



شركة التامين على الحياة (العالمية) بي. إس. سي. (سي)

Life Insurance Corporation (International) B.S.C(c)

(A Subsidiary of LIC of India - C.R. No.21606)

PROPOSAL FOR LIFE INSURANCE

(All Answers to be filled in legibly in BLOCK CAPITALS. Alterations/Corrections to be initialed by the Proposer.)

For Office Use Only :

Date of Receipt of Proposal		Proposal No.	
Chief Agent		Agent Code No.	
DEPOSIT/COLLN NO	DATE OF DEPOSIT	AMOUNT	CURRENCY

1.	Full Name of Proposer (As to be printed on Policy Document)	Object of Insurance						
2.	Full Name of Life Assured (As to be printed on Policy Document)	Place of Birth						
3.	Address of Correspondence	Nationality						
Sex : Male / Female								
4.	Permanent Address in Home Country	Date of Birth						
Age								
Nature of Age Proof								
5.	Father's Full Name (As to be printed on Policy Document)	Passport / Iqama No.						
6.	E-Mail ID	Tel. No.:						
	Educational Qualification	Residence:						
	Occupation & Nature of Duty	Office :						
	Name and Address of Employer	Home Country :						
		Monthly Income :						
7.	Beneficiary/Nominee's Full Name (As to be printed on Policy Document) and Address	AGE	Relationship to Yourself					
8.		If Beneficiary/Nominee is Minor, Appointee's Full Name and Address	AGE	Relationship to Beneficiary/Nominee				
	Signature of Appointee as a token of consent							
9.	PLAN	TERM	P-P-T	MODE	Premium (Amt \$)	SUM PROPOSED (US&)	Do You Require Accident Benefit	Date of Commencement (If Dating Back Required)

Tick in the appropriate box like this



YES NO

(TICK APPLICABLE ITEMS)

2. Has any of your relations, living or dead suffered from any hereditary or infectious disease like diabetes, insanity, epilepsy, gout, asthma, tuberculosis, cancer, leprosy, etc.?
3. Have you any bodily defect or deformity? If so, give details
4. Have you ever suffered from or are you suffering from:
- (i) Persistent cough, asthma, bronchitis, pneumonia, pleurisy, spitting of blood, tuberculosis or any other diseases of lungs?
 - (ii) High or lower blood pressure, rheumatic fever, pain in chest, breathlessness, palpitation, infarction, or any diseases of heart or arteries.
 - (iii) Peptic ulcer, colitis, jaundice, anaemia, piles, dysentery or any disease of the stomach, liver, spleen, gall bladder, or pancreas?
 - (iv) Any disease of kidney, prostate, or urinary system?
 - (v) Paralysis, insanity, epilepsy, fits of any kind of nervous breakdown or any other disease of the brain or the nervous system?
 - (vi) Hernia, hydrocele, fistula, varicose veins, skin eruption, filariasis, goitre, gonorrhoea, syphilis or any other venereal disease?
 - (vii) Cancer, leprosy, rheumatism, gout, enlarged glands or tumors?
 - (viii) Any disease of ear, nose, throat or eyes including defective sight or hearing and discharge from the ears?
5. Have you been suspected of diabetes or are you suffering from diabetes or have you passed sugar, albumin, pus or blood in urine?
6. Have you consulted a medical practitioner, within the last five years for any ailments requiring treatment for more than a week?

7. Have you remained absent from places of your work on ground of health during the last 5 years?
8. Do you use or have you used narcotics or any other drugs? If so what?
9. Please state current consumption of
- (i) Cigarettes day/week
 - (ii) Tobacco day/week
 - (iii) Alcohol day/week
10. (i) Did you ever have any operation, accident or injury?
- (ii) Have you ever had an electro-cardiogram, X-Ray or screening, blood, urine or stool examination?
- (iii) Have you ever been in any hospital, asylum, or sanatorium for check-up, observation, treatment or any operation?
11. (i) Has your weight change Gain: in the past year? Loss:
- (ii) If any loss, state cause
How long weight remained stationary?
12. Marks of Identification:
13. Exact weight kg
- Height (without shoes) cm
- Chest on maximum inspiration cm
- Chest on maximum expiration cm
- Abdomen at Umbilicus cm
14. Are you now under observation or taking treatment or medication for any disease or disorder?
15. Have you ever been tested for, or received medical advice, counselling or treatment in connection with Human Immunodeficiency Virus (HIV)? (If YES, please give details)

16. Family History

	Age if living	State of Health / Cause of Death	Age at Death
Father			
Mother			

17. For Female proposer only

YES NO

- (a) Are you pregnant now? YES NO
- (b) State the date of last delivery
- (c) Did you have any complication related to pregnancy? YES NO
- (d) Have you any weakness or injury resulting from child - bearing or miscarriage? YES NO
- (e) Date of last menstruation
- (h) If you are married, give particulars of your husband:

Name Age Occupation

Insurance on his life:

Policy No.	Name of Insurance Company	Plan/Term/Mode	Sum Assured:	Present Status of Policy
.....
.....

