



**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.

Please fill the questionnaire in BLOCK LETTERS

**DIGESTIVE DISORDER 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.

Life to be Insured should provide full and accurate details in connection with the following: stomach or duodenal ulcer, indigestion, dyspepsia, hiatus hernia, flatulence and heartburn or any upper abdominal discomfort (referred to as 'ailments' below).

1	Please provide the date and age at which you suffered the first attack of any of the above ailments?	
2	(a) State the exact site of pain (b) State character of the pain eg. burning, cramping, constricting. (c) Did the pain ever extend to the chest, throat or arms.	(a) (b) (c)
3	<b>Details of attacks:</b> a. How severe are the attacks? b. How frequent are the attacks (daily, weekly etc)? c. Have you ever vomited blood, had a black stool or passed blood from the bowel? d. Did the attacks ever produce any - (i) pain in the chest or arms? (ii) breathlessness? e. Are the attacks aggravated by exercise? f. Are the attacks related to meals? <b>If so, state</b> (i) how long after eating do they occur? (ii) whether they are relieved or aggravated following a meal?	
4	When did you last have symptoms or experience an attack?	
5	Has an X ray/Ultra Sonography of the stomach or other investigation ever been done? If so, please state a) When was it done b) Name and address of the Doctor c) What were the findings for example was an ulcer diagnosed	
6	Have you had a barium meal or any other investigation like endoscopy? If so, please provide the details including date and result of the investigation.	
7	Have you had an operation for this or is an operation being considered? If so, please provide the complete details including name and address of the doctor, and discharge summary (if any).	
8	Have you experienced any problems or complications following surgery? If so, please provide details.	
9	Please provide details of your treatment. Include name of medication, dosage and how often taken. Currently: In the past:	

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 \_\_\_\_\_