



# 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

## BACKACHE 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. Did the Person to be insured consult any doctor concerning it?

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

\_\_\_\_\_

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.

\_\_\_\_\_

6. What was the cause of the backache?

\_\_\_\_\_

7. How has the backache been treated?

\_\_\_\_\_

8. Has the Person to be insured been advised to undergo any surgery or has any surgery been done?

If so, please give details.

\_\_\_\_\_



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9. Has the Person to be insured taken time off work in the last 3 years due to the backache?

If so, please state when and duration and other details.

When: \_\_\_\_\_ Duration: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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