

Gliding Questionnaire

We thank you for applying for an HDFC Life Insurance Policy. To enable us to assess your application, kindly send this Gliding 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. For how many years have you been gliding?	
2. Are you member of a gliding club or association? If yes, please mention name of the club.	Yes / No
3. Do you hold any gliding certificate? If yes, please provide name?	Yes / No
4. Are you an instructor?	Yes / No
5. Are you involved in hang gliding?	Yes / No
6. Are you involved in paragliding?	Yes / No
7. Kindly state:	
a. Number of hours completed till date.	Hrs.
b. Number of launches to date.	Number
c. Number of hours you intend to fly per annum in future.	Hrs.
d. Number of launches you intend to do per annum.	Number
8. What type of glider do you fly? (Kindly tick on type)	<input type="checkbox"/> Unpowered and self sustained glider <input type="checkbox"/> Self launch glider <input type="checkbox"/> Any other, specify.....
9. Kindly tick on purpose of gliding.	<input type="checkbox"/> Record attempts <input type="checkbox"/> Competitions <input type="checkbox"/> Stunt flying <input type="checkbox"/> Test Flying <input type="checkbox"/> Any other, specify.....

<p>10. Have you ever met any accident causing injury or significant damage to your aircraft?</p> <p>If yes, please provide information regarding date of occurrence of accident and extent of injuries suffered.</p>	<p>Yes / No</p>
<p>11. Do you suffer from any kind of health ailment?</p> <p>If yes, please mention diagnosed condition.</p>	<p>Yes / No</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 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