



jeevan suraksha ka
naya nazariya

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.

EPILEPSY 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	At what age did the attacks first commence?	
2	Have the attack ever been described as of a particular type? For example. Grandmal, Petitmal. If so, please provide complete details.	
3	State the frequency of the attacks: In the last 12 months Duration of each attack	
4	When did the last attack occur?	
5	Do the attacks happen at day or at night? Are you aware of any specific provoking cause for your attacks? If so, please provide complete details.	
6	Do you lose consciousness during the attacks?	
7	Do you ever bite your tongue during an attack?	
8	Are you taking drugs to prevent the attacks? If so, please provide the details.	Current Dosage Past Dosage
9	Have you ever in the past had a head injury? If so, please describe the severity	
10	Was an X ray or scan of your head ever been carried out? If so, please give details of the report / investigation and name and address of the consulting doctor.	
11	Have you lost significant time off work due to this condition? If so, please provide details including dates and time duration taken off work.	
12	Additional Information: • Name of the doctor in charge • Date of the last consultation	

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 _____