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.

DEFORMITY 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	Underlying cause of the deformity: • From birth (congenital) • Accidental reasons • Due to disease or infection	
2	Type of Deformity.	
3	When was the condition first diagnosed?	
4	Is the deformity stable or progressive?	
5	What is the degree of disability?	
6	What part (s) of the body are affected by the deformity? (Please do provide detailed information) • Are you able to squat? • Are you able to run? • Do you have firm grip of hands?	
7	Please mention the parts of body affected by any thinning or wasting of muscles.	
8	Occupational details: • Nature of your job • Are you able to carry out your normal day to day activities	
9	Do you use any walking or ambulatory aid/(s) such as crutches, callipers or a wheelchair? If 'Yes' please give details.	
10	Please do provide treatment details including name and dosage of the medicine/s.	

I authorise Bharti AXA Life Insurance Company, 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 _____