

PERSONAL STATEMENT OF HEALTH FOR REVIVAL OF LAPSED POLICIES

POLICY NUMBER _____ **BRANCH** _____

NAME OF THE LIFE ASSURED _____

ADDRESS _____

CONTACT NO. _____ **PRESENT OCCUPATION** _____

NAME & ADDRESS OF THE EMPLOYER OR BUSINESS PREMISES IF SELF EMPLOYED

Please give us the information stated below since the date of first proposal under the above mentioned policy till date. Please answer in "Yes" or "No" and if yes please give details.

A. Personal health details after the date of proposal	Yes/No	Details
1. Have you undergone or been recommended to undergo hospitalisation, an operation, X-ray or any other investigation, treatment?		
2. Have you suffered from any of the following? Cancer or a tumor, Tuberculosis, Thyroid or any hormonal disorder, heart disease, stroke, tremors, high blood sugar or diabetes, urine in sugar , high blood pressure, respiratory disease, disorder of the liver, kidney or digestive system, paralysis or multiple sclerosis, epilepsy, blood disorder, back problems, arthritis, any nervous disorder or mental disorder, depression or psychiatric disorder, any recurrent medical condition or disability (including eye or ear disorder)?		
3. Are you currently suffering from any illness, impairment not mentioned above or taking any medication or prescription drugs?		
4. Do you have any recurrent medical condition, physical disability, deformity, any illness or injury that has kept you from working?		
5. Have you ever tested positive for HIV/AIDS or Hepatitis B or C, or have you been tested/treated for other sexually transmitted diseases or are you awaiting the results of such a test?		
6. Did you have any accident or injury or major burns ?		
7. Do you use or have you used alcoholic drinks, narcotics or any other drugs? If yes, kindly mention the type & and the quantity consumed per day		
8. Do you smoke or consume tobacco in any form. If yes, please state the form of tobacco consumed and average consumption per day in terms of specific units.		
9. Are you currently in good health?		

10. Please state your height and weight		Height____ (in Cms or inches) Weight____ (in Kgs)
11. **a) Please give the name of your usual doctor **b) Address and telephone number of your doctor. ** - Mandatory to be filled		
12.	For female lives	
	(a) Are you presently pregnant?	
	b) Have you had any abortion or miscarriage or Caesarian operation?	
	(c) Have you suffered or are suffering from any disease of breast, ovaries, uterus or cervix?	
	(d) Have you undergone Hysterectomy?	

B. Family Medical History after the date of proposal

Has any death or illness occurred in your family (parents, husband, wife, brothers, sisters or children). Please mention age at death and cause of death.		
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C. Other personal details after the date of proposal

1. Have you travelled abroad during the period other than for holidays?		
2. Do you take part in any hobbies that could be considered dangerous in any way (eg. Aviation- other than as a fare-paying passenger, mountaineering, diving or any form of racing)		
3. Have you been required to stay away from work? If yes, please give details.		
4. Has any proposal or application of revival of a policy on your life / health insurance / mediclaim / critical illness made to this company or any other Insurance Company ever been dropped, withdrawn, accepted with extra premium, deferred, declined or accepted on terms other than those proposed.		
5. Is any new proposal or application for revival on a lapsed policy on your life under consideration either with this company or any other Insurance company? Also give details of any rider benefits opted		Proposal No.- Sum Assured - Policy No- Sum Assured-
6. Reason for lapse		

7. Have you made any claim for hospitalization or surgery or critical illness benefit under this policy or any other health insurance policy from any other company?

DECLARATION

Declaration from the Life Assured:

I hereby declare that all the information given by me / on my behalf are true and I have not withheld any material fact within my knowledge. I agree that the information given by me in this declaration along with my proposal for insurance shall be the basis of contract of revival of the lapsed policy. I also agree and understand that the application for revival of the policy will be considered by the Company at its sole discretion.

Signature of the Life Assured _____
(to be signed by the proposed policy holder if the life assured is a minor)

Date _____ Place _____.

Declaration from the Policy Holder:

(If the life assured is a minor Proposed Policy Holder has to sign this declaration too)

I hereby declare that all the information given by me / on my behalf are true and I have not withheld any material fact within my knowledge. I agree that the information given in this declaration along with my proposal for insurance shall be the basis of contract of revival of the lapsed policy. I also agree and understand that the application for revival of my policy will be considered by the Company at its sole discretion.

Signature of Proposed Policy Holder _____

Date: _____ Place: _____

Witness Declaration * (Mandatory)**

Name: _____

Address: _____

Signature _____ Date: _____ Place: _____

Declaration to be made by a third person where:

- The life assured has affixed his/her thumb impression; OR
- The life assured has signed in vernacular; OR
- The life assured has not filled the application.

I hereby declare that I have explained the contents of this application form to the life to be assured in _____ language and have truthfully recorded the answers provided to me. I further declare that the life to be assured has signed/affixed his/her thumb impression in my presence

Declarant Signature: _____ Date: _____

Declarant Address _____