran atau Cara Bayaran

IFCE 1003

Increase or Decrease Sum Covered, Add or Delete Riders, Reinstatement, Modify Term or Benefit, Change of Contribution Mode or Occupation
Peningkatan atau Pengurangan Amaun Perlindungan, Penambahan atau Pembatalan Rider, Penguatkuasaan Semula, Perubahan Manfaat atau Tempoh, Perubahan Mod Caruman atau Pekerjaan

IFCE 1001

PART 1: CHANGE OF PERSONAL PARTICULARS OR MARKETING CONSENT / BAHAGIAN 1: PERUBAHAN MAKLUMAT PERIBADI ATAU PERSETUJUAN PEMASARAN

1.1: Changes on Personal Particular / Perubahan Maklumat Peribadi

| Change(s) applied to Participant: <i>Perubahan pada Peserta:</i> | | Change(s) applied to Person Covered: <i>Perubahan pada Orang Yang Dilindungi:</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Name <i>Nama</i> | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Email Address <i>Alamat E-mel</i> | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Correspondence Address <i>Alamat Surat-menyurat</i> | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | Annual Income (RM) <i>Pendapatan Tahunan (RM)</i> | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | | Annual Income (RM) <i>Pendapatan Tahunan (RM)</i> | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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1.2: Changes on Marketing Consent / Perubahan Perseujuan Pemasaran

Marketing Consent for Takaful Malaysia's Products and Services / Perseujuan Pemasaran Untuk Produk and Perkhidmatan Takaful Malaysia

- I/We consent and agree with the use of my/our personal information by Takaful Malaysia for cross marketing, direct marketing and data matching purposes for other Takaful Malaysia's products and services.
Saya/Kami bersetuju dengan penggunaan maklumat peribadi saya/kami oleh Takaful Malaysia untuk tujuan pemasaran silang, pemasaran langsung dan padanan data untuk produk dan perkhidmatan Takaful Malaysia yang lain.
- I/We wish to object the use of my/our personal information by Takaful Malaysia for cross marketing, direct marketing and data matching purposes for other Takaful Malaysia's products and services.
Saya/Kami berhasrat untuk membantah penggunaan maklumat peribadi saya/kami oleh Takaful Malaysia untuk tujuan pemasaran silang, pemasaran langsung dan padanan data untuk produk dan perkhidmatan Takaful Malaysia yang lain.

Marketing Consent for Products and Services Offered by Third Parties / Perseujuan Pemasaran Untuk Produk and Perkhidmatan Yang Ditawarkan oleh Pihak Ketiga

- I/We consent and agree with the disclosure of my/our personal information collected or held by Takaful Malaysia to any selected third party for the purposes of cross marketing, direct marketing and data matching for such third party's products and services, and to communicate with me/us for such purposes.
Saya/Kami dengan ini membenarkan dan bersetuju dengan pendedahan maklumat peribadi saya/kami yang diperolehi dan disimpan oleh Takaful Malaysia kepada mana-mana pihak ketiga terpilih untuk tujuan pemasaran silang, pemasaran terus dan padanan data bagi produk dan perkhidmatan pihak ketiga tersebut dan untuk berkomunikasi dengan saya/kami untuk tujuan tersebut.
- I/We wish to withdraw my/our consent regarding the disclosure of my/our personal information collected or held by Takaful Malaysia to any selected third party for the purposes of cross marketing, direct marketing and data matching for such third party's products and services, and to communicate with me/us for such purposes.
Saya/Kami dengan ini menarik balik kebenaran saya/kami berhubung dengan pendedahan maklumat peribadi saya/kami yang diperolehi dan disimpan oleh Takaful Malaysia kepada mana-mana pihak ketiga terpilih untuk tujuan pemasaran silang, pemasaran terus dan padanan data bagi produk dan perkhidmatan pihak ketiga tersebut dan untuk berkomunikasi dengan saya/kami untuk tujuan tersebut.

