



भारतीय जीवन बीमा निगम
Life Insurance Corporation of India

(Established by the Life Insurance Corporation Act 1956)

PERSONAL STATEMENT REGARDING HEALTH

For a policy on another life except for C.D.A. Plan with deferment period of 10 years or more on the date of proposal or revival of a policy. Do not use this form if the policy has vested in the life assured or has been assigned to the life assured.

Mumbai Divl. Office

Branch Office

Prop./Policy No.

Agent's Name and Code No. _____

Following questions to be answered by the Proposer

1. Name in full of the Proposer _____

(IN BLOCK LETTERS)

Full Address _____

2. Name in full of the Life to be Assured/Life Assured _____

(IN BLOCK LETTERS)

Occupation _____ Name of Employer _____ Length of Service _____

3. Is this application for :-
Number

If the answer is Yes, please give the Proposal or the Policy

(a) Issue of a new Policy ?

(a)

Proposal No.

(b) Revival of a lapsed Policy?

(b)

Policy No.

Following questions to be answered by the Life to be Assured/Life Assured

4	Since the date of the abovementioned proposal/since the date of the proposal for the above mentioned policy	Answer `Yes' or `No'	If `Yes' give details of ailment, date & duration, doctor consulted.
(a)	Have you suffered from any illness / disease requiring treatment for a week or more ?	(a)	
(b)	Did you have any operation, accident or injury ?	(b)	
(c)	Did you undergo ECG, X-Ray, Screening, Blood, or Stool Urine examination ?	(c)	

5.

(a) Has a proposal or an application for revival of a policy on your life made to this or any other Office of the Corporation or any insurer ever been.

(a) Withdrawn or Dropped? _____

(b) deferred or declined ? _____

(c) accepted with an extra premium or lien ? _____

(d) accepted on terms other wise than proposed ? _____

If so, give details _____

If answer is yes give the following details

(b) Is any proposal or an application for revival of a lapsed policy on your life, under consideration of this or any other office of the Corporation ?

(1) Proposal No. _ _

(2) Policy No. _____

N.B. : Question No. 6 & 7 to be replied in case of Revivals under Non-medical scheme

6. (I) State your height (without shoes) _____ cms.

(ii) Your weight (with thin clothes) _____ kgs.

7. State below details of all your Policies issued &/or revived under any of the non-medical scheme of the Corporation

Name of Divl Office/Unit Branch Office Servicing the Policy	Policy Number	Sum Assured	Status of the Policy

8. Are you at present in sound state of health ?

9. Are you a student ? If so, give particulars such as name of the institution and course.

10. For Females only

(a) Since the date of your abovementioned proposal or policy. _____

(i) Have you been menstruating regularly ? _____

(ii) Have you had any miscarriages? _____

(iii) Are you pregnant now : _____

(b) State the date of the last menstruation _____

(c) State the date of last delivery ? _____

DECLARATION BY THE LIFE TO BE ASSURED/LIFE ASSURED

I _____ do hereby declare that the statements and answers Under headings 4 to 10 have given by me after fully understanding the questions and the same ar true and complete in every particular and that I have not withheld any information.

Dated at _____ on the _____ day of _____ 199

Signature of witness _____

Name _____

(Signature or thumb impression of the Life to be Assured/Life Assured)

Occupation & Address

I do hereby declare that the foregoing statements and answers are true and complete in every particular.

Signature of Witness _____

Name _____

Occupation & Address

Signature of the proposer
(If the Life to be Assured/Life Assured is under 18 years)

DECLARATION BY THE PROPOSER

I, _____ (name of Proposer) do hereby declare that the statements and answers under headings 1 to 3 are true and complete in every particular and I do hereby agree and declare that the statements and this declaration together with statements and answers under heading 4 to 10 made by the "Life Assured/Life to be Assured and relative declaration thereto shall be the basis of contract of "assurance/revival of the policy between me and the Life Insurance Corporation of India, and that if any untrue averment be contained therein the said contract shall be null and void and all moneys which shall have been paid in respect thereof shall stand forfeited to the Corporation.

?? (Delete words not applicable)

** And I further declare that if between the date of this declaration and date of revival of the policy (i) any change in the occupation of the life assured or any adverse circumstances connected with the financial position or general health of life assured or that of any member of his family occurs or (ii) a proposal for assurance or an application for revival of a policy on the Life of the life assured made to any office of the Corporation has been withdrawn or dropped, deferred, or declined or accepted, with an increased premium or subject to a lien or on terms other than as proposed, I shall forthwith intimate the same to the Corporation in writing to reconsider the terms of acceptance. Any omission on my part to do so shall render this Assurance invalid and all moneys which shall have been paid in respect thereof shall stand forfeited to the Corporation.

** (Not applicable in the case of an application for issue of a new Policy)

Date _____ on the _____ day of _____ 2000

Signature of Witness _____

Name _____

Occupation & Address

Signature or thumb impression of the proposer

N.B. : If in this form the answer to the questions and/or signature(s) of the Proposer/Life Assured/Life to be Assured are/is in vernacular then the Proposer/Life to be Assured should declare in their/his/her own handwriting above his/her own signature that all questions were explained to him/her and that his/her replies were given after fully understanding the same.

In case the Proposer/Life Assured/Life to be Assured is illiterate :

(1) This declaration should be made by the person filling In the form

I hereby declare that I have fully explained the above questions to the Proposer/Life Assured/Life to be Assured and I have truthfully recorded the answers given by the Proposer/Life to be Assured.

Address of the Declarant _____

Signature

(2) Thumb impression of the Proposer/Life Assured shall be attested by a person of standing whose identity can be established but unconnected with the Corporation and this declaration should be made by him.

Name _____

I hereby declare that I have explained the contents of this form to the Proposer/life Assured/Life to be Assured is _____

_____ (language) and that I have read out to the Proposer/Life Assured/Life to be Assured the answers to the questions dictated by the Proposer/Life Assured/Life to be Assured and that the Proposer/Life Assured/Life to be Assured has affixed his/her thumb impression to this form after fully understanding the contents thereof

Address of the declarant _____

Signature

Note: In case of dispute in respect of interpretation of terms of English version shall stand valid.