

Participation in Hazardous Activities Form

This form must be completed for the purpose of Critical Illness Screening. Please fill all required fields truthfully.

Personal Information

Full Name

Date of Birth

Address

Contact Number

Hazardous Activities Information

Please list all hazardous activities you participate in (e.g., scuba diving, mountaineering, skydiving, motorsports):

Are you a professional or instructor in any hazardous activity?

☐ Yes

☐ No

If yes, please provide details:

Do you use any safety equipment or follow specific safety protocols?

Have you had any accidents or injuries related to hazardous activities in the past 5 years?

☐ Yes

☐ No

If yes, please describe:

Declaration & Signature

I hereby declare that the information provided above is true and complete to the best of my knowledge. I understand that providing false or incomplete information may affect my eligibility or claims related to critical illness cover.

Signature

Date