



HYPERTENSION QUESTIONNAIRE (To be completed by Proposed Life Assured)
SOAL SELIDIK TEKANAN DARAH TINGGI (Untuk dilengkapkan oleh Hayat Yang Dicadangkan)

Proposed Life Assured : _____
Hayat Dicadangkan : _____

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

1. When was your high blood pressure first diagnosed?
Bilakah kali pertama anda didiagnos darah tinggi?

2. Why was your blood pressure measured at that particular time? E.g. routine examination, due to symptoms, etc
Mengapakah bacaan tekanan darah anda diambil pada masa itu? Cth: pemeriksaan rutin, mengalami gejala dsb.

3. Were you told of any underlying cause of your raised blood pressure?
Adakah anda diberitahu penyebab untuk tekanan darah tinggi anda?

No / Tidak Yes; please provide details. (E.g. kidney disease, cardiac disorder, hormone disorder, tumour, etc.)
Ya; sila berikan perinciannya (Cth: penyakit ginjal, penyakit jantung, masalah hormon, ketumbuhan dsb.)

4. Do you know what were your blood pressure readings at diagnosis?
Tahukah apakah bacaan tekanan darah anda semasa diagnosis?

No / Tidak Yes; please provide details.
Ya; sila berikan perinciannya _____

5. Have you had done an ECG, X-ray, blood lipid test, stress ECG, Echocardiogram or other investigation?
Adakah anda membuat kajian EKG, sinar-X, ujian lipid darah, EKG tekanan, Ekokardiogram atau sebarang kajian yang lain?

No / Tidak Yes; please provide details including dates of investigations and results.
Ya; sila nyatakan jenis kajian termasuk tarikh dan keputusannya.

6. Please provide details of your treatment, including names of medication (e.g. Moduretic, Navidrex, Aldomet, Inderal, Tenoretic, Tenormin, Trasicor etc), dosage and how often taken.
Sila berikan perihal rawatan, termasuk nama-nama ubatan (cth. Moduretic, Navidrex, Aldomet, Inderal, Tenoretic, Tenormin, Trasicor dsb), dos dan kekerapan pengambilannya.

a. Currently / Kini	Medication / Ubat	Dosage / Dos	Frequency / Kekerapan
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
b. In the past / Dahulu			
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

7. What was the blood pressure readings in the past 6 month?
Apakah bacaan tekanan darah dalam tempoh 6 bulan yang lepas?

	Date / Tarikh	Blood pressure reading / Bacaan tekanan darah
	_____	_____
	_____	_____
	_____	_____




8. Regarding the monitoring of your condition:
Perihal pengawalan keadaan anda:
a. Who is in charge of your follow up?/ Siapakah yang bertanggungjawab ke atas rawatan susulan anda?
b. How often do you attend for follow up?/ Berapa kerapkah anda mengikuti rawatan susulan?
c. When was the last consultation? Please provide details of your blood pressure reading at that time, if known.
Bila rundingan terakhir dibuat? Sila beri perincian bacaan darah tinggi anda pada masa itu, jika tahu.
9. Do you suffer from any related problem e.g. abnormal urine (e.g. protein, blood, etc), raised cholesterol, diabetes mellitus, heart, kidney or eye problem?
Adakah anda mempunyai masalah lain yang berkaitan seperti keabnormalan air kencing (cth: protin, darah, dsb), lipid tinggi, diabetes mellitus, masalah jantung, ginjal atau mata?

No	Yes; please provide date(s) and full details.
<i>Tidak</i>	<i>Ya; sila nyatakan tarikh dan perincian penuh</i>

10. Do you smoke cigarettes?
Adakah anda merokok?
No
Tidak
Yes
Ya
If YES,
Jika YA,
sticks/day
_____ batang/hari
11. Have you lost any significant time (e.g. weeks) off work with this condition?
Pernahkah anda tidak bekerja (cth. berminggu) kerana keadaan ini?
No
Tidak
Yes; please provide details including dates and duration of time off work.
Ya; sila berikan perinciannya termasuk tarikh dan tempoh tidak bekerja.
12. Please provide any additional information on your condition, which you feel, will be helpful in processing your application.
Sila berikan sebarang maklumat tambahan, jika ada, mengenai keadaan anda, dimana anda rasa, dapat membantu kami memproses permohonan ini.
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.

Sehubungan dengan permohonan saya untuk insurans/pengembalian semula polisi hayat saya yang sudah luput saya telah dimaklumkan secara bertulis (melalui borang cadangan atau borang permohonan pengembalian semula) mengenai kewajipan pendedahan saya dan saya dengan sepenuhnya memahami kewajipan tersebut. Saya dengan ini, mengesahkan bahawa saya telah menjawab semua soalan yang ditanya, di dalam borang ini dengan lengkap dan tepat. Saya percaya bahawa jawapan yang diberikan akan digunapakai untuk manaja jamin kepentingan boleh insurans saya.

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 :
Nama :
Signature :
Tandatangan :
NRIC No. :
No. K.P. :
Date :
Tarikh :

Note: This form is a bilingual form and should there be any dispute in the interpretation, the English Text Version shall prevail.
Nota: Borang ini adalah borang dwibahasa dan sekiranya timbul sebarang pertikaian terhadap tafsiran, versi Bahasa Inggeris akan digunakan.