



**Proposal and Declaration
for Life Assurance (Non-MEDICAL)**

To This Proposal from
should be completed in BLOCK LETTERS

Agent (Name / Code No.)

Please Answer each question fully.
It is not sufficient to put a "dash"

Proposal No.

1. Name of life to be assured (in full) Mr/Ms

Maiden name if married woman
Residential address & Telephone No.
E-mail, ID
Precise occupation (Please give full details)
Married, Single, widowed or divorced
Please and date of birth
Name of proposer (if different from to be assured)
Residential Address

2. Proposed sum assured

Class of assurance
Duration of assurance (in years)
mode of premium payment
Bank account
Date of commencement
Do you wish any additional benefit?
A) Total Permanent Disability (Sum Assured) Yes / No

3. Medical attention during the past five years

a) Name and address of your doctor
b) when and for how long gave you been consulting the
doctor ? (Dates and reasons for the consultation)
c) Have you in the past five years consulted any
other doctor? Yes / No
(please give name and address as well as dates
and reasons for the consultations)

4) Previous proposal

a) Has any application for insurance on your life been
made within the last 24 months, or is any application
pending? a)
b) Has any application for life or disability insurance on
your life ever been postponed / declined / withdrawn /
have special terms been imposed? b)

5. Special Hazards

Have you any intention or expectation :
a) of becoming a member of the Armed Forces? a)
b) of engaging in aviation (other than as a fare-paying
passenger on a regular route)? If so, give full
particulars b)

**6. Is there any other fact or circumstance affecting
Your eligibility for assurance?**

If so, give details

7. Beneficiaries

To whom is the sum assured payable :

- a) in case of survival? a)
- b) in case of death (please state full names and relationship)? b)

8. Family history of the life proposed

Have any of you near relatives, i.e. parents, brother or sister, wife / husband or children suffered from :

diabetes mellitus, stroke, heart disease, cancer, tuberculosis or mental illness ?

(If so, please state the relationship and give details also mentioning condition and approximate age at onset)

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9. Physical description

- a) What is your height ? a)cm
- b) What is your Weight ? b)kg
(Accurate up-to-date figures should be give in ordinary indoor clothing and outdoor footwear)
- c) Do you have any bodily infirmity or defomity (for examble, hernia or variocos)?
If yes, please state full details

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10. Special investigations and / or treatments you have had

- a) X-ray examination (chest, barium meal etc.) a) Yes / No
- b) E.C.G. b) Yes / No
- c) Any other hospital pathological investigation and / or treatment? c) Yes / No
Details (including dates, part of body and result) to the above questions

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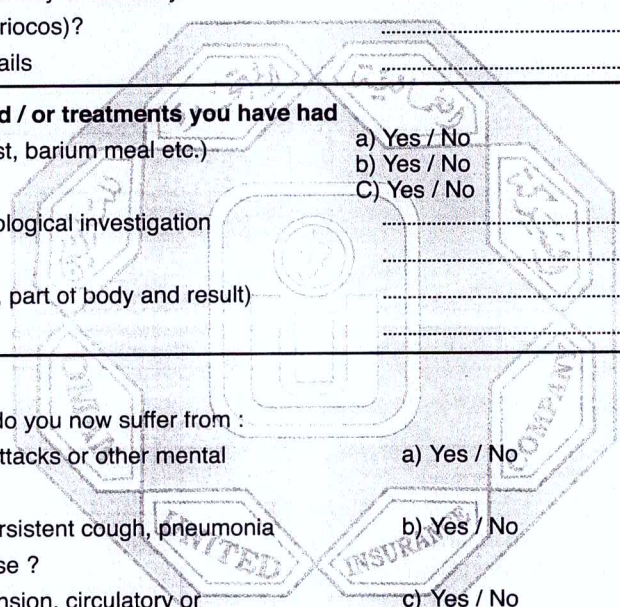
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11. Illness and ailments

Have you ever suffered or do you now suffer from :