1.3: Other Changes (Please specify) / Perubahan Lain (Sila nyatakan)

PART 2 : CHANGES ON CERTIFICATE PAYMENT / BAHAGIAN 2 : PERUBAHAN PADA MAKLUMAT PEMBAYARAN SIJIL

2.1 Changes on Contribution Mode / Perubahan pada Mod Caruman

- From / Dari**
- Monthly Bulanan Quarterly Suku Tahun Half Yearly Setengah Tahun Annually Tahunan
- To / Kepada**
- Monthly Bulanan Quarterly Suku Tahun Half Yearly Setengah Tahun Annually Tahunan

2.2 Changes on Payment Method (Please indicate the new payment method) / Perubahan pada Cara Bayaran (Sila nyatakan cara bayaran yang baru)

- Credit Card Standing Instruction (Please attach Credit/Debit Card Standing Instructions And Auto Debit Enrolment Form)
Arahan Tetap Kad Kredit (Sila lampirkan Borang Arahan Tetap Kad Kredit/Debit Dan Pendaftaran Auto Debit)
- PayNet Direct Debit (Formerly known as MyClear Direct Debit) (Please attach Takaful Malaysia PayNet Direct Debit Form)
Debit Terus PayNet (Dahulu dikenali sebagai MyClear Direct Debit) (Sila lampirkan Borang Takaful Malaysia Pay Net Direct Debit)
- Maybank / Bank Islam / Tabung Haji / BSN / CIMB / RHB Auto Debit (Please attach Credit/Debit Card Standing Instructions And Auto Debit Enrolment Form)
Arahan Tetap Debit Akaun Maybank / Bank Islam / Tabung Haji / BSN / CIMB / RHB (Sila lampirkan Borang Arahan Tetap Kad Kredit/Debit Dan Pendaftaran Auto Debit)
- Salary Deduction (Please attach Salary Deduction Form For Family Takaful Individual Plan)
Potongan Gaji (Sila lampirkan Borang Potongan Gaji Pelan Takaful Keluarga Individu)
- Cash Tunai

PART 3 : INCREASE / DECREASE SUM COVERED OR ADD / CANCEL RIDER OR REINSTATEMENT

BAHAGIAN 3 : PENINGKATAN / PENGURANGAN AMAUN PERLINDUNGAN ATAU PENAMBAHAN / PEMBATALAN RIDER ATAU PENGUATKUASAAN SEMULA

| Increase Peningkatan | Decrease Pengurangan | Add Penambahan | Delete Pembatalan | Rider Name Nama Rider | Revised Sum Covered (RM) Amaun Perlindungan Yang Dikehendaki (RM) | Revised Contribution (RM) Caruman Yang Dikehendaki (RM) |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |

- Reinstatement of lapsed certificate
Penguatkuasaan semula sijil

PART 4 : CHANGE OF BASIC CONTRIBUTION, SUM COVERED, BENEFIT PACKAGE OR TERM OF COVERAGE

BAHAGIAN 4 : PERUBAHAN CARUMAN ASAS, AMAUN PERLINDUNGAN, PAKEJ MANFAAT ATAU TEMPOH PERLINDUNGAN

- Change Basic Contribution to
Perubahan Caruman Asas kepada RM
- Change Benefit Package to
Perubahan Pakej Manfaat kepada
- Change Sum Covered to
Perubahan Amaun Perlindungan kepada RM
- Change Term Of Coverage to
Perubahan Tempoh Perlindungan kepada Year Tahun

PART 5: PERSONAL HEALTH DECLARATION (Only applicable for increase of sum covered / basic contribution / term of coverage, add rider, reinstatement or upgrade of benefit package)
BAHAGIAN 5: PENGAKUAN KESIHATAN DIRI (Diguna pakai untuk peningkatan amaun perlindungan / caruman asas / tempoh perlindungan, penambahan rider, penguatkuasaan semula atau penaikan taraf pakej manfaat)

