



Bharti AXA Life Insurance Company Limited

Registered Office: Unit No. 1904, 19th Floor, Parinee Crescenzo, 'G' Block, Bandra Kurla Complex, BKC Road, Behind MCA Ground, Bandra East, Mumbai -400051, Maharashtra

www.bharti-axalife.com Call centre: 1800- 103- 4444 Registration Number: 130

Service address: Bharti AXA Life Insurance Company Ltd., Spectrum Tower, 3rd Floor, Malad Link Road, Malad (West), Mumbai - 400064.

ARMED SERVICES QUESTIONNAIRE

Details of the Life to be Insured

Name: _____

Address: _____

Proposal No.: _____

I hereby agree that the statements below shall form part of my proposal for insurance and I declare that such statements together with the said proposal and declaration shall be the basis of the contract between Bharti AXA Life Insurance Company Limited and myself.

1	Branch of Service: Army Navy Air Force Coast Guard	
2	Exact Rank and Designation	
3	Current Posting (exact area). Details of any future postings, if known to you.	
4	Are you currently posted in a war zone or area of unrest or does your job entail enforcing curfews (e.g. Jammu Kashmir, border regions). If "Yes" please provide details and length of service in the area.	
5	Kindly describe the exact nature of your duties. Are you working in a Combatant or non-Combatant capacity? (Please give full details)	
6	What is the state of your health as per your last Army medical check up? Kindly attach the Health check up report along with test results if available.	
7	Does your job involve any unusual hazardous activities such as: Aviation* Divers ** Bomb Disposal Paratrooper Mine Clearing Submarines Special Service Groups (Please Provide full details)	
8	* In case of Aviation, please advise: i) number of hours spent in aviation as part of your duties. ii) Type of aircraft flown – rotary or fixed wing/Jets/other (please give details)	
9	** In case of Divers, how many hours do you spend underwater? Please describe the exact nature of your duties	
10	Any other relevant information which may assist us in processing your proposal for insurance	

I declare that the above answers are correct to the best of my knowledge and belief.

Signature/Thumb Impression of Life to be Insured _____

Date _____

Place _____