



**Archipelago Insurance Limited [A General Insurer Licensed by Labuan FSA]**  
**Co. No. LL09355 | Licence No. IS2013136**  
Registered Address: Unit 3A-25, U0350, 3<sup>rd</sup> Floor, Labuan Times Square, Jalan Merdeka,  
87000 Labuan F. T., Malaysia.  
Co-located Office: B-08-06. Gateway Corporate Suites, Gateway Kiaramas,  
No.1 Jalan Desa Kiara, Mont Kiara, 50480 Kuala Lumpur, Malaysia  
Telephone: +6 (03) 6201 0491 | Fax: +6 (03) 6201 0481  
Email: info@archipelagold.com | Website: www.archipelagold.com

**ASTHMA QUESTIONNAIRE**  
**SOAL SELIDIK PESAKIT ASMA**  
(To be completed by the Proposer/  
*Untuk diisi oleh Pencadang*)

Name of Proposer

*Nama Pencadang:* \_\_\_\_\_

NRIC Number of Proposer

*No Kad Pengenalan Pencadang:* \_\_\_\_\_

Name of Person to be covered

*Nama Orang yang akan dilindungi:* \_\_\_\_\_

NRIC Number of Person to be covered

*No Kad Pengenalan Orang yang dilindungi:* \_\_\_\_\_

1. At what age did the Person to be covered have the first attack?  
*Pada umur berapakah orang yang akan dilindungi mengalami serangan kali pertama?*

\_\_\_\_\_

2. How many attacks does the Person to be covered have in the past 3 years?  
*Berapa kali serangan yang dialami oleh orang yang dilindungi sepanjang tempoh 3 tahun yang lalu?*

\_\_\_\_\_

3. When was the last attack?  
*Bilakah serangan yang terakhir?*

\_\_\_\_\_

4. Which of these are applicable for the control of the Person to be covered's asthma?  
*Yang manakah berkenaan bagi mengawal asma orang yang hendak dilindungi?*

Take medication daily to control asthma  
*Mengambil ubat setiap hari untuk mengawal asma*

Only require medication when there is an attack  
*Hanya memerlukan ubat apabila terkena serangan*

Only use an inhaler when there is an attack  
*Hanya menggunakan ubat sedut apabila terkena serangan*

Also use steroids off and on for asthma  
*Juga menggunakan steroid selama mengalami asma*



Archipelago  
Insurance Limited

**Archipelago Insurance Limited [A General Insurer Licensed by Labuan FSA]**

**Co. No. LL09355 | Licence No. IS2013136**

Registered Address: Unit 3A-25, U0350, 3<sup>rd</sup> Floor, Labuan Times Square, Jalan Merdeka, 87000 Labuan F. T., Malaysia.

Co-located Office: B-08-06. Gateway Corporate Suites, Gateway Kiaramas,

No.1 Jalan Desa Kiara, Mont Kiara, 50480 Kuala Lumpur, Malaysia

Telephone: +6 (03) 6201 0491 | Fax: +6 (03) 6201 0481

Email: info@archipelagoitd.com | Website: www.archipelagoitd.com

5. Please indicate the medication and dosage that the Person to be covered is taking for the control of asthma.

*Sila nyatakan jenis ubat dan dos yang diambil oleh orang yang hendak dilindungi bagi mengawal asma.*

---

6. When was the last time that the Person to be covered used steroids?

*Bilakah kali terakhir orang yang hendak dilindungi menggunakan steroids?*

---

7. Please state name and address of the doctor whom the Person to be covered normally consult on asthma and when was the last consultation.

*Sila nyatakan nama dan alamat doktor yang biasanya berunding dengan orang yang hendak dilindungi mengenai asma dan bilakah kali terakhir perundingan dilakukan.*

---

8. How much time has the Person to be covered taken off work during the last 3 years due to the attacks?

*Berapa lama orang yang hendak dilindungi mengambil cuti bekerja sepanjang 3 tahun lalu akibat serangan?*

---



**Archipelago Insurance Limited [A General Insurer Licensed by Labuan FSA]**

**Co. No. LL09355 | Licence No. IS2013136**

Registered Address: Unit 3A-25, U0350, 3<sup>rd</sup> Floor, Labuan Times Square, Jalan Merdeka, 87000 Labuan F. T., Malaysia.

Co-located Office: B-08-06. Gateway Corporate Suites, Gateway Kiaramas,

No.1 Jalan Desa Kiara, Mont Kiara, 50480 Kuala Lumpur, Malaysia

Telephone: +6 (03) 6201 0491 | Fax: +6 (03) 6201 0481

Email: info@archipelagoitd.com | Website: www.archipelagoitd.com

9. Have the Person to be covered ever been admitted to a hospital in the last 3 years due to an attack? If so, please give full details e.g. dates, duration, which hospital.

*Pernahkah orang yang hendak dilindungi dimasukkan ke hospital sepanjang 3 tahun lepas akibat serangan? Jika ya, sila berikan butiran lengkap cth tarikh, tempoh, hospital terlibat.*

---

---

---

I/We declare that the answers I/We have given are, to the best of my/our knowledge, true and that I/We have not withheld any material information that may influence the assessment or acceptance of this proposal.

*Saya / Kami mengaku bahawa jawapan yang saya / kami berikan adalah benar, sepanjang pengetahuan saya / kami, dan saya / kami tidak menyembunyikan sebarang maklumat penting yang mungkin akan mempengaruhi penilaian atau penerimaan cadangan ini.*

I/We agree that this form will constitute part of my proposal for medical and health takaful and that failure to disclose any material fact known to me may invalidate the contract.

*Saya / Kami bersetuju bahawa borang ini akan menjadi sebahagian dari borang cadangan untuk takaful perubatan dan kesihatan dan kegagalan untuk mendedahkan mana-mana fakta penting yang saya/ kami ketahui berkemungkinan mengakibatkan pembatalan perjanjian.*

---

Date/Tarikh

---

Signature of Proposer

*Tandatangan Pencadang*