

Tunneling Supplementary Statement

INSTRUCTIONS FOR FILLING UP THE FORM:-

1. This form is to be filled by the **Proposer** himself/herself in BLOCK LETTERS in black or 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.

Application Number:

Date:

Proposal Number:

Life Assured's Name:

Proposer

Date of Birth : _____

Please answer each question and where appropriate provide particulars.

1. How many years have you been tunneling? :- _____

2. Name of the employer, designation and location of work :- _____

3. a) Have you ever been medically examined specifically for the purpose of establishing tunneling fitness? :- Yes / No

b) If 'Yes', please indicate when and by whom :- _____

4. Under what atmospheric pressure do you work or are you likely to work? :- _____

5. a) Are decompression facilities always readily available? :- Yes / No

b) How many decompressions do you generally have each year? :- _____

6. a) Do you suffer from osteonecrosis or any other bone abnormalities? :- Yes / No

b) If 'Yes', please specify :- _____

7. Please give details of any other occupational illness or injury:- _____
you have sustained _____

8. a) Do you use explosives? :- Yes / No

b) If 'Yes', please specify :- _____

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