- a) epilepsy, fits or fainting attacks or other mental disturbances? a) Yes / No
- b) tuberculosis, asthma, persistent cough, pneumonia or any other chest disease ? b) Yes / No
- c) rehumatic fever, hypertension, circulatory or heart trouble ? c) Yes / No
- d) indigestion, chronic or recurrent diarrhoea, gastric or duodenal ulcer, jaundice, gall bladder complaints ? d) Yes / No
- e) diabetes, mellitus, cancer or tumour of any kind ? e) Yes / No
- f) unexplained, recurrent or persistent fever ? f) Yes / No
- g) unexplained persistant night sweats ? g) Yes / No
- h) unexplained weight loss ? h) Yes / No
- i) unexplained infections or swollen glands ? i) Yes / No
- j) skin disorders ? j) Yes / No
- k) nervous disease or nervous breakdown, frequent headaches ? k) Yes / No
- l) any infection of the kindly, uninary or general organs, renal stones, difficult or painful urination, heamaturia ? l) Yes / No
- m) hepatitis B or any sexually transmitted disease (e.g. syphilis, gonorrhoea) including gentil sores or discharges ? m) Yes / No

Details (including dates, duration and treatment) to the above questions.



12. Have you ever had or been advised a blood test for AIDS or an AIDS-related condition Yes / No

13. Have you ever been refused as a blood donor ? Yes / No

14. Have you ever received any blood transfusions or blood products ? Yes / No

Details (including dates) to questions 12 to 14 if answered positively

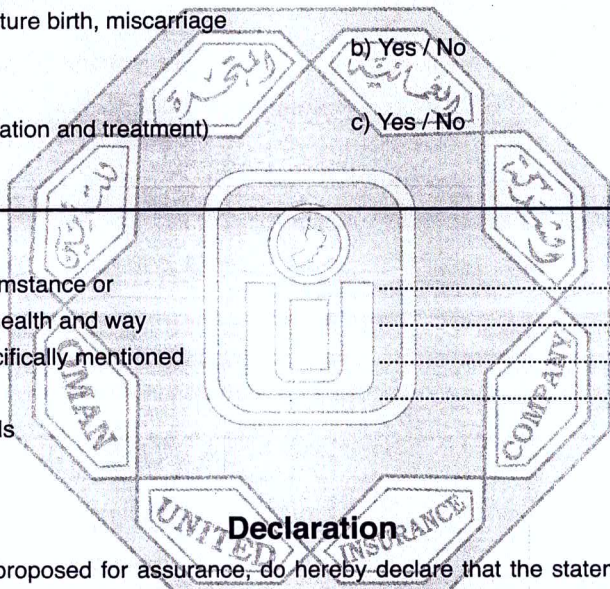
15. Have you ever taken drugs other than prescribed by a medical doctor ? If yes, please state full details

16. For Female lives only :

- a) Have you suffered from any diseases of the breast or reproductive organs ? a) Yes / No
b) Have you had any premature birth, miscarriage or still birth ? b) Yes / No
c) Are you now pregnant ? (If so, in which dates, duration and treatment) to the above question c) Yes / No

17. General

Is there any other fact, circumstance or information regarding your health and way of living, which was not specifically mentioned above ? If yes, please state full details



Declaration

I, the undersigned, whose life is proposed for assurance, do hereby declare that the statements in this Proposal are true and complete and I hereby give my consent to the company to seek information from any doctor who has ever attended me and from any life assurance office to which a proposal on my life has at any time been made, and the giving of such information is hereby authorized. I further agree that this proposal and Declaration statements made above or to the Medical Examiner acting for the company and myself, that if anything contrary to the truth be stated or if any information which ought to be made known to the company with reference to the proposed assurance be withheld or concealed, any policy which may be granted in pursuance of this proposal shall be null and void.

Dated this ... day of ... 20 ... at ...

Signature of Witness

Signature of Life to be Assured

Signature of Purposer

- Notes : (1) The company is bound only by documents bearing the signature of an official of the Company authorized to sign on its behalf.
(2) The Company is not on risk until acceptance of the proposal has been communicated in writing and the first premium has been received at the Company's Head Office.