

Gall Stone Questionnaire - 3.3

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

Please note: Wherever examples are provided, they are not intended to be complete list.

Application No. / Proposal No.	
Name of Life to be Assured	
1. Have you ever been diagnosed as having any gallstone? (Please answer 'Yes' or 'No')	Yes / No
2. Have you ever undergone cholecystectomy? If yes, please mention date of operation and enclose a copy of discharge card and summary.	Yes / No
Please answer all of the following questions, only if the answer to any of the above questions is 'Yes'. If the answer is 'No' then please return the form duly signed.	
3. What was the diagnosis?	
4. Have you ever undergone investigations like X-Ray, ultrasound, blood tests or any other investigations? If yes, kindly mention the investigation(s) undergone and results thereof. (Kindly enclose copies of the same)	Yes / No
5. Date of last occurrence?	
6. Kindly provide name, contact number and address of the treating physician.	
7. Kindly provide detail of treatment including name, dosage and frequency of medication(s).	Current
	Past
8. Was surgery recommended? If yes, kindly mention the date of recommended surgery.	Yes / No
9. What is the number and frequency of attacks?	
10. Do you have any heart-related problems or hypertension?	Yes / No

If yes, please mention an exact diagnosed condition and treatment prescribed.	
11. Have you ever lost time off work caused by gallstone disorder or associated conditions? If yes, please mention the duration of time off work.	Yes / No
12. Please provide any additional information on your condition, which you may feel, will be helpful in processing 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 |

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