



**PERSONAL STATEMENT REGARDING HEALTH
(ON MINOR LIFE)**

Policy No. _____

Center : _____ Agent's Name & Code No : _____

1. Full name of the Proposer (IN BLOCK LETTERS) : _____

Full Address _____

Occupation _____

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

3. Since the date of proposal for the above mentioned policy-	Answer Yes or No	If 'Yes', give details of ailment, date and duration, doctors Consulted.
(a) Has he/she suffered from any illness / disease requiring treatment for a week or more?	(a)	
(b) Did he/ she have any operation, accident or injury?	(b)	
(c) Did he/she undergo ECG, X-ray, Screening, Blood, Urine or Stool examination?	(c)	

4. (a) Has a proposal or an application for revival of a policy on his/ her life made to this or any other Office of the Company or any Insurer ever been:

(i) Withdrawn or dropped? _____

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

(iii) Deferred or declined? _____

(iv) Accepted on terms otherwise than proposed? _____

If so, give details _____

5. (b) Is any proposal or any application for revival of lapsed policy on his/ her life under consideration?

Yes / No

If answer is 'yes' give the following

(a) Proposal No. _____

(b) Policy No. _____

6. Is he / she now is sound health? Yes / No

7. Is he/ she a student? If so, in which Standard? _____

8. Is the vaccination successfully completed? : Yes / No

DECLARATION BY THE PROPOSER

I, _____ (name of Proposer) do hereby declare that the foregoing statement and answers are true in every particular, and agree and declare that those statements and this declaration alongwith my Proposal for Insurance shall be the basis of the contract of assurance / revival of the lapsed policy, between me and LIC (International) Bahrain, and that if any untrue averment be contained therein been paid in respect thereof, shall stand forfeited to the Corporation.

And I further declare that the date of this declaration and the date of revival of the policy (i) any change in the occupation of the life assured or any adverse circumstances connected with financial position or general health of the life assured or that of any member of his family occurs or (ii) a proposal for assurance or an application for revival of a policy on the life of the assured made to any office of the Corporation has been withdrawn or dropped, deferred or declined, or accepted with an increased premium or subject to a lien or on terms other than as proposed , I shall forthwith intimate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 consider the terms of acceptance. Any omission on my part to do so shall render this Assurance invalid and all moneys which shall have been paid in respect thereof shall stand forfeited to the Corporation.

Dated at _____ on the _____ date of _____ 20_____
(Place) (Date) (Month) (Year)

(Signature of Witness)
Name : _____
Occupation & address _____

Signature or Thumb impression of the proposer

Signature or Thumb impression of life assured

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

(1) This declaration should be made by the person filling in the form.

(1) I hereby declare that I have fully Explained the above questions to the Proposer and I have truthfully recorded The answers given by the Proposer.

Name & Address of the declarant _____

Signature

(2) The thumb impression of the Propser 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 this form to the Proposer in _____(language) and that I have read out to the proposer, the answer to the questions dictated by the Proposer and that the Proposer has affixed his thumb impression to this form after fully understanding the contents thereof."

Name _____
Address of the declarant _____

Signature