Manulife

ANXIETY/DEPRESSION/ NERVOUS DISORDER QUESTIONNAIRE

IMPORTANT NOTE: YOU ARE REQUIRED TO DISCLOSE IN THIS PROPOSAL FORM FULLY AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE THE POLICY ISSUED HEREUNDER MAY BE INVALIDATED.
NOTA PENTING: ANDA DIKEHENDAKI MENYATAKAN DI DALAM BORANG CADANGAN INI SECARA PENUH DAN JUJUR, SEMUA FAKTA YANG ANDA TAHU ATAU PATUT TAHU, JIKA TIDAK POLISI YANG DIKELUARKAN MENURUT CADANGAN INI ADALAH TIDAK SAH.

Policy No. : _____

Name of Life Insured : _____ **NRIC NO. :** _____

(To be completed by parent/guardian if the life insured is below 18 years old)

1. **Please advise the nature of the condition (doctor's diagnosis).**

   _____

2. **Describe your symptoms.**

   _____

3. **Date symptoms commenced.**

   _____

   i) **Are you still experiencing symptoms?** ☐ **Yes** ☐ **No**

   ii) **If "no" when did you last experience symptoms?**

   _____

4. **Have you taken regular or occasional medication for this condition?** ☐ **Yes** ☐ **No**

   If "yes", advise type, dosage and frequency

   _____

5. **Are you still taking this medication?** ☐ **Yes** ☐ **No**

   If "no" advise date ceased

   _____

6. **Have you had any other treatment (eg ECT or been hospitalised for this condition).** ☐ **Yes** ☐ **No**
   If "yes" advise date, hospital and name and address of treating doctor.

   _____

7. **Have you ever been off work or your normal daily activities restricted in any way due to this condition? If "yes" when and for how long.** ☐ **Yes** ☐ **No**

   _____

8. **Have you any ongoing effects or restriction in your activities of any kind?** ☐ **Yes** ☐ **No**
   If "yes", please give details.

   _____

9. **Have you ever consulted a psychiatrist, psychologist, or counsellor or any other therapist?** ☐ **Yes** ☐ **No**
   If "yes" please advise date, and name and address of all persons consulted.

   _____

10. **Please provide details of your most recent visit to any doctor for this condition. Include date, and name and address of doctor consulted.**

    _____

11. **Since the date of your application have you suffered from any illness or injury or had any reason to receive medical attention or advice?** ☐ **Yes** ☐ **No**

    If "yes", please provide details.

    _____

Version 052020

Manulife Insurance Berhad Registration No. 200801013654 (814942-M)
(Licensed under the Financial Services Act 2013 and Regulated by Bank Negara Malaysia)
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D T $ A P P A O M S

DECLARATION

I hereby declare that the above particulars and answers are complete and true and that together with the other information provided by me they will form the basis of the contract between myself and Manulife Insurance Berhad. I also declare that my misrepresentation or concealment of material facts shall render my policy and any attaching supplementary contracts if issued null and void.

Date : _____

_____

Signature of Life Proposed

_____

Signature of Agent as Witness