



**LIVER DISEASE QUESTIONNAIRE (To be completed by Proposed Life Assured)**  
**SOAL SELIDIK PENYAKIT HATI (Untuk dilengkapi oleh Hayat Yang Dicadangkan)**

Proposed Life Assured :

Hayat Dicadangkan : \_\_\_\_\_

Proposal/Policy No. :

No. Cadangan/Polisi :

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**1. a When were you first found to have some sign of liver disease?**

*Bilakah kali pertama anda didapati mempunyai tanda-tanda penyakit hati?*

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**b. Which doctor, hospital or laboratory informed that you have some sign of liver disease? (Please give name and address).**

*Apakah nama doctor, makmal atau hospital yang memberitahu anda mempunyai tanda penyakit hati? (Sila berikan nama dan alamat).*

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**2. What circumstances were involved? Please tick appropriate answers and given details.**

*Apakah tanda-tanda yang berkenaan? Tandakan jawapan yang sesuai dan berikan butirannya.*

No / Tidak                      Yes / Ya

**a. You had jaundice (Yellowish skin)**

*Anda mengalami penyakit kuning (kulit kekuningan)*

**b. You had enlargement of your liver found on a medical examination**

*Mengikut pemeriksaan perubatan, terdapat pembesaran hati anda*

**c. You had other visible signs or suggestions of liver disease?**

*Anda mempunyai lain-lain tanda yang nyata atau kemungkinan menghidapi penyakit hati?*

**If "Yes" please describe**

*Jika 'ya', sila jelaskan : \_\_\_\_\_*

**d. You had fever, abdominal heaviness and / or feeling nausea**

*Anda mengalami demam, abdomen rasa berat, dan / atau berasa loya atau mual*

**e. You had enlargement of your liver on ultrasound test**

*Mengikut ujian ultrasound, terdapat pembesaran hati*

**f. Your liver function tests were abnormal (Please attach copies if available)**

*Adakah ujian fungsi hati abnormal (Sila sertakan salinannya jika ada)*

**3. If the only indication was that your liver function tests were abnormal OR that you had enlargement of liver on ultrasound test, please explain why these tests were done?**

*Jika satu-satunya tanda menunjukkan keputusan ujian fungsi hati adalah abnormal ATAU anda mengalami pembesaran hati dalam ujian ultrasound, sila jelaskan mengapa ujian ini dilakukan?*

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**4. Did the doctor, laboratory or hospital give you any specific diagnosis, either then or at a later date?**

*Adakah doktor, makmal atau hospital memberi diagnosis spesifik, sama ada pada masa itu atau kemudiannya?*

No / Tidak

Yes / Ya; Please give the diagnosis (eg. Hepatitis A, Hepatitis B, Hepatitis C, alcohol related disease, cirrhosis, etc)

*Sila berikan diagnosisnya (cth: Hepatitis A, Hepatitis B, Hepatitis C, penyakit berkaitan alkohol, sirosis, dsb)*

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**5. Have you had any recurrence of abnormal findings as described in question 2 above?**

*Adakah tanda-tanda abnormal seperti yang diterangkan dalam soalan 2 di atas berulang kembali?*

No / Tidak

Yes / Ya; Please indicate / Sila catatkan \_\_\_\_\_

**a. Date(s) of recurrence / Tarikh berulang kembali:**

**b. Type of findings on those subsequent occasions? / Jenis penemuan bagi keadaan-keadaan berikut?**

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**c. Name and address of doctor, hospital or laboratory involved. / Nama dan alamat doktor, hospital atau makmal yang terlibat.**

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**6. Do you drink alcohol?**

Adakah anda mengambil alkohol?

No / Tidak

Yes / Ya; Please provide details: / Sila beri butiran:

a. What type of alcohol do you drink? / Apakah jenis alkohol yang anda minum?

\_\_\_\_\_

b. Approximately how much do you drink in the course of one week? / Berapakah anggaran yang anda minum dalam satu minggu?

\_\_\_\_\_

**7. Have your previous alcohol consumption ever been higher than it is now?**

Pernahkah jumlah pengambilan alkohol anda melebihi dari apa yang anda ambil sekarang?

No / Tidak

Yes / Ya; Please provide details: / Sila beri butiran:

a. How much more was consumed? / Berapa banyakkah lebihan yang anda ambil?

\_\_\_\_\_

b. How much more often did you drink? / Berapa kerapkah anda minum?

\_\_\_\_\_

**8. Have you ever been found to have any other disease, except for influenza, colds or the usual childhood ailments?**

Pernahkah anda dikesan mengalami lain-lain penyakit kecuali, influenza, demam selsema atau penyakit kanak-kanak yang biasa?

a. Date(s) other disease found? / Tarikh lain-lain penyakit ditemui?

\_\_\_\_\_

b. Type(s) of other disease? / Jenis lain-lain penyakit?

\_\_\_\_\_

c. Name and address of doctor consulted? / Nama dan alamat doktor yang ditemui?

\_\_\_\_\_

**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 digunakan untuk menaja jaminan 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