



**C. Preferred Area for Medicals Near** (tick on the appropriate field)

Office  Home

**D. Other personal details**

Indicate Yes or No by ticking in relevant box

Mention details, as applicable  
\*Please attach a separate sheet in case the space is inadequate

YES NO

1. Do you take part in any hobbies that could be considered dangerous in anyway? (e.g. mountaineering, diving or any form of racing etc)	<input type="checkbox"/>	<input type="checkbox"/>	
2. Have you submitted any simultaneous applications for insurance to any of our offices or to another Insurance company, which is still pending OR are you likely to revive any lapsed policies?	<input type="checkbox"/>	<input type="checkbox"/>	Proposal / Policy No.- Sum Assured- Company Name-
3. 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: (i) Accepted with an extra premium?	<input type="checkbox"/>	<input type="checkbox"/>	
ii) Accepted on other special terms?	<input type="checkbox"/>	<input type="checkbox"/>	
iii) Postponed or declined?	<input type="checkbox"/>	<input type="checkbox"/>	
iv) Withdrawn or dropped?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Have you ever made any claim for hospitalization or surgery or critical illness benefit under this policy or any other health insurance policy from any other company?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Have you ever resided overseas for more than 6 months continuously or do you intend to travel overseas in the next six months? If 'yes' please provide the names of the countries and duration of stay.	<input type="checkbox"/>	<input type="checkbox"/>	Past travel: _____ _____ Future travel: _____ _____

6. a) Height (Ft)  (inches)   OR    Centimeters    b) Weight    Kilograms

7. Please provide us the details of your usual doctor  
Name of Doctor  
Address & Telephone no.-

8. Please give the following details :

Substances consumed	Do you consume		If 'yes' please provide details	Quantity
	YES	NO		
i. Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	Beer <input type="checkbox"/> Wine <input type="checkbox"/> Spirit <input type="checkbox"/> Others <input type="checkbox"/>	_____ ml/ Week
ii. Tobacco *1 unit equivalent to 1 cigar/1 cigarette/1 bidi. If chewing tobacco please specify how many grams per day.	<input type="checkbox"/>	<input type="checkbox"/>	Cigar <input type="checkbox"/> Cigarette <input type="checkbox"/> Bidi <input type="checkbox"/> Chewing Tobacco <input type="checkbox"/>	_____ Units*/Day
iii. Are you currently consuming or have you ever consumed narcotics or any such other substance whether prescribed or not? (For example ganja, hashish, heroin, cocaine, charas, marijuana, etc.)				YES <input type="checkbox"/> NO <input type="checkbox"/>

**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 Policy Holder if the Life Assured is a minor)



Date: \_\_\_\_\_

Place: \_\_\_\_\_

Declaration from the Policy Holder:  
(To be signed by if Policy Holder is different from 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 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 the Policy Holder  
(If Policy Holder is different from Life Assured)



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 Assured in \_\_\_\_\_ language and have truthfully recorded the answers provided to me. I further declare that the Life Assured has signed/affixed his/her thumb impression in my presence

Name & Address of declarant: \_\_\_\_\_

Signature of declarant: \_\_\_\_\_ Date: \_\_\_\_\_