



# LONPAC INSURANCE BHD (307414-T)

Head Office : LG, 6th, 7th, 21st to 26th Floor, Bangunan Public Bank, 6, Jalan Sultan Sulaiman, 50000 Kuala Lumpur, Malaysia.  
P.O. Box 10708, 50722 Kuala Lumpur, Malaysia.  
Tel: (03) 2262 8688, 2723 7888 Fax: (03) 2715 1332, 2034 2654, 2715 0722, 2072 3385, 2715 0696, 2723 7886  
Website: www.lonpac.com

## ASTHMA QUESTIONNAIRE (To be completed by the Proposer)

Name of Proposer: \_\_\_\_\_

NRIC Number of Proposer: \_\_\_\_\_

Name of Person to be insured: \_\_\_\_\_

NRIC Number of Person to be insured: \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

3. When was the last attack?

\_\_\_\_\_

4. Which of these are applicable for the control of the Person to be insured's asthma?

- Take medication daily to control asthma
- Only require medication when there is an attack
- Only use an inhaler when there is an attack
- Also use steroids off and on for asthma

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_



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9. Have the Person to be insured 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.

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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.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Proposer