

Fire Fighter's Questionnaire

We thank you for applying for an HDFC Life Insurance Policy. To enable us to assess your application, kindly send this Fire Fighter's Questionnaire answered by the Life to be Assured and duly signed by the Life to be Assured and Proposed Policy Holder, if any.

Application No / Proposal No	
Name of Life to be Assured	

1. Kindly mention your exact occupational designation.	
2. Kindly tick the exact nature of fire fighting you are involved in.	<input type="checkbox"/> Industrial fire <input type="checkbox"/> Forest fire <input type="checkbox"/> Mine fire <input type="checkbox"/> Chemical fire <input type="checkbox"/> Residential fire <input type="checkbox"/> Any other, specify.....
3. Kindly provide your exact nature of duties as a fire fighter.	
4. How often in a year are you deployed for purpose of fire fighting?	
5. As part of your job, are you required to enter the premises/building at the time of fire fighting operations?	
6. As part of your job are you required to rescue trapped people at the accident site at the time of fire fighting operations?	
7. What is the maximum height you need to climb in the course of your duties? Please specify the height in meters/feet.	
8. Are you trained periodically? If yes, please specify the course/ training undergone by you.	Yes / No
9. Have you ever had any injury or met with any accidents, fallen from heights etc in the course of executing your duties? If yes, please provide details.	Yes / No

10. Do you suffer from any respiratory ailment? If yes, please provide the exact diagnosed condition.	Yes / No
11. Do you suffer from any health condition? If yes, please provide the exact diagnosed condition.	Yes / No
12. Any additional information apart from the above which you feel will help us assess your application.	

❖ **An incomplete Questionnaire will not be considered valid.**

Declaration of Life to be Assured:

I agree and understand that the information given herein is true and complete in all respects and will form an integral part of the proposal made by me for an insurance policy from HDFC Life Insurance Company Limited and that failure to disclose any material fact known to me may invalidate the contract.

Signature/thumb impression
(Life to be Assured)

Date:.....
Place:.....

Signature/thumb impression
(Proposed Policy Holder if different
from Life to be Assured)

Date:.....
Place:.....

In the case of thumb impression\ signature in vernacular language:

In case of thumb impression of the Life to be Assured the same should be attested by a person of standing whose identity can be easily established, but unconnected with the Company and this declaration should be made by him.

I hereby declare that I have explained the contents of this form to the Life to be Assured in _____ language and have truthfully recorded the answers provided to me and that the Life to be Assured has signed /affixed thumb impression(s) above after fully understanding the contents thereof.

Signature

Date:.....
Place:.....

Name and address of the declarant _____

HDFC Life Insurance Company Limited. CIN: L65110MH2000PLC128245. IRDAI Registration No. 101.

Regd. Off: 13th Floor, Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.

For queries or more information, call us on **1860-267-9999** (Local charges apply). DO NOT prefix any country code e.g. +91 or 00. Available Mon-Sat from 10 am to 7 pm |

Email - service@hdfclife.com | nriservice@hdfclife.com (For NRI customers only) | Visit - www.hdfclife.com