LONPAC INSURANCE BHD (307414-T)
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P.O. Box 10708, 50722 Kuala Lumpur.
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ACCIDENT QUESTIONNAIRE BY APPLICANT

We would appreciate if you could kindly complete this questionnaire.

PART A – Applicant Information

Proposed Applicant: _____ NRIC No: _____

Age: _____ Sex: ☐ Male ☐ Female Height: _____cm Weight: _____kg

Are you a smoker? ☐ No ☐ Yes _____ stick(s)/day

PART B – Questionnaire

1.	When did the accident take place?	
2.	How did you sustained injury?	
3.	Describe the injuries sustained and on which part of the body?	
4.	Have you had any headaches, dizziness or fainting spells since? If "Yes", please give details.	
5.	Were you unconscious and if so for how long?	
6.	What kind of treatment have you received? Please give full particulars and dates.	
7.	Any operation done for the injury? If "Yes", please give date and on which part of the body.	
8.	Any internal fixations done for the injury? If "Yes", were you informed by the doctor that they are to be removed in future?	
9.	Any injury to the inner or deeper organ? If "Yes", please give details.	
10.	Has the accident left you with any deformity? e.g. limping etc.	
11.	When will be the next follow-up?	
12.	Have you fully recovered? If "No", please give details.	
13.	Additional remarks, if any.	

I hereby declare that the above information is true and complete and shall form part of my application with LONPAC INSURANCE BHD.

Name: …… Signature of Applicant: ……

AUTHORISATION

I hereby authorise any physician, hospital, clinic, company or other organization, institution or person, that has any records or knowledge of me or my health, to disclose to LONPAC INSURANCE BHD or its representative any and all information about me with reference to my health and medical history and any hospitalisation, advice, treatment, disease or sickness. A photostatic copy of this authorisation shall be as the original.

…….. …….. ……
Signature of Witness Date Signature of Applicant

Name :…….. Name:…….