



भारतीय जीवन बीमा निगम
Life Insurance Corporation of India

(Established by the Life Insurance Corporation Act, 1956)

PERSONAL STATEMENT REGARDING HEALTH
(For a New Policy on Own Life)

Divisonal Office : Branch Office : PROPOSAL NO.

Agent's Name & Code No.

1. Full Name of the life proposed :
(BLOCK LETTERS)

Full Address :

.....

Occupation :

.....

	Answer 'Yes' or 'No'	If "Yes" give details of ailment date & duration, doctor consulted
2. Since the date of your above-mention proposal		
a) Have you suffered from any illness/disease requiring treatment for a week or more?	a)	
b) Did you ever have any operation, accident Or injury?	b)	
c) Did you undergo electrocardiogram, X-ray, screening, blood, urine or stool examination?	c)	

3

a) Has a proposal or an application for revival of a policy on your life made to this or any other office of corporation or any Insurer ever been :

- (I) Withdrawn or dropped ?.....
- (II) Accepted with an extra premium or lien ?.....
- (IID) Deffered or declined ?
- (IV) Accepted on terms otherwise then those proposed ?
If so give details

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

(I) Division (I) Proposal No.....
(ii) Division(iii) Policy No.

4. Are you at present in sound health?

5. For Females only :-

- a) Since the date of your above-mentioned proposal
 - i) Have you been menstruating regularly ?
 - ii) Have you had any miscarriages?.....
 - iii) Are you pregnant now?.....
- (b) State the date of last menstruation
- (c) State the date of last delivery

DECLARATION

I do hereby declare that the foregoing statements and answers are true in every particular, and agree and declare that these statements and this declaration along with my proposal for insurance shall be the contract of assurance between me and the Life Insurance Corporation of India and that if any untrue averment be contained therein, the said contract shall absolutely be null and void and all moneys which shall have been paid in respect thereof shall stand forfeited to the Corporation.

Dated at on theday of.....200...

Signature of Witness

Name :

Occupation & Address :

.....
.....

Signature or thumb impression of the Ptoposer

1. If in this form the answers to the questions and/or signature of the proposer sre given in vernacular, then the proposer should declare in his own handwriting above his signature that all questions were explained to him and that his replies were given after fully properly understanding the same. In such event , the following declaration should be made by the person filling in the form :

Name in full

Occupation

Address

.....

.....

I hereby declare that I have fully explained the above questions to the proposer and have truthfully recorded the answers given by the proposer.

.....

.....

Signature

2. In case the proposer is illiterate :

The thumb impression of the proposer should be attested by a person of standing whose identity can easily be established but unconnected with the Corporation and this declaration should be made by him :

Name in Full

Occupation

Address

.....

.....

I hereby declare that I have explained the contents of this form to the proposer in (language in which explained) and that I have read out the answers to the proposer to the questions dictated by the proposer and that the proposer and that the proposer has affixed his thumb impression to this form after fully understanding the contents thereof.

.....

Signature