

Health On-line Fax Order Form

Tel: 03-2162 4242

Fax: 03-2162 4332



www.asiahol.com

Part 1: Agent/Underwriter Details

Please complete the form with BLOCK LETTERS

Name: _____ Insurance Company: _____

Tel No.: _____ Fax No.: _____ Mobile No.: _____

Part 2: Proposed Insured's Details

Tick the appropriate boxes.

Proposal / Policy Number: _____ Sum Assured: _____

Name of Proposed Insured: _____

Date of Birth: ____/____/____ Male Female IC/PP Number: _____

Examination Address: _____

Contact No.: Office: _____ Home: _____ Mobile No.: _____

Part 3: Bank & Type of Policy

Tick the appropriate boxes.

Bank: _____ Type of Policy: MRTA Bancassurance Other

Part 4: Services Required

Tick the appropriate boxes.

- | | |
|--|---|
| <input type="checkbox"/> Paramedical Examination | <input type="checkbox"/> Panel Doctor Examination |
| <input type="checkbox"/> Resting ECG | <input type="checkbox"/> Chest X-ray |
| <input type="checkbox"/> Micro Urinalysis | <input type="checkbox"/> Stress/Treadmill ECG |
| <input type="checkbox"/> Blood Tests | |

Please Specify blood profiles:

APS QS

Please specify APS and/or QS Requirements:

Other/ Special Instructions: _____

Signature: _____ Date: _____

Please attach Underwriter's Memorandum (if any).

Dytan Health On-line Sdn Bhd (502934-W)

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