




<b>6. Female Specific health disorders</b> 	<b>Yes</b>	<b>No</b>	<b>Mention details, as applicable</b>
a) Have you had any disease of uterus, breast, cervix, ovaries or have undergone hysterectomy?	<input type="checkbox"/>	<input type="checkbox"/>	
b) Have you undergone PAP smear, mammogram or USG pelvis?	<input type="checkbox"/>	<input type="checkbox"/>	
c) Are you currently pregnant? If yes, how many weeks? _____	<input type="checkbox"/>	<input type="checkbox"/>	

**B. Family medical history:**

Has any death or illness occurred in your family (parents or siblings)? If yes, then mention the age at death and cause of death / nature of illness.	<input type="checkbox"/>	<input type="checkbox"/>	
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**C. Other personal details:**

	<b>Indicate by ticking in relevant box</b>	<b>Mention details, as applicable</b> *Please attach a separate sheet in case the space is inadequate	
	<b>Yes</b>	<b>No</b>	
1. Do you have any current active insurance cover or has any of your life insurance / health insurance / rider been accepted with extra premium, accepted on other special terms, postponed, declined or not taken up by you?	<input type="checkbox"/>	<input type="checkbox"/>	Reason: _____
2. Have you submitted any simultaneous applications for insurance to any of our offices or another insurance company which is still pending OR are you likely to revive any lapsed policies?	<input type="checkbox"/>	<input type="checkbox"/>	Proposal / Policy No.: _____ Sum assured: _____ Company Name: _____
3. Have you ever made any claims for hospitalisation or surgery or critical illness benefit under this policy or any other health insurance policy from any other company?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do you take part in any adventurous sports or hobbies? (like paragliding, mountaineering, deep sea diving, motor racing, bungee jumping, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Have you ever resided overseas for more than 6 months or do you intend to travel overseas in the next 6 months and reside for more than 2 months?	<input type="checkbox"/>	<input type="checkbox"/>	Past Travel: _____ Future Travel: _____

7. a. Height- Feet  inches  OR Centimeters  b. Weight -  (Kgs)

**8. Please give the habits details as follows :**

Substance consumed	Do you consume?	If yes, please provide details	Quantity
Alcohol *(1 unit = 330 ml of beer / 30 ml of spirits / 125 ml of wine)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Beer <input type="checkbox"/> Wine <input type="checkbox"/> Spirit <input type="checkbox"/> Others <input type="text"/>	<input type="text"/> Units* / Week
Tobacco *(1 unit equivalent to 1 cigar / 1 cigarette / 1 bidi. If chewing tobacco, please specify how many grams per day.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cigars <input type="checkbox"/> Cigarette <input type="checkbox"/> Bidi <input type="checkbox"/> Chewing Tobacco <input type="checkbox"/> Others <input type="text"/>	<input type="text"/> Units * /Day
Addictive or intoxicating drugs (example Ganja, Hashish, Heroin, Cocaine, Marijuana, Charas, etc.)			<input type="checkbox"/> Yes <input type="checkbox"/> No

**Declaration from the Life Assured:**

I hereby declare that all the information given by me/on my behalf is true and I have not withheld any material fact within my knowledge. I agree that the information provided in this declaration along with my proposal for insurance shall be the basis of contract of revival of the lapsed policy. I also agree and understand that the application for revival of the policy will be considered by the Company at its sole discretion. I declare that, I do not have any history of conviction under any criminal proceedings in India or abroad.

Date :  DD/MM/YYYY

Place : \_\_\_\_\_

SIGN HERE

Signature of the Life Assured  
(To be signed by the Policyholder if the Life Assured is a minor)

**Declaration from the Policyholder (If Policyholder is different from the Life Assured ):**

I hereby declare that all the information given by me/on my behalf is true and I have not withheld any material fact within my knowledge. I agree that the information provided in this declaration along with my proposal for insurance shall be the basis of contract of revival of the lapsed policy. I also agree and understand that the application for revival of the policy will be considered by the Company at its sole discretion. I declare that, the Life Assured does not have any history of conviction under any criminal proceedings in India or abroad.

Date :  DD/MM/YYYY

Place : \_\_\_\_\_

SIGN HERE

Signature of the Policyholder

**Declaration made by third party where the Policyholder has affixed his/ her thumb impression/ has signed in vernacular:**

The Policyholder has affixed his/her thumb impression/has signed in vernacular/has not filled the application. I hereby declare that the content of this application form has been explained to the Policyholder in \_\_\_\_\_ language and have truthfully recorded the answers provided to me. I further declare that the Policyholder has signed/affixed his/her thumb impression in my presence.

Name: \_\_\_\_\_ Date:  DD/MM/YYYY Place: \_\_\_\_\_

Address: \_\_\_\_\_

SIGN HERE