

Declaration Of Good Health For revival of lapsed policies

Branch		Date	D	D	M	M	Y	Y	Y	Y				
Policy Number														
Full name of the Life Assured <small>(IN BLOCK LETTERS)</small>														
Full name of Policy holder <small>(IN BLOCK LETTERS)</small>														
Telephone No.		E-Mail:												
Address														
										Pin Code				

Answers To The Questions Should Be Based On Happenings Subsequent To Issue Of Above Mentioned Policy

(1)	a) Are you currently taking or have you previously taken any medication or treatment for a continues period of a week or more? b) Have you ever consulted any doctor for a surgical operation or have you ever been hospitalized or advised to undergo any medical investigation or treatment for any medical condition? c) Did you ever have any operation accident or injury? d) Have you had an electrocardiogram, CTMT, X-ray or screening, blood urine or stool examination or any other pathological test?	LA Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	PH Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
(2)	Has a proposal or an application for revival of policy on your life made to this or any office of the company or any other insurer ever been declined / postponed / withdrawn / accepted with extra premium /revised terms	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
(3)	Have you ever used tobacco in any form?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
(4)	Have you ever consumed alcohol in any form? If yes, give details. _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
(5)	Have you involved in any adventures avocation like flying, non commercial aeroplane, automobile racing, horse riding, boat race, scuba diving? If any of the questions is answered above as if yes then give details of ailment with date , duration and doctors consulted.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If yes Detailed Description (LA)	If yes Detailed Description (PH)

(6)	State your height				Cms	Your Weight					Kgs.								
(7)	Are you at present in good health?									Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>								
(8)	For Females Only																		
	(i) Have you been menstruating regularly?									Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>								
	(ii) Have you had any miscarriages?									Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>								
	(iii) Are you pregnant now?									Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>								
	(iv) Date of last Delivery.									<table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">D</td> <td style="width: 10%; text-align: center;">D</td> <td style="width: 10%; text-align: center;">M</td> <td style="width: 10%; text-align: center;">M</td> <td style="width: 10%; text-align: center;">Y</td> <td style="width: 10%; text-align: center;">Y</td> <td style="width: 10%; text-align: center;">Y</td> <td style="width: 10%; text-align: center;">Y</td> </tr> </table>		D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y												
(9)	State your annual income (Rs)																		
(10)	a) State your Occupation																		
	b) State your nature of duties																		
(11)	State below details of all your policies (if any) to be revived along with this policy.																		

Policy No	Sum Assured	Year of Issue	Status

Declaration

I hereby declare that the foregoing statements and answers have been answered by me after fully understanding the questions and the same are true and complete in every aspect and that I have not withheld or misrepresented any information and I hereby agree and declare that this declaration along with the statement made shall be the basis of the contract of assurance between me and Bajaj Allianz Life Insurance Company and any concealment/ misrepresentation/ fraudulent misrepresentation/ averment/ assertion shall render the contract of insurance null and void in entirety. No partial enforcement of any claim shall be sought howsoever minor the concealment/ misrepresentation/ fraudulent misrepresentation/ averment/ assertion is with regards to any part of the contract. All money, which shall have been paid in respect thereof, shall stand forfeited to the Bajaj Allianz Life Insurance Company, notwithstanding the provision of any law usage, custom or convention for the time being enforced prohibiting any doctor, hospital and/or employer from divulging any knowledge or information concerning my health or employment on the grounds of secrecy, I my/ heirs, executors, administrators and assignees or any other person or persons, having interest of any kind whatsoever in the policy contract issued to me, hereby agree that such authority having such knowledge or

information, shall at any time be at liberty to divulge any such knowledge or information to the Bajaj Allianz Life Insurance Company.

Signature / Thumb impression of Proposed Insured

Signature of Proposer

Signature of Witness

Place _____

Name of Witness _____

Date _____

Address _____

Contact No. _____

If the answers and/or signature herein above are/is in vernacular then he/she should declare below in own handwriting that the replies were given after fully and properly understanding the questions.

Signature of proposed insured

Signature of proposer

Vernacular Declaration

Declaration by the person filling in the form (If other than the policy holder):

Declarant's Name _____

Address _____

City _____ State _____ Pin Code _____

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

Signature of person filling up the revival form

Name _____

Address _____

City _____ State _____ Pin Code _____

For office use only

Policy Number DOC SA Mode

Premium FUP No of Dues Date of Revival

Premiums to be paid from To Total Premium Interest

Total Amount to be Paid Decision _____

Name _____

Designation _____

Signature