

CERTIFICATE OF INSURABILITY

Policy No. / Nos.: _____ Contact No.: _____ Email: _____

Name of the Life Assured

First Name

Middle Name

Last Name

Answer all the following questions related to the Life Assured by ticking Yes or No.

| | In case additional space is required, please attach separate sheet of paper to this form | YES | NO | From Q.3-12 if any question is answered as YES provide DETAILS of the same E.g. onset, duration, treatment, investigation etc. & copies of the same |
|---|--|-----------------|----|---|
| 1 | i. Height (without shoes) _____ Weight _____ ii. Has your weight increase / decreased more than 5 kg in last 12 months? If 'Yes' Please state the reason | | | |
| 2 | i. Has there been any change in your occupation since date of applying for this Policy ii. If 2(i) is answered as 'Yes' provide Name of current Employer / Business [Provide relevant questionnaire for hazardous occupations (required when job profile or occupation is changed and is hazardous)] | | | |
| 3 | Do you have any physical deformity/handicap from birth, accident, illness | | | |
| 4 | i. Have you ever suffered or suffering from Diabetes / High Blood Sugar, High Blood Pressure, Stroke, Paralysis, Epilepsy, Chest pain, Heart attack, Kidney disease, Blood related disorder, High Cholesterol, Any disorder since Childhood, Any specific disorder running in your Family, Respiratory disorder, Digestive disorder, Cancer or Tumour, Mental disorder or Any Congenital defect? ii. Have you ever suffered or suffering from any medical condition not mentioned above? iii. Do you have symptoms for which you are planning to take medical advice? iv. Are you currently on medication for any disease or medical problem other than common cold, influenza? | | | |
| 5 | In last five years have you undergone any type of - Investigations or screening like blood test, urine test, X-ray, ECG, TMT, Sonography, CT-scan, MRI or others not mentioned above | Hospitalization | | Surgery |
| | YES NO | YES | NO | YES NO |
| 6 | Has any of your parents / siblings before their age of 60 years suffered from Blood Pressure / Diabetes / Heart ailment / Cancer / Kidney ailment / Paralysis / Stroke / Hereditary / Familial disorder (E.g.-Polycystic Kidney disease, Familial Polyposis of Colon etc.) | | | |
| 7 | Were you or your spouse ever tested positive for Hepatitis B or C, HIV, AIDS or any other Sexually Transmitted Disease? | | | |
| 8 | Do you consume Alcohol / Tobacco / Smoke / Drugs? [If 'Yes' please provide the quantity & duration since it is consumed] | | | |
| 9 | Do you participate or intend to participate in any hazardous sporting activities E.g. Mountaineering, Motor racing, Diving, Gliding etc. [If 'Yes' please give details] | | | |
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|----|--|--|--|--|
| 10 | For Female Life Assured Only: i. Are you pregnant? If 'Yes' please mention how many weeks: _____ ii. Any history of miscarriage/s , ectopic pregnancy iii. Have you ever suffered from any Menstrual disorders/Menorrhagia / Fibroids / Any other Gynaecological problem | | | |
| 11 | Have you travelled or intend to travel out of India for any purpose other than vacation? | | | |
| 12 | Has any of your proposal or reinstatement of life / Health / Critical illness / Personal accident insurance has been declined, postponed modified or rated by other insurance company? | | | |

I, the Life Assured/ Policy owner hereby declare that to the best of my knowledge and understanding, the above statements and answers are true and complete in all manner and same shall form the basis of such reinstatement or change in policy coverage by the Company.

I understand and agree that in case of any concealment, misrepresentation/misstatement of material information in this application, the contract of insurance shall become voidable at option of the Company.

I agree that by reason of this application or by making any premium payment, the Company shall not assume liability of any kind unless it is approved, accepted and communicated to me in writing.

Thumb Impression / Signature of Life Assured

Thumb Impression / Signature of Proposer

(Signature of Agent / Specified Person)

Date & Place

Vernacular Declaration

I have explained the contents of this declaration to the Proposer/ Life to be Assured in _____ (language), as per his/ her choice and the contents have been fully understood by him/ her. I have accurately recorded the Proposer's/ Life to be assured's replies to the questions in this declaration. I have read out the replies recorded by me to the Proposer/ Life to be Assured and he/ she has confirmed that they are correct. The thumb impression/signature of the Proposer/ Life to be Assured is affixed in my presence.

Name of the declarant

Signature of the declarant

Date & Place _____

Extract of Section 45 of Insurance Act:

No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e. from the date of issuance of the policy or the date of commencement of risk or the DATE OF REVIVAL OF THE POLICY or the date of the rider to the policy, whichever is later.

A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued.