



भारतीय जीवन बीमा निगम
Life Insurance Corporation of India

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 _____

Mumbai Divisional Office :- _____ Branch Office _____ Policy No _____

1. Full name of the Life Assured _____

(IN BLOCK LETTERS)

Full Address _____

Occupation _____ Name of Employer _____ Length of Service with him _____

2. Since the date of your proposal for the above mentioned Policy :-		
(a) Have you ever suffered from or are you suffering from :-	Answer 'Yes' or 'No'	If 'Yes' give details of ailment date & duration doctors consulted.
(i) Asthma, tuberculosis or any other disease of the lungs ?	(a)(i) _____	
(ii) High blood pressure or any disease of the heart?	(ii) _____	
(iii) Peptic ulcer or any disease of the stomach, liver or spleen.	(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) _____	

8. For Females only:-

(a) Since the date of your proposal under above mentioned Policy.

(i) 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? _____

DECLARATION

I _____ do 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 therein the said contract shall absolutely be null and void and all moneys which shall be paid in respect thereof shall stand forfeited to the Corporation.

And I further declare that if between the date of this declaration and the date of revival of the Policy (i) any change in my occupation or any adverse circumstances connected with my financial position or the general health, of myself or that of any member of my family occurs (ii) a Proposal for assurance or any application for revival of a Policy on my life made to any Office of the Corporation is pending or has been withdrawn or dropped, deferred or declined or accepted at an increased premium or subject to a lien or on terms other than as proposed, I shall forthwith intimate the same to the Corporation in writing to reconsider the terms of Revival of the Policy. Any omission on my part to do so shall render the Revival absolutely null and void and all moneys which shall have been paid in respect thereof shall stand forfeited to the Corporation.

Dated at _____ On the _____ day of _____ 2000

Signature of Witness _____

Occupation & Address _____

Signature or Thumb Impression of the Life Assured

?? "If in this form the answer to the questions and/or signature of the Life Assured are given in vernacular then the Life Assured should declare in his own handwriting above his own signature that all questions were explained to him and that his replies were given after fully and properly understanding the same."

1. 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 interpretation of terms the English version shall stand valid.
