

**PERSONAL ACCIDENT INSURANCE
SUPPLEMENTARY QUESTIONNAIRE**

This supplementary questionnaire is to be completed, IN ADDITION to the Proposal Form by each applicant for sums insured RM1,000,000.00 and above

1. Personal Particulars

- (a) Name Of Applicant :
- (b) Residential Address :
- (c) If not already disclosed :
 - (i) Date of Birth..... Height..... Weight
 - (ii) E-mail Tel No. :
 - (iii) Identity Card No..... H/Phone No
- (d) Hobbies, Interests Frequency of Participation :

2. Employment Particulars (if you are an employee)

- (a) Occupation :
- (b) Name & Address of Employer :
- (c) Years of service with present Employer ?
- (d) Position/Designation in the company
- (e) Total Annual Gross Income Salary : RM Other sources : RM.....
- (t) Total outstanding personal loan : RM

3. If you are self-employed or managing your own business

- (a) Name of company/sole Proprietorship/Partnership
- (b) Date of incorporation/registration :
- (c) Nature of business :
- (d) Your position/designation in the company :
- (e) Total Annual Turnover and Profit before tax of the Company last 2 years.

Year	Annual Turnover	Profit before tax
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Total outstanding personal loans : RM

Your Annual Income : RM.....

I hereby declare the above answers are complete and true.

Signature of Applicant : Date :