PART 5.1: GENERAL INFORMATION / BAHAGIAN 5.1: MAKLUMAT UMUM

| | Person A: Person Covered / Individu A: Orang yang Dilindungi Person B: Participant (if different from Person A) / Individu B: Peserta (sekiranya berlainan daripada Individu A) | Person A / Individu A | | Person B / Individu B | |
|---|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | | Yes / Ya | No / Tidak | Yes / Ya | No / Tidak |
| 1 | Are you now a member of any military force and/or do you engage in or intend to engage in flying (other than as a fare-paying passenger on a scheduled air route), diving, racing, mountain/rock climbing or any other hazardous sport or pursuit? <i>Adakah anda sekarang seorang anggota tentera dan/atau terlibat atau dijangka terlibat dalam penerbangan (selain penerbangan sebagai penumpang yang membayar tambang untuk penerbangan berjadual), menyelam, perlumbaan, mendaki gunung/rock climbing' atau sukan berbahaya yang lain?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Has any of your certificate/policy, proposal or reinstatement of family takaful/life, critical illness, medical/health, personal accident takaful/insurance ever been declined, postponed or charged with extra contributions/premiums or accepted with an exclusion? <i>Adakah sebarang sijil/polisi, cadangan, penguatkuasaan semula untuk takaful/insurans keluarga/hayat, penyakit kritikal, perubatan/kesihatan atau kemalangan pernah ditolak, ditangguhkan atau dicaj dengan caruman/premium tambahan atau diterima dengan pengecualian?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | Have you ever used any or in the habit of using drugs or narcotics or alcohol excessively or been treated for alcoholism or drug habits? <i>Pernahkah anda menggunakan sebarang atau mempunyai tabiat mengambil dadah atau narkotik atau alkohol berlebihan atau dirawat untuk masalah ketagihan alkohol atau dadah?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Have either your parents or siblings suffered from heart disease, stroke, hypertension, kidney disease, diabetes, cancer, mental disorder or any hereditary diseases? <i>Pernahkah ibu bapa atau adik-beradik anda menghadapi penyakit jantung, strok, darah tinggi, penyakit buah pinggang, kencing manis, kanser, gangguan mental atau sebarang penyakit keturunan?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If answer to Question 1,2 or 3 is 'Yes', please indicate the relevant question number and give full details (include those details specified in the respective question) in the space provided below.
 Jika jawapan kepada Soalan 1,2 atau 3 adalah 'Ya', sila tandakan nombor soalan berkaitan and berikan butiran terperinci (termasuk butiran yang dinyatakan pada soalan yang berkenaan) di dalam ruangan yang disediakan di bawah.

If answer to Question 4 is 'Yes', please provide the following details in the space below.

Jika jawapan kepada Soalan 4 adalah 'Ya', sila berikan butiran berikut di dalam ruangan di bawah.

- (i) Relationship with you (ii) Type of illness (iii) Age at onset (iv) Age of death (if applicable)
 Hubungan dengan anda Jenis penyakit Umur penyakit bermula Usia semasa meninggal (jika berkenaan)

| Person A / Individu A | Person B / Individu B |
|-----------------------|-----------------------|
| | |

