



**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

**BACKACHE QUESTIONNAIRE/  
SOAL SELIDIK UNTUK PESAKIT SAKIT BELAKANG**  
(To be completed by the Proposer/  
*Untuk diisi oleh Pencadang*)

Name of Proposer

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

NRIC Number of Proposer

*No IC Pencadang:* \_\_\_\_\_

Name of Person to be covered

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

NRIC Number of Person to be covered

*No IC Orang yang dilindungi:* \_\_\_\_\_

1. At what age did the Person to be covered when have the first attack?

*Berapakah umur orang yang akan dilindungi ketika mengalami serangan pertama?*

\_\_\_\_\_

2. How many attacks does the Person to be covered have in the past 3 years?

*Berapa banyak serangan yang dialami oleh orang yang dilindungi dalam tempoh 3 tahun?*

\_\_\_\_\_

3. When was the last attack?

*Bilakah serangan yang terakhir?*

\_\_\_\_\_

4. Did the Person to be covered consult any doctor concerning it?

If so, please state the name and address of the doctor, and the last consultation date.

*Adakah orang yang hendak dilindungi berjumpa mana-mana doktor mengenainya?*

*Jika ya, sila nyatakan nama dan alamat doktor dan tarikh perundingan terakhir.*

\_\_\_\_\_

5. Were any investigations done e.g, X ray etc? If so, please give full details: e.g. nature of test done, results and date.

*Adakah sebarang penyiasatan dilakukan e.g, X ray dan lain-lain?*

*Jika ya, sila nyatakan butiran lengkap : contohnya jenis ujian yang dilakukan, keputusan dan tarikh.*

\_\_\_\_\_

6. What was the cause of the backache?

*Apakah punca sakit belakang?*

\_\_\_\_\_



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7. How has the backache been treated?  
*Bagaimanakah sakit belakang dirawat?*

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8. Has the Person to be covered been advised to undergo any surgery or has any surgery been done? If so, please give details.

*Adakah orang yang hendak dilindungi telah dinasihatkan supaya menjalani sebarang pembedahan atau sebarang pembedahan yang telah dilakukan? Jika ya, sila berikan butir-butir.*

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9. Has the Person to be covered taken time off work in the last 3 years due to the backache? If so, please state when and duration and other details.

*Adakah orang yang hendak dilindungi pernah mengambil pelepasan masa rehat semasa bekerja dalam tempoh 3 tahun lalu disebabkan sakit belakang? Jika ya, sila nyatakan bila dan tempoh dan butiran lain.*

*When/Bila: \_\_\_\_\_ Duration/Tempoh: \_\_\_\_\_*

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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 saya / kami berikan adalah, sepanjang pengetahuan saya / kami, benar 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 agreement.

*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 ketahui berkemungkinan membatalkan perjanjian.*

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Date/Tarikh

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Signature of Proposer/  
Tandatangan Pencadang