



Proposal No. _____

Pregnancy Questionnaire for Expectant Mother

Full Name : _____

New NRIC : _____

Height and Weight Before Pregnancy: _____ (cm) _____ (kg)

Part I - To be completed by applicant with past history of pregnancy before		Yes	No
1.	Have you ever had any complication during your last pregnancy? E.g. Caesarian section due to labour complications, eclampsia, gestational hypertension, gestational diabetes, thrombosis, miscarriage, placental abnormality or others (please specify).		
2.	Have you ever received treatment or been hospitalized during previous pregnancies (except for normal delivery/caesarian section)?		
3.	Have you, or your spouse (if any), or have any immediate family members of you/your spouse (if any) been diagnosed with any of the following? E.g. Thalassaemia, Duchenne muscular dystrophy, Hemophilia A, Huntington's disease, Cystic Fibrosis?		
Part II - To be completed by applicant who is pregnant at present			
1.	Please indicated expected date of delivery.	(DD-MM-YYYY)	
2.	Are you currently carrying more than one unborn child (e.g. Twins, Triplets, Quadruplets, etc)? If yes, please indicate the number of unborn child.		
3.	Have you ever had any complication during current pregnancy? Eg Gestational diabetes, still birth, hypertension, ectopic pregnancy, eclampsia, miscarriage, thrombosis, C-Section due to complications, placenta abnormalities or others (please specify).		
4.	Have you ever given birth to a premature child or a child with birth defect, congenital abnormality or hereditary medical conditions? Eg Cleft lip and palate, cataract, deafness, Down Syndrome, tetralogy of fallot, anal atresia or others (please specify)?		
5.	Have you ever had an abnormal Pap Smear test, breast ultrasound or mammogram?		
6.	Do you consume beer, wine or other alcohol? If YES, please provide average weekly consumption. Beer/Stout small bottle Wine glasses Whisky/Brandy pegs Others (please specific)_____ pegs/bottle		
7.	Have you ever been hospitalized during current pregnancy?		

If any above answer to Part I and II is "YES", please provide details.





Part III - To be completed by applicant if iBABY rider apply			
I hereby declare that:		Yes	No
a)	As confirmed by my physician, I am currently less than fourteen (14) weeks pregnant with not more than two (2) foetuses; and		
b)	I have not undergone artificial insemination and/or assisted reproductive technology in respect of this pregnancy; and		
c)	I have not performed any prenatal genetic testing in respect of this pregnancy; and		
d)	Me and my spouse are not diagnosed to have disease(s) that is caused directly or indirectly by the existence of Acquired Immune Deficiency Syndrome (AIDS) or by the presence of any HIV infection; and		
e)	I must purchase one (1) iBaby rider for each child in respect of this pregnancy; and		
f)	I also understand that the information I provided in respect of my existing i-LADY policy will be used and form a part of this new proposal.		

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 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.

 Signature of Expectant Mother

Date: _____