

Chest Pain Questionnaire – 3.3

We thank you for applying for an HDFC Life Insurance Policy. To enable us to assess your application kindly send this Chest Pain 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 suffered from chest pain? (Please answer 'Yes' or 'No')	Yes / No
Please answer all the following questions, only if the answer to above question is 'Yes'. If the answer is 'No' then please return the form duly signed.	
2. What was the date of the first attack of chest pain?	
3. Have any attacks occurred subsequently? If yes, please provide date(s) of subsequent occurrence of chest pain.	Yes / No
4. What was the nature and severity of pain? E.g. Very severe, crushing, vice-like, sharp, stabbing, dull ache, vague discomfort.	
5. What was the location of the pain? E.g. central, in the left or right side of the chest, across front of the chest or elsewhere in the chest.	
6. Did the pain radiate outside the chest? E.g. to the shoulders, arms, jaw, abdomen.	
7. What was the mode of onset? E.g. sudden, gradual, at rest, only on exertion ceasing with rest, only with certain postures, worsened by deep inspiration.	
8. How long did the pain last?	
9. Have you ever undergone an ECG, X-ray, CTMT, 2 D Echo, angiogram, blood lipid test or other investigations? If yes, please mention investigation(s) undergone and results thereof. (Kindly attach copies of all investigation(s))	Yes / No
10. Were you given any treatment? If yes, please provide treatment details including names, dosage and frequency of medication(s).	Current
	Past

11. Kindly let us know the name, contact number and address of the doctor you consulted.	
12. Kindly let us know the last date of consultation with your physician.	
13. Have you ever took time off work, due to chest pain? If yes, please provide dates and duration of time off work.	Yes / No
14. Since the date of chest pain, have you ever been hospitalized? If yes, please enclose copy of the discharge card.	Yes / No
15. Have you ever been diagnosed with following? If yes, please mention date of diagnosis and treatment prescribed	
15.a. Diabetes	Yes / No
15.b. Heart or circulatory disease	Yes / No
16. Please provide any additional information on your condition, which you may feel, will be helpful in processing your application.	Yes / No

❖ **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.

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

Name and address of the declarant _____

HDFC Life Insurance Company Limited [Formerly HDFC Standard Life Insurance Company Limited] (HDFC Life).

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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