

| F.No. 680 Rev . 75 |
|-----------------------|
| Date of Receipt |
| Inward No |

(Established by the Life Insurance Act, 1956)

PERSONAL STATEMENT REGARDING HEALTH

(Revival of Lapsed Policies both Medical & Nonmedical basis)

| | Agent's Name | | | | |
|---|---|----------------------|--|--|--|
| Mumba | ai Divisional Office : Bra | nch Office I | Policy No | | |
| | name of the Life | | | | |
| | | | (IN BLOCK LETTERS) | | |
| Full Ad | dress | | | | |
| Occupation Name of EmployerLength of Service with him | | | | | |
| | e the date of your proposal for the above ned Policy :- | | | | |
| | ve you ever suffered from or are you fering from :- | Answer 'Yes' or 'No' | If 'Yes' give details of ailment date & duration doctors | | |
| (i) | Asthma, tuberculosis or any other disease of the lungs? | (a)(i) | consulted. | | |
| (ii) | High blood pressure or any disease of the heart? | (ii) | | | |
| (iii) | Peptic ulcer or any disease of the stomach, liver or splean. | (iii) | | | |
| (iv) | Any disease of kidney, prostate, or urinary system? | (iv) | | | |
| (v) | Diabetes, hernia, hydrocele, cancer or leprosy? | (v) | | | |
| (vi) | Paralysis or epilepsy or any disease of the nervous system? | (vi) | | | |
| (vii) | (a) Any other illness requiring treatment for more than a week? | (vii)(a) | | | |

| (b) Did you ever have any operation, accident | (b) | _ | | | |
|---|-----------------------|-------------------------|--|--|--|
| or injury? (c) Have you had a electocardiogram, X-Ray or Screening, blood urine or stool examination? | (c) | - | | | |
| (d) What deaths or illness have there been in your family (parents, husband, wife, brothers, sisters or children) Give age at | (d) | - | | | |
| death and cause of death. (e) Do you use or have you used alcoholic drinks, narcotics or any other drugs? If so, what & the quantity consumed per day. | (e) | - | | | |
| (f) Has a proposal or an application for revival of a policy on your life made to this or any other Office of the Corporation of any | (f) | _ | | | |
| Insurer ever been: (i) Withdrawn or dropped? | (i) | | | | |
| (ii) Accepted with an extra premium or lien? | (ii) | | | | |
| (iii) Deferred or declined? (iv) Accepted on terms otherwise than those | (iii) (iv) | | | | |
| proposed? | (, | | | | |
| (g) Have you ever required or at present availing / undergoing medical advice, treatment or test in connection with Hepatitis B or Aids related conditions? Yes/ No | | | | | |
| If so, give details | | | | | |
| 3. Is any proposal or an application for revival of | | nswer is 'Yes' give the | | | |
| a lapsed Policy on your life under consideration of this or any other office of the Corporation? | following details :- | | | | |
| · | (i) | Proposal No | | | |
| | (ii) | Policy No | | | |
| 4. Are you at present in sound health? | • | | | | |
| 5. Have you paid any deposit or arrears of premium | n? If so, give follow | ving details :- | | | |
| (i) Amount Rs. (ii) Date | | (iii) How paid | | | |
| N.B. :- For Revivals under non-medical scheme | (Question Nos. 6 | 5 & 7) | | | |
| C (I) Ctate years beight (with a stable as) | (ii)Va | (with this clother) | | | |
| 6. (I) State your height (without shoes)cms. | (ii) rour weight | (with thin clothes)kgs. | | | |
| 7. State below details of all your Policies issued and/or revived under any of the Non-medical scheme of the Corporation | | | | | |
| Name of the Divl. Office /Branch Policy No. | Sum Assured | Status of the Policy | | | |
| | | | | | |
| | | | | | |

| 8. F | For Females only:- | | | | | |
|--|--|---|--|--|--|--|
| (a) | Since the date of your proposal under | r above mentioned Policy. | | | | |
| (I) H | Have you been menstruating regularly? | ? (ii) Have you had any miscarriages? | | | | |
| (iii) | Have you suffered or are you suffering | from any disease of breast, ovaries or uterus | ? | | | |
| (b) | State the date of last menstruation | (c) State the date of last delivery | | | | |
| (c) | Are you pregnant now? | <u></u> | | | | |
| | | DECLARATION | | | | |
| are dec con and and | Ido hereby declare that the foregoing statements and answers are true and complete in every particular, and agree and declare that these statements and this declaration alongwith my Proposal for Insurance under the lapsed Policy shall be the basis of contract of revival of the lapsed Policy between me and the Life Insurance Corporation of India and that if any untrue averment be contained therin the said contract shall absolutely be null and void and all moneys which shall been paid in respect thereof shall stand forfeited to the Corporation. | | | | | |
| Pol pos for Cor incr intir Any | icy (I) any change in my occupation or sition or the general health, of myself or assurance or any application for revivar poration is pending or has been withdor reased premium or subject to a lien or commate the same to the Corporation in wromission on my part to do so shall rer | ate of this declaration and the date of revival of any adverse circumstances connected with mer that of any member of my family occurs (ii) and of a Policy on my life made to any Office of the rawn or dropped, deferred or declined or accepton terms other than as proposed, I shall forthwriting to reconsider the terms of Revival of the ender the Revival absolutely null and void and a reof shall stand forfeited to the Corporation. | y financial Proposal he oted at an vith Policy. | | | |
| Dat | ted atOn the _ | day of2 | 2000 | | | |
| Sig | nature of Witness | | | | | |
| Occ | cupation & Address | - | | | | |
| ?? | "If in this form the answer to the quest in vernacular then the Life Assured sh | Signature or Thumb Impression of the Life Assitions and/or signature of the Life Assured are glould declare in his own handwriting above his ained to him and that his replies were given afterner." | given own | | | |

| This declarations should be made by the Person filling in the form | |
|---|--|
| Address of the declarant | "I hereby declare that I have fully explained the above questions to the Life Assured and have truthfully recorded the answers given by the Life Assured." |
| In case the life Assured is Illiterate : | Signature |
| The thumb impression of the Life Assured should be attested by a person of standing whose identity can easily be established, but unconnected with the Corporation and this declaration should be made by him: | "I hereby declare that I have explained the contents of this form to the Life Assured in(language) and that I have read out to the Life Assured the answers to the questions dictated by the Life Assured and that the Life Assured has affixed his thumb impression to this form after fully understanding the contents thereof." |
| Address of the declarant | |
| | Signature |
| Note: In case of dispute in respect of interpretati | ion of terms the English version shall stand valid. |