PART 5.2: HEALTH QUESTIONNAIRE / BAHAGIAN 5.2: SOALAN-SOALAN KESIHATAN

| | Person A : Person Covered / Individu A : Orang Yang Dilindungi Person B: Participant (if different from Person A) / Individu B: Peserta (sekiranya berlainan daripada Individu A) | Person A / Individu A | | Person B / Individu B | |
|---|---|--------------------------|--------------------------|--------------------------|--------------------------|
| | | Yes / Ya | No / Tidak | Yes / Ya | No / Tidak |
| 1 | Do you have or are you currently receiving medical treatment for any physical impairment, congenital abnormality or poor health? <i>Adakah atau pernahkah anda menerima sebarang rawatan perubatan untuk kecederaan fizikal, keilatan sejak dilahirkan atau tahap kesihatan yang lemah?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Have you ever suffered from or been told you have, and/or receiving medical treatment for : <i>Adakah anda menghidapi atau diberitahu menghidap, dan/atau menerima sebarang rawatan untuk :</i> | | | | |
| | a) Epilepsy, Febrile fits, paralysis, stroke, mental disorder, disease of the brain or nervous system? <i>Sawan, Febril fit, lumpuh, strok, gangguan mental, penyakit otak atau sistem saraf?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | b) High blood pressure, raised cholesterol, shortness of breath, chest pain, palpitation, heart attack, or other diseases of the heart or blood vessel? <i>Tekanan darah tinggi, kolesterol tinggi, sesak nafas, sakit dada, palpitasi, serangan penyakit jantung atau sebarang penyakit jantung atau saluran darah?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | c) Tuberculosis, asthma, pneumonia, respiratory or lung disease? <i>Tibi, asma, pneumonia, gangguan pernafasan atau penyakit paru-paru?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | d) Gastritis or peptic ulcer, hernias, disease of the stomach or intestine? <i>Gastritis atau ulser peptik, hernia, penyakit perut atau usus?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | e) Jaundice, hepatitis, liver or gall bladder disease, hepatitis B carrier, hepatitis C carrier? <i>Penyakit kuning, hepatitis, penyakit hati atau pundi hempedu, pembawa hepatitis B, pembawa hepatitis C ?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | f) Persistent sugar, blood or protein in urine, kidney stone or disease of the kidneys, disease of the genitourinary system? <i>Gula, darah atau protein yang persisten dalam air kencing, batu karang atau penyakit buah pinggang, lain-lain gangguan sistem genitourinari?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | g) Diabetes, abnormal blood sugar, thyroid or other endocrine disorders? <i>Kencing manis, gula darah abnormal, tiroid atau sebarang gangguan atau penyakit sistem endokrin?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | h) Cancer, cyst, growth or tumour of any kind? <i>Kanser, sista, ketumbuhan atau sebarang tumor?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | i) Disease of the eyes, ear, nose, mouth or throat? <i>Penyakit mata, telinga, hidung, mulut atau tekak?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | j) Sexually transmitted diseases? <i>Penyakit jangkitan seks?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | k) Enlarged lymph nodes, rheumatic fever, severe skin disease, anemia, others blood disorders? <i>Pembesaran nodus limfa, demam reumatik, penyakit kulit yang teruk, anemia, sebarang gangguan darah lain?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | l) Arthritis, gout, rheumatism or disease or disorder of the muscles, bones, joint, backache or spine? <i>Arthritis, gout, reumatisma atau sebarang penyakit otot, tulang, sendi, sakit belakang atau spina?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | m) Any other illnesses not mentioned above? <i>Sebarang penyakit lain yang tidak disebut di atas?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Person A : Person Covered / Individu A : Orang Yang Dilindungi Person B: Participant (if different from Person A) / Individu B: Peserta (sekiranya berlainan daripada Individu A) | | Person A / Individu A | | Person B / Individu B | |
|--|---|----------------------------|--------------------------|--------------------------|--------------------------|
| | | Yes / Ya | No / Tidak | Yes / Ya | No / Tidak |
| 3 | a) Have you had any diagnostic tests done such as X-ray, electrocardiogram (ECG), blood test, biopsy or others within the past 5 years? If 'Yes', please state date, results and reason for the tests. <i>Pernakah anda menjalani sebarang ujian diagnostik seperti X-ray, elektrokardiogram, ujian darah, biopsi atau lain-lain dalam tempoh 5 tahun yang lalu? Jika 'Ya', sila nyatakan tarikh, keputusan dan sebab menjalani ujian-ujian tersebut.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | b) Have you ever had any illness, injury or disability lasting or require treatment for more than 7 days or been admitted to hospital or medical facilities? <i>Pernakah anda jatuh sakit atau mengalami kecederaan atau keilatan yang berlanjutan atau memerlukan rawatan lebih daripada 7 hari atau dimasukkan ke hospital atau tempat yang dilengkapi kemudahan perubatan?