

Disability Supplementary Statement

INSTRUCTIONS FOR FILLING UP THE FORM:-

1. This form is to be filled by the **Proposer** himself/herself in BLOCK LETTERS in blue ink.
2. Please tick a box thus where appropriate.
3. Please strike out parts, which are not applicable and write 'N.A.'. Strokes of the pen, dots and dashes will not be accepted as replies.
4. Form filling person must affix his/her full signature for any cancellation/correction/alteration.
5. Form filling person must affix his/her full signature on each page / side of the form.

(This statement should be completed by the person to be assured.)

Application Number:

Date:

Proposal Number:

Life Assured's Name:

Proposer

Date of Birth : _____

Please answer each question and where appropriate provide particulars.

1. a) Have you ever suffered from any deformity or do you currently suffering from any deformity? :- Yes / No

b) Is it :

i) A congenital defect?

ii) Due to an accident or an injury?

iii) Due to any underlying disease you suffer from?

Such as poliomyelitis, cerebral Palsy, etc.

c) If 'Yes', please provide details :- _____

2. What are the parts of the body that have been affected due to disability? :- _____

3.a) Are there any restrictions in movements and function of the limb(s) or affected parts? :- Yes / No

b) Has the deformity affected your activities of daily living? :- Yes / No

c) Did your movements or walk requires any support /aid ? :- Yes / No

d) If 'Yes', please provide details. :- _____

4. What kind of treatment have you received or are you currently receiving? :- _____

5. a) Have you undergone any investigations? :- Yes / No

b) If 'Yes', please provide details. :- _____

6. a) Have you now fully recovered? :- Yes / No

b) If 'No', please provide details. :- _____

7. a) Have you ever been operated or Is a surgical procedure contemplated? :- Yes / No

b) If 'Yes', please provide details. :- _____

8. Have you ever had or do you currently have any difficulty controlling your bowel and/or bladder movements? :- Yes / No

9. a) Do you suffer from any other diseases or complaints? :- Yes / No
b) If 'Yes', please provide details. :- _____

10. a) Have you ever received or do you now receive any kind of disability compensation? :- Yes / No
b) If 'Yes', provide details including reason for compensation:- _____

I hereby declare that the above answers and statement are true and complete and agree that this questionnaire together with the proposal dated _____ shall form part of the contract between me and the company.

Place : _____

Date : _____

Signature of Life Assured

Please enclose self attested copy of all past & present medical records including Investigation reports.