



TAKAFUL IKHLAS SDN. BHD. (593075 U)

Corporate Head Office

IKHLAS Point, Tower 11A, Avenue 5, Bangsar South, No. 8, Jalan Kerinchi, 59200 Kuala Lumpur.

g/l: 03-2723 9999 fax: 03-2723 9998

website: www.takaful-ikhlas.com.my

(A subsidiary of MNRB Holdings Berhad)

## 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? Yes No  
 If "Yes", state the period of insurance \_\_\_\_\_

3. Is the current Medical Policy subject to any specific exclusion by endorsement? Yes No  
 If "Yes", 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 "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 misstated any material fact.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Proposer / Policyholder

Important note :

- a) Copy of medical Insurance Policy must be submitted
- b) TISB 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.