

Fisherman Questionnaire

We thank you for applying for an HDFC Life Insurance Policy. To enable us to assess your application kindly send this Fisherman 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. Do you catch fish in mechanised boats / trawlers?	Yes / No
2. If you go in a trawler, please tick your exact nature of duties.	<input type="checkbox"/> Skipper / Officer <input type="checkbox"/> Mate <input type="checkbox"/> Engineer <input type="checkbox"/> Fireman <input type="checkbox"/> Deck hand / Fisherman <input type="checkbox"/> Spare hand <input type="checkbox"/> Bosun (third hand) <input type="checkbox"/> Trainee fisherman/Deck hand <input type="checkbox"/> Greaser <input type="checkbox"/> Mechanic <input type="checkbox"/> Stoker <input type="checkbox"/> Galley hand <input type="checkbox"/> Radio officer <input type="checkbox"/> Cook <input type="checkbox"/> Any other, specify.....
3. Kindly tick the length of the vessel used for fishing.	<u>Vessel length</u> <input type="checkbox"/> Less than or equal to 24 m (80 ft) in <input type="checkbox"/> More than 24m (80 ft) but less than or equal to 40m (130 ft) in length <input type="checkbox"/> More than 40m (130 ft) in length
4. Do your duties involve diving in water? If yes, kindly mention the depth up to which you dive.	Yes / No
5. Please tick against fishing activity which you are involved in.	<input type="checkbox"/> Crab fishing <input type="checkbox"/> Abalone fishing <input type="checkbox"/> Harpooner fishing <input type="checkbox"/> Lobster fishing <input type="checkbox"/> Oyster fishing <input type="checkbox"/> Paua fishing <input type="checkbox"/> Pot fishing <input type="checkbox"/> Other (specify),.....
6. What percentage of your working time do you spend at sea?	Yes / No

<p>7. Have you ever met with any accidents on account of your occupation?</p> <p>If yes, please mention the date of accident and extent of injuries caused.</p>	<p>Yes / No</p>
<p>8. Have you ever suffered from any ailment or health condition associated on account of occupation?</p> <p>If yes, please mention the exact diagnosed condition.</p>	<p>Yes / No</p>
<p>9. Please provide any additional information which you feel, will be helpful in processing your application.</p>	

❖ 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 Limite. 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 |

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