



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

Proposed Life Assured :
Hayat Dicapangkan :

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

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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:			
	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 			
	<ul style="list-style-type: none"> -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.

I understand and agree that the information I supply will be collected, used and processed by Tokio Marine Life Insurance Malaysia Bhd. ("TMLM"), its agents and its authorized parties (within or outside of Malaysia) for the purposes of processing this application and to facilitate TMLM's function as an insurance company. I have a right to obtain access to and to request correction of my personal information held by TMLM by contacting TMLM's Customer Service Representatives.

Saya memahami dan bersetuju bahawa maklumat yang saya berikan akan dikumpulkan, digunakan dan diproses oleh Tokio Marine Life Insurance Malaysia Bhd. ("TMLM"), agennya dan pihak-pihak yang diberi kuasa (di dalam atau di luar Malaysia) untuk tujuan memproses permohonan ini dan memudahkan fungsi TMLM sebagai syarikat insurans. Saya faham bahawa saya mempunyai hak untuk mendapatkan akses kepada dan meminta pembetulan maklumat peribadi saya yang dipegang oleh TMLM dengan menghubungi Wakil Perkhidmatan Pelanggan TMLM.

I understand that I can visit TMLM's Corporate Website (<https://www.tokiomarine.com/my/en/life/privacy-policy.html>) for a full copy of TMLM's Privacy and Data Protection Policy.

Saya memahami bahawa saya boleh melayari Laman Web Korporat TMLM (<https://www.tokiomarine.com/my/en/life/privacy-policy.html>) untuk mendapatkan salinan penuh Polisi Privasi dan Perlindungan Data TMLM.

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

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