



DECLARATION OF GOOD HEALTH

Policy No.

Name of the Life Assured:

Occupation:

Date of birth

AGE:

Male/Female

(If the answer to any of the questions is YES, please give details in the space alongside)

1) Since the date of issuance of policy:

a) Have you suffered from any illness/ disease requiring treatment for a week or more? Yes/No

b) Did you ever have any operation, accident or injury? Yes / No

c) Did you undergo ECG, X-ray, screening, blood, urine or stool examination? Yes/No

If yes, please submit reports with tracings, if any.

2) Has any proposal for insurance / application for revival of a policy on your life been declined / postponed / withdrawn or accepted with extra premium or any restrictive clause or on terms other than proposal? Yes/No

3) Has there been a substantial weight loss / gain during the last three years. If yes, give New Weight _____ and reason for variation. Yes/No

4) Are you at present in sound health? Yes/No

5) Since issuance of your policy have you taken up an occupation involving special hazard. If Yes give details. Yes/No

6) Current county of residence.

7) For Females only : Since the date of your applying for Life insurance with us :

a) Have you had any miscarriages? Yes/No

b) Are you pregnant now? Yes/No

Large empty rectangular box for providing details to 'Yes' answers.

I declare that the above answers are to the best of my knowledge, true and that I have not withheld any information that may influence the revival of my policy. I agree that the above information will constitute part of my contract for life assurance.

Signature of Witness:-

Signature of the Life Assured :

Name:

Occupation & Address:

Signature of the policy Holder

(In case of Minor Life Assured)

Place :

Date :

- Declaration when the signature of the Policyholder is in a vernacular language / LTI.

I hereby declare that I have explained the contents of this form to the policy holder in _____ Language, that I have truly and correctly recorded the answers given by the Policy holder and that the Policy Holder has affixed his/her Signature / Thumb impression on the form in my presence, after fully understanding the contents thereof.

Signature of the person making the declaration

Name & Address : _____

Application for Revival of Policy No.

Please Find enclosed Cheque/DD for Rs..... /- bearing No.....drawn onBank.

I request you to revive the policy.

Date.....

Signature.....