BAJAJ LIFE
LIFE GOALS. DONE.

Declaration Of Good Health

For revival of lapsed policies

Branch: _____ Date: _____

Policy Number: _____

Full name of the Life Assured (IN BLOCK LETTERS) : _____

Full name of Policy holder : (IN BLOCK LETTERS) _____

Telephone/ Mobile No. : _____ E-Mail: _____

Address: _____

_____

_____ Pin Code: _____

Answers To The Questions Should Be Based On Happenings Subsequent To Issue Of Above Mentioned Policy

		LA		PH	
(1)	a) Are you currently taking or have you previously taken any medication or treatment for a continues period of a week or more?	Yes ☐	No ☐	Yes ☐	No ☐
	b) Have you ever consulted any doctor for a surgical operation or have you ever been hospitalized or advised to undergo any medical investigation or treatment for any medical condition?	Yes ☐	No ☐	Yes ☐	No ☐
	c) Did you ever have any operation accident or injury?	Yes ☐	No ☐	Yes ☐	No ☐
	d) Have you had an electrocardiogram, CTMT, X-ray or screening, blood urine or stool examination or any other pathological test?	Yes ☐	No ☐	Yes ☐	No ☐
(2)	Has a proposal or an application for revival of policy on your life made to this or any office of the company or any other insurer ever been declined / postponed / withdrawn / accepted with extra premium /revised terms	Yes ☐	No ☐	Yes ☐	No ☐
(3)	Have you ever used tobacco in any form?	Yes ☐	No ☐	Yes ☐	No ☐
(4)	Have you ever consumed alcohol in any form? If yes, give details._____	Yes ☐	No ☐	Yes ☐	No ☐
(5)	Have you involved in any adventures avocation like flying, non commercial aeroplane, automobile racing, horse riding, boat race, scuba diving?	Yes ☐	No ☐	Yes ☐	No ☐

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

If yes Detailed Description (LA)	If yes Detailed Description (PH)

(6) a. State your height ☐☐☐ Cms Your Weight ☐☐ Kgs. (Life Assured)

(6) b. State your height ☐☐☐ Cms Your Weight ☐☐ Kgs. (PH)

			LA		PH	
(7)	Are you at present in good health?		Yes ☐	No ☐	Yes ☐	No ☐
(8)	For Females Only					
	(i)	Have you been menstruating regularly?	Yes ☐	No ☐	Yes ☐	No ☐
	(ii)	Have you had any miscarriages?	Yes ☐	No ☐	Yes ☐	No ☐
	(iii)	Are you pregnant now?	Yes ☐	No ☐	Yes ☐	No ☐
	(iv)	Date of last Delivery.			D D M M Y Y Y Y	

		LA	PH
(9)	State your annual income (Rs)		
(10)	a) State your Occupation		
	b) State your nature of duties		

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

Policy No	Sum Assured	Year of Issue	Status

Declaration

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 Life Insurance Limited 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 Life Insurance Limited, 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 Life Insurance Limited.

Signature / Thumb impression of Proposed Insured | Signature of Proposer | Signature of Witness

Place _____ Name of Witness _____

Date _____ Address _____

Contact No. _____

If the answers and/or signature herein above are/is in vernacular then he/she should declare below in own handwriting that the replies were given after fully and properly understanding the questions.

Signature of proposed insured | Signature of proposer

Vernacular Declaration

Declaration by the person filling in the form (If other than the policy holder):

Declarant's Name _____

Address _____

City _____ State _____ Pin Code _____

I hereby declare that I have fully explained the above questions to the Policyholder and I have truthfully recorded the answers given by the Policyholder.

Signature of person filling up the revival form

Name _____

Address _____

City _____ State _____ Pin Code _____

For office use only

Policy Number: _____ DOC: _____ SA: _____ Mode: _____

Premium: _____ FUP: _____ No of Dues: _____ Date of Revival: _____

Premiums to be paid from: _____ To: _____ Total Premium: _____ Interest: _____

Total Amount to be Paid _____ Decision _____

Name _____

Designation _____

Signature