

## **Declaration Of Good Health**

For revival of lapsed policies

Branch																									D	ate	D	D	M	M	Υ	Υ	Υ	ľ
Policy Number Full name of the	Life Assured									 	<u> </u>							1	1	I	1	ı	ı	ı		I	ĺ	ĺ	ı	1	1 1	1	i	1
(IN BLOCK LETTERS)			Ì	<u> </u>	l l					<u> </u> 	<u> </u>	<u> </u>		l l	<u> </u> 	<u> </u>		   	<u> </u>		<u> </u> 			<u> </u>	1		_	1	긤					
Full name of Policy holder (IN BLOCK LETTERS) Telephone No.																	E-	 Mail	<u> </u>															
Address																																		
																										F	in C	ode				$\perp$		
Answers To Th	e Questions S	houl	d Be	Bas	ed C	n H	appe	ning	js Sι	ıbse	que	nt To	o Iss	ue C	of Ab	ove	Mei	ntio	ned	Poli	су													
(1)	a) Are you currently taking or have you previously taken any medic								licat										LA						PH									
(-)	period of a week or more?										Ye	s [		No [		Yes		No																
	<ul> <li>b) Have you ever consulted any doctor for a surgical operation or have you ever been hospitalized or ad to undergo any medical investigation or treatment for any medical condition?</li> <li>c) Did you ever have any operation accident or injury?</li> </ul>						hospitalized or advised							Υe	s [	7	No [	7	Yes	П	No	П												
										Υe	s [		No [		Yes		No																	
	d) Have you had an electrocardiogram, CTMT, X-ray or screening, blood urine or stool examination or any other pathological test?							/		Υe	s [	7	No [		Yes	П	No	П																
	other patrion	Jyica	11 163	· C:																							_	_						
(2)	Has a propos									-	-							-					-		-	Ve	s [	7	No [	7	Yes		No	
any other insurer ever been declined / postponed / withdrawn / accepted with extra premium /revised term								11113	•		.5 _	_	.,,		103		110	ш																
3)	Have you eve	ave you ever used tobacco in any form?  Yes No Yes No Yes No																																
4)	Have you eve	er coi	nsun	ned	alcol	hol ir	n any	forr	n?																									
	If yes, give de	etails																						_		Ye	es [		No [		Yes		No	
5)	Have you inv horse riding,			-				ocat	ion l	like f	flying	g, no	n cc	mm	erci	al ae	ropl	ane,	aut	omo	bile	e rac	ing,			Υє	s [		No [		Yes		No	
	If any of the doctors cons	-		is a	nswe	ered	abov	e as	if ye	es th	en g	ive o	letai	ils of	ailm	nent	with	n dat	e , d	ura	tion	and												
	If yes Detailed Description (LA)									If yes Detailed Description(PH)																								
(6)	State your he	ight				Cr	ns			Yo	ur W	/eigl	nt [			Kgs.																		
(7)	Are you at pre	esen	t in g	ood	hea	lth?																				Ye	s [		No [		Yes		No	
(8)	For Females	-																										_				_		
		(i) (ii)					u be u ha						ularl	y?													es [		No [ No [		Yes Yes	_	No No	_
		(iii)				-	preg		-		nag	cs:															s s	_	No [		Yes	_	No	
		(iv)			Dat	te of	last [ <u>L</u> A		ery.													PH					D	D	M	M	Υ	Υ	γ	Y
(9)	State your an	nual	inco	me	(Rs)			\														<u> </u>												
(10)	a) State your	Оссі	ıpati	on																_														
	b) State your	natu	re of	fdut	ies		Γ																											_
(11)	State below d	letail	s of a	all yo	our p	oolici	es (il	any	) to	be r	evive	ed al	ong	with	n this	s pol	icy.			_														
Policy No				T				Sum	Ass	ure	d				Year of Issue									Status							_			

## **Declaration**

Ihereby 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 Prop	osed Insured Sign	ature of Proposer	Signature of Witness
Place	Name of Witness		
Date	Address		
Contact No.			
If the answers and/or signature herein understanding the questions.	above are/is in vernacular then he/she s	hould declare below in own handwritir	ng that the replies were given after fully and properly
	Signatur	e of proposed insured	Signature of proposer
	Verna	acular Declaration	
Declaration by the person filling in the	form (If other than the policy holder):		
Declarant's Name			
Address			
City	State	Pii	nCode
I hereby declare that I have fully explaine	ed the above questions to the Policyholde	er and I have truthfully recorded the ansv	vers given by the Policyholder.
Signature of person filling up the re	vival form		
Name_			
City	State	Piı	nCode
	For	office use only	
Policy Number Premium Premiums to be paid from Total Amount to be Paid	FUP         DOC           Y         Y           To         D           Decision	SA No of Dues State Stat	Date of Revival D D M M Y Y Y Y D Interest
Name			1
Designation			