

## Questionnaire for Addition of Accidental Benefit / Total Permanent Disability Rider

Policy No:

Name of the Life Assured:

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

- 1] Since the date of issuance of policy:
- a) Have you undergone or recommended to undergo hospitalization operation or any investigation?  Yes  No
- b) Are you suffering from or have you have ever suffered from any ailment resulting from an accident?  Yes  No
- c) Do you have any physical / mental defect or deformity?  Yes  No
- 2] Do you take part in any adventurous hobbies/activities that could be dangerous in any way such as aviation (other than as a fare paying passenger), mountaineering, diving, any form of race etc?  Yes  No
- 3] a) Your current occupation
- b) Nature of duties -

I hereby declare that the answers given above are to the best of my knowledge, true and that I have not withheld any material information that may influence the acceptance of addition of accident benefit / total permanent disability rider.

I agree that the above information will constitute part of my contract for life assurance.

\_\_\_\_\_  
Signature of the Life Assured

Place:

Date: