

LIFE INSURANCE CORPORATION OF INDIA
Novel Corona Virus (Covid-19) Questionnaire (Revised version - 5)

(To be completed by life to be assured / Proposer in case of minor life)

Name of the life to be assured:

Proposal No:

I	Whether life to be assured is Resident Indian/NRI/FNIO/OCI/ temporarily residing in foreign country (Give name of the Country)	
II	Whether life to be assured has visited any foreign country (including Merchant Mariners), If yes, please state a. Name of the Country visited b. Duration of stay (Exact date from _____ to _____) c. Date of return to India d. Whether, screened at the airport / seaport. If yes , submit copy of the report	
III	Has life to be assured any plan to visit any foreign country till 01.01.2020. If yes , a. Name of the country/ Countries b. Date of journey(to and fro) c. Duration of stay (Exact date from _____ to _____)	
IV	Whether any of the family members / co-habitants of the life assured has visited any foreign country. If Yes, Please state a. Name of the Country visited b. Duration of his/her stay (Exact date from _____ to _____) c. Date of return to India d. Whether, screened at the airport / seaport. If yes , submit copy of the report e. Has he/ she been kept in quarantine /under observation / kept in home isolation/ Self Isolation in the last 30 days from the date of proposal. f. Has he/ she been tested for Covid-19. If yes, report of the same is to be submitted.	
V	Whether life to be assured has travelled from one state to another within India by road/ rail/ air after 01.05.2020. If yes a. Name of the states visited b. Date of travel c. Whether screened by Government authority d. Whether kept in or asked to be in quarantine / observation / home isolation till date If yes , please submit all papers related to journey, screening test , treatment papers, if any	
VI	Is life to be assured frontline worker such as Doctor , Nurse, Health worker, Pharmacist, Cleaning worker , Police Personnel etc. in the fight against Covid- 19 If yes , please reply: 1. Provide details of service 2. Exact daily work routine for last 30 days (Name of hospital, daily work responsibility and exact role 3. Whether life to be assured was in quarantine / isolation in view of exposure to Covid -19 ? 4. Was life to be assured ever tested for Covid-19, if yes submit copy of the report.	

VII	Is life to be assured, or has life to be assured been in close contact with anyone who has been quarantined or who has been diagnosed with Covid-19? If yes , please give details	
VIII	Has life to be assured ever served or is serving a notice of quarantine in any form imposed by the local health authorities or government or Airport authority for possible exposure to Covid-19 ? If Yes , please provide a. Reason b. Location c. Date d. Quarantine period	
IX	Has life to be assured ever been advised to be tested to rule in, or rule out, a diagnosis of Covid-19 OR is life to be assured awaiting the result of a test done for ascertaining Covid-19? If yes, Doctor's referrals along with all investigation reports are to be submitted.	
X	Has life to be assured ever been diagnosed with Covid-19 , If yes a. Date of diagnosis b. Name of hospital where life to be assured was admitted and treated for Covid-19. c. Date of discharge after fully cured Please submit discharge summary, all investigation reports including all Covid-19 reports	
XI	Has life to be assured experienced any of the symptoms (for more than 5 days) such as any fever, Cough, Shortness of breath, Malaise (flu-like tiredness), Rhinorrhea (mucus discharge from the nose), Sore throat, Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhoea, Chills, Repeated shaking with chills, Muscle pain, Headache, Loss of taste or smell within last 14 days If Yes , provide all investigation and treatment details	
XII	Any other Information related to above (additional information can be given on a separate sheet)	

Declaration

I confirm that the answers I have given are, to the best of my knowledge, true, and that I have not withheld any material information that may influence the assessment or acceptance of this proposal.

I agree that this form will constitute part of my proposal for insurance(s) and that failure to disclose any material fact known to me may invalidate my insurance(s).

Date :

Place:

Signature of life to be assured/ Proposer