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | a) Have you or your spouse received or expect to receive any medical advice, counselling or treatment in connection with HIV infection, antibody blood test for HIV, AIDS, or any other AIDS related condition? <i>Adakah anda atau pasangan anda menerima atau dijangka akan menerima sebarang nasihat perubatan, kaunseling atau rawatan yang berkaitan dengan jangkitan HIV, ujian darah antibodi terhadap HIV, AIDS atau sebarang penyakit yang berkaitan dengan AIDS?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | b) Have you at anytime in the past three (3) months had continuous and unexplained symptoms of fatigue, weight loss, diarrhoea, enlarged lymph nodes or unusual skin lesions? <i>Pernakah anda pada bila-bila masa dalam tiga (3) bulan lepas mengalami simptom letih yang berterusan dan tidak dapat dijelaskan, penurunan berat badan, cirit-birit, pembesaran nodus limfa atau perlepuhan kulit yang luar biasa?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Please state your height and weight. <i>Sila nyatakan ketinggian dan berat badan anda.</i> | Height / Ketinggian cm | | cm | |
| | | Weight / Berat Badan kg | | kg | |
| 6 | Have you smoked tobacco, nicotine or any other substance listed below in the last 12 months? <i>Pernakah anda merokok tembakau, nikotin atau bahan-bahan lain seumpamanya yang disenaraikan di bawah dalam tempoh 12 bulan yang lepas?</i> | | | | |
| | a) Cigarettes / Rokok If 'Yes', please complete the following / Jika 'Ya', sila isikan yang berikut: No. of cigarettes per day / Jumlah rokok sehari Total years of smoking / Jumlah tahun telah merokok | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | b) Cigars / Cerut If 'Yes', please complete the following / Jika 'Ya', sila isikan yang berikut: No. of cigars per day / Jumlah cerut sehari Total years of smoking / Jumlah tahun telah merokok | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | c) E-cigarettes / E-rokok | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | d) Other tobacco / Tembakau lain If 'Yes', please complete the following / Jika 'Ya', sila isikan yang berikut: How many grams of tobacco per day / Berapakah jumlah gram pengambilan tembakau sehari Total years of smoking / Jumlah tahun telah merokok | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | e) Other nicotine replacement products / Produk pengganti nikotin lain If 'Yes', please state the product used or have been using. / Jika 'Ya', sila nyatakan produk yang digunakan atau sedang diguna. Product / Produk : | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | Have you been diagnosed or tested positive for Coronavirus / COVID-19 within the last 6 months? <i>Adakah anda didiagnosis atau diuji positif untuk Coronavirus / COVID-19 dalam tempoh 6 bulan yang lepas?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | FEMALE WITH AGE 16 AND ABOVE / PEREMPUAN BERUMUR 16 TAHUN DAN KE ATAS a) Are you now pregnant? If 'Yes', how many month(s)? / Adakah anda hamil sekarang? Jika 'Ya', berapa bulan? Months / Bulan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | b) Have you ever had any disorder of the breast or female reproductive organs or menstrual disorder, abnormal pap smear(s) or any complication of pregnancy/child birth? <i>Pernakah anda mengalami masalah buah dada atau organ reproduktif wanita, gangguan haid, pap smear tidak normal atau komplikasi semasa mengandung/bersalin?</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | CHILD BELOW 2 YEARS OF AGE ONLY / KANAK-KANAK BERUMUR DI BAWAH 2 TAHUN SAHAJA a) Is the child born premature (gestational age less than 37 weeks)? If 'Yes', please answer (b) to (d). <i>Adakah kanak-kanak lahir tidak cukup bulan (usia kandungan kurang daripada 37 minggu)? Jika 'Ya', sila jawab (b) hingga (d).</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | b) What was the birth weight? <i>Berapakah berat ketika lahir?</i> | <input type="text"/> | | kg | |
| | c) Duration of hospital stay after birth? <i>Tempoh tinggal di hospital selepas dilahirkan?</i> | <input type="text"/> | | Days / Hari | |
| | d) Did or does the child suffer from any residual complications, impairments or physical defects? <i>Adakah kanak-kanak itu pernah atau masih terdapat komplikasi, kelemahan atau keilatan fizikal?</i> | <input type="checkbox"/> | <input type="checkbox"/> | | |

If any of the answers to questions 1 to 4, 7, 8(b) or 9(d) is 'Yes', please indicate the question number and give the following details in space provided with reference to the pointers stated below, if applicable. Jika mana-mana jawapan kepada soalan 1 hingga 4, 7, 8(b) atau 9(d) adalah 'Ya', sila tandakan nombor soalan dan berikan butir-butir lanjut di dalam ruang yang disediakan dengan merujuk petunjuk di bawah, jika berkenaan.

- | | | |
|--|--|---|
| (i) Question number <i>Nombor soalan</i> | (ii) Type of illness <i>Jenis penyakit</i> | (iii) Nature of tests done, date, results and reason <i>Jenis ujian, tarikh, keputusan dan sebab</i> |
| (iv) Duration and severity of illness/injury and date of last follow up <i>Jangkamasa dan tahap kecederaan/penyakit dan tarikh rawatan susulan terakhir</i> | (v) Name and address of attending doctor/clinics or hospital / Nama dan alamat doktor/klinik atau hospital | (vi) Current condition <i>Keadaan semasa</i> |

| Person A / Individu A | Person B / Individu B |
|-----------------------|-----------------------|
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