

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:

SBI Life Insurance Company Limited: Registered and Corporate Office: Natraj, M.V. Road & Western Express Highway Junction, Andheri (East), Mumbai - 400 069. Tel.: (022) 61910000. **Central Processing Center:** 7th Level (D-Wing) & 8th Level, Seawoods Grand Central, Tower 2, Plot No. R-1, Sector-40, Seawoods, Nerul Node, Navi Mumbai - 400 706. Tel.: (022) 66456000. **IRDAI Registration No. 111** | CIN: L99999MH2000PLC129113. | Toll Free No. 1800 267 9090 ((customer service timing: 24x7)) | Visit: www.sbilife.co.in | E-mail: info@sbilife.co.in