



MILITARY QUESTIONNAIRE (To be completed by the Proposed Life Assured)

Proposed Life Assured :
Hayat Dicapangkan : _____

Proposal/Policy No. :
No. Cadangan/Polisi : _____

Section A				
What is your occupation				
Please give a description of the nature of work performed				
Name of your unit/ squad (in full)				
Geographical posting				
Seniority				
Seniority in your current position				
Rank				
Section B				
1.	Which is your military corps? (Please tick and complete which is applicable)	Yes	No	Specify
A)	Military Administration			
	i. Administration Department			
	ii. Medical Department			
B)	Air Force			
	i) Anti air defense (land to air)			
	ii) Radar-guidance, military air control			
	iii) Test pilot: On planes			
	On helicopters			
	iv) Do you fly?			
	• Prototypes?			
	• Ratifies machines?			
	v) Other airborne:			If yes, please state the details.
	vi) On what type of plane?			
	• Fighter			
	• Bomber			
	• Fighter-bomber			
	• Patrol plane			
	• Reconnaissance plane			





		Yes	No	Specify
	<ul style="list-style-type: none"> troop carrier 			
	<ul style="list-style-type: none"> helicopter - Attack helicopter 			
	-Transport helicopter			
	<ul style="list-style-type: none"> others: 			
C)	Army			
	i) Artillery			
	ii) Chasseurs			
	iii) Mountain infantry			
	iv) Helicopter-borne strike force			
	v) Armoured troupes			
	vi) Anti-air defense			
	vii) Fortification, works			
	viii) Others:			
D)	Navy			
	i) Sailor, seaman			
	ii) Marine fusilier			
	iii) Submarine crew			
	iv) Combat swimmer			
	v) Aircraft/ helicopter pilot			
	vi) Others:			
E)	Other military unit			If yes, please state the details.
2.	Do you practice the following activities:			
A)	Air demonstrations			
B)	Parachuting			
C)	Commando, Paracommando			
D)	Bomb disposal - On land			
	- Underwater			
3.	Are you a member of an intervention force?			Under UN mandate Other:
A)	Do you intervene in countries in conflict conditions?			Places of your previous missions:
B)	Will you be sent to countries in conflict conditions during the next 12 months?			Which countries?
C)	Date of missions:			Estimated length of mission?



		Yes	No	Specify
4.	Accidents that have occurred during the course of your duties			
A)	Dates and circumstances			
B)	Nature and site of injuries			
C)	Stay(s) in hospital, if any, with or without surgical operation(s)			
D)	Treatment taken and duration			
E)	Persisting disability			

DECLARATION / PENGAKUAN

In connection with my application for insurance/reinstatement of my lapsed life policy, I have been informed by the Company in writing (as per the proposal form or reinstatement application form) about my duty of disclosure which I have fully understood. Hence, I hereby confirm that I have answered all questions asked in this form fully and accurately. I believe that the answers given will be relied upon by the Company for underwriting my insurability for insurance cover.

Name : _____ Signature : _____
 Nama : _____ Tandatangan : _____

NRIC No. : _____ Date : _____
 No. K.P. : _____ Tarikh : _____