



ಭಾರತೀಯ ಜೀವವಿಮಾ ನಿಗಮ
भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

(Established by the Life Insurance Corporation Act 1956)

Date of Receipt _____

ಬೆಂಗಳೂರು ವಿಭಾಗ - II / ಬೆಂಗಳೂರು ಮಂಡಲ-II / BANGALORE DIVISION-II

Inward No. _____

PERSONAL STATEMENT REGARDING HEALTH
(Revival of Lapsed Policies-both Medical & Non-Medical basis)

Agent's Name _____

Code No. _____

Branch Office : _____ Code No. _____ POLICY No. _____

1) Full Name of the Life Assured _____
(IN BLOCK LETTERS)

Full Address _____

Occupation / Nature of duties _____ Name of Employer _____ Length of Service with him _____

2) Since the date of your proposal for the above mentioned policy :	Answer 'Yes' or 'No'	If 'Yes', give details of ailment such as nature of illness, date of onset, duration of illness etc.
a) Have you ever suffered from illness / diseases requiring treatment for a week or more ?		
b) Did you ever have any operation, accident or injury ?		
c) Did you ever undergo ECG, X-Ray, Screening, Blood, Urine or Stool Examination ?		
d) Have you ever received or at present availing / undergoing medical advice, treatment or tests in connection with Hepatitis 'B' or AIDS related condition ?		

3) a) Has a proposal or an application for revival of a policy on your life made to this or any other of the Corporation or any insurer ever been :

(i) Withdrawn or dropped ? _____

(ii) Accepted with a extra premium or lien ? _____

(iii) Deferred or declined _____

(iv) Accepted on terms other than those proposed ? _____

If so, give details : _____

b) Is any Proposal or an application for revival of a lapsed policy on your life under consideration of this or any other office of the Corporation ?

(i) Proposal No. : _____

(ii) Policy No. : _____

4) Are you, at present, in Sound Health ?

N. B. : For Revivals under Non-Medical Scheme (Question Nos. 5 & 6)

5) (i) State your height (without shoes) _____ cms. Your weight (with thin clothes) _____ kgs.

6) State below details of your policies issued and /or revived under any of the Non-Medical Schemes of the Corporation or any other insurer.

Name of the Div. Office / Unit	Policy Number	Sum Assured	Status of the Policy

FOR FEMALE LIVES ONLY :

7) Since the date of your proposal under the above mentioned policy

- i) Have you been menstruating regularly ?
- ii) Have you had any miscarriage/s ?
- iii) Are you pregnant now ?
- iv) State the date of last menstruation :
- v) State the date of last delivery :

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 along with my Proposal for insurance under the lapsed policy shall be the basis of the 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 be absolutely null and void and all moneys which shall have been 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 changes in my occupation or any adverse circumstances connected with my financial position or general health of myself or that of any member of my family occurs or (ii) a Proposal of 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 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.....20.....

Signature of Witness
Occupation and Address

Signature or Thumb impression of the Life Assured

"If, in this form, the answers to the question 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 declaration should be made by the person filing in the form

1) I hereby declare that I have fully explained the questions to the Life Assured and have truthfully recorded the answers given by the Life Assured.

Address of the Declarant } _____

Signature

"IN CASE THE LIFE ASSURED IS ILLITERATE"

1) 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.

2) I hereby declare that I have explained the contents of the form to the Life assured in _____ (language) and that I have read out to the Assured the answer to the questions dictated by the Life Assured and that the Life Assured has affixed his/her thumb impression to this form after fully understanding the contents thereof.

Address of the Declarant } _____

Signature