



**Bharti AXA Life Insurance Company Limited**

Registered Office: Unit No. 1904, 19<sup>th</sup> Floor, Parinee Crescenzo, 'G' Block, Bandra Kurla Complex, BKC Road, Behind MCA Ground, Bandra East, Mumbai -400051, Maharashtra  
[www.bharti-axalife.com](http://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.

**CHEST PAIN QUESTIONNAIRE**

**Please fill the questionnaire in BLOCK LETTERS**

**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	When did you suffer the first attack of chest pain (date or at what age)?	
2	(a) State exact site of the pain (middle of the chest, left hand side, right hand side) (b) State character and severity of the pain For example burning, cramping, constricting, stabbing, crushing, vice like, dull.	(a)  (b)
3	Did the pain radiate or spread outside the chest (e.g. to the arms, shoulders, jaw)?	
4	Did the pain occur suddenly or gradually? At rest or on exertion? Did it worsen with deep inspiration?	
5	How long did the chest pain last?	
6	When did you last have such symptoms or experience an attack?	
7	Were any investigations carried out (for example ECG, Echocardiogram) If so, please state a) Date when the investigation test was carried out. b) Name and address of Doctor c) the findings	
8	Were you on any treatment? If so, please provide details including the name of the medication.	
9	Have you ever been booked off from work due to chest pain? If so please provide details including dates and time spent off work	
	Is there any additional information you can provide, with regards the chest pain which will assist in processing your proposal?	

I authorise Bharti AXA Life Insurance Company Limited, if it so desires, to approach any doctor/general practitioner to confirm the details of my medical history.

Signature/Thumb Impression of Life to be Insured \_\_\_\_\_

Date \_\_\_\_\_

Place \_\_\_\_\_