

DECLARATION OF GOOD HEALTH

For revival of lapsed policies

Branch

Date

POLICY NUMBER

Full name of the Life Assured
(IN BLOCK LETTERS)

Telephone No:

E-Mail:

Occupation

Length of service

Name of the Employer

ANSWERS TO THE QUESTIONS SHOULD BE BASED ON HAPPENINGS SUBSEQUENT TO ISSUE OF ABOVE MENTIONED POLICY

- (1) a) Have you suffered from any illness/ disease requiring treatment for a week or more Yes ☐ No ☐
- b) Did you ever have any operation accident or injury? Yes ☐ No ☐
- c) Have you had an electrocardiogram, X-ray or screening, blood urine or stool examination? Yes ☐ No ☐
- (2) Has a proposal or an application for revival of policy on you life made to this or any office of the company or any other insurer ever been
- a) With drawn or dropped? Yes ☐ No ☐
- b) Accepted with an extra premium? Yes ☐ No ☐
- c) Deferred or declined? Yes ☐ No ☐
- d) Accepted on terms otherwise than those proposed? Yes ☐ No ☐

If any of the questions is answered above as "yes" then give details of ailment with date , duration and doctors consulted.

Questions answered "yes"	Detailed Description
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

(3) State your height Cms Your Weight Kgs.

(4) Are you at present in good health? Yes ☐ No ☐

(5) For Major / Married Females Only

(i) Have you been menstruating regularly? Yes ☐ No ☐

(ii) Have you had any miscarriages? Yes ☐ No ☐

(iii) Are you pregnant now? Yes ☐ No ☐

(iv) Date of last Delivery.

(6) State below details of all your policies (if any) to be revived along with this policy.

Policy No	Sum Assured	Year of Issue	Status
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



I hereby declare that the foregoing statements and answers have been answered by me after fully understanding the questions and the same are true and complete in every aspect and that I have not withheld or misrepresented any information and I hereby agree and declare that this declaration along with the statement made shall be the basis of the contract of assurance between me and Bajaj Allianz Life Insurance Company and any concealment/ misrepresentation/ fraudulent misrepresentation/ averment/ assertion shall render the contract of insurance null and void in entirety. No partial enforcement of any claim shall be sought howsoever minor the concealment/ misrepresentation/ fraudulent misrepresentation/ averment/ assertion is with regards to any part of the contract. All money, which shall have been paid in respect thereof, shall stand forfeited to the Bajaj Allianz Life Insurance Company, notwithstanding the provision of any law usage, custom or convention for the time being enforced prohibiting any doctor, hospital and/or employer from divulging any knowledge or information concerning my health or employment on the grounds of secrecy, I my/ heirs, executors, administrators and assignees or any other person or persons, having interest of any kind whatsoever in the policy contract issued to me, hereby agree that such authority having such knowledge or information, shall at any time be at liberty to divulge any such knowledge or information to the Bajaj Allianz Life Insurance Company.

Place: _____ Date: _____

Name _____

Address _____

VERNACULAR DECLARATION

Declarant's Name & Address _____

City _____ State _____ Pin Code _____

Name _____

Address _____

City _____ State _____ Pin Code _____

POLICY NUMBER

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MODE Premium FUP No of Dues

Date of Revival Premiums to be paid from to

Total Premium		Intrest		Total Amount to be Paid	
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Decision _____

Signature _____

Name and Designation _____