If the Answer is "Yes" to any of the Questions, (a), (c) and (d), please give details. For (a) no. of months of pregnancy to be stated.

Question No. Details

DECLARATION BY THE PROPOSER

I declare that the foregoing statements and answers are true and complete in every respect and I do agree that these statements together with Personal Statements attached, and this declaration shall be the basis of the contract of assurance between me and the Life Insurance Corporation (International) E.C. (Paid up capital BD. 5,000,000). If any untrue averment be contained therein, the said contract shall be absolutely null and void and all monies paid in respect thereof, shall stand forfeited to the company.

I hereby authorise any physician, hospital, Insurance Company or any other Organisation, that has any records or knowledge of me or my health to give to Life Insurance Corporation (International) E.C. any and all such information. A photocopy of this authorisation shall be as valid as the original.

I further agree that the assurance proposed herein shall commence only on formal communication of assumption of risk by the Company on the basis of this Proposal & Personal Statement and such medical reports on my state of health as may be required by the company.

And I further agree that if after the submission of the proposal but before formal assumption of risk by the Company any change in my occupation of financial position or health, takes place, I shall forthwith intimate the same to the Company in writing. Any omission on my part to do so shall render this Assurance invalid and all moneys paid in respect thereof shall stand forfeited to the Company.

I hereby unconditionally agree that the policy to be issued, as and when this proposal is accepted by the Company, shall be written and produced in the English language only and that there will be no requirement by me for it to be produced in any other language.

I FURTHER DECLARE that I have personally read and answered each of the above questions and that all the statements and answers to the above questions are complete and true to the best of my knowledge and belief, and I agree that they shall form a part of any Policy contract that may be issued on the strength thereof.

Dated at : this day of 20.....

Signature of Witness (Agent)

Agent Code No.:

Signature of Proposer

If the answer to the questions and/or signature of the Proposer are/is in vernacular he should declare in his own handwriting above his signature that all questions were explained to him and that his replies were given after fully and properly understanding the same.

In case the proposer is illiterate:
The thumb impression of the proposer should be attested by a person of standing whose identity can easily be established, but uncorrected with the company and the declaration should be made by him

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 of the Agent:

Signature of the Agent

Address of the declarant:

2. I hereby declare that I have explained the contents of the proposal form to the proposer in (Language) and that I have read out to the proposer the answers to the questions dictated by the proposer and that the proposer has affixed his thumb impression to the proposal form after fully understanding the contents thereof.

Signature (declarant)

AGENTS CONFIDENTIAL REPORT

- | | |
|---|---|
| <p>1. (a) How long you have known the LA? (a)</p> <p>(b) Are you related to the LA? If so, how? (b)</p> <p>(c) Did you personally see the LA on the date of proposal? (c)</p> <p>3. (a) LA's monthly income (a)
N.B. State also income of the proposer, if he /she is different from the LA</p> <p>(b) Sources (b)</p> <p>i) Employment</p> <p>ii) Business of Profession</p> | <p>1. (a) What is the general state of health of the life to be assured? (a)</p> <p>1. (b) Has he/she any deformity, impaired sight or hearing, amputation? (b)</p> <p>(c) Have you any knowledge of his/her having suffered from any illness of injury or has he/she undergone any operation or hospitalisation? (c)</p> <p>(d) Do you have knowledge of any unfavourable information about the health, habits, character, mode of the occupation of the proposed life assured/proposer, Give details if "Yes" (d)</p> |
|---|---|

I hereby declare that the foregoing statements are true and correct to the best of my knowledge and belief. I have also personally verified the particulars and measurements in Q. Nos. 12 & 13 of the Personal statement and I confirm the same to be correct.

Dated at : on the day of 20.....

Signature of the Agent

Premium Calculation to be completed by Agent

Table	<input type="text"/>	Term	<input type="text"/>	Mode	<input type="text"/>
Tabular Premium =					
Other Extras =					
Total Premium per 1000					
for S.A. of X	<input type="text"/>				
Instalment premium = X	<input type="text"/>	<input type="text"/>			
		Currency			

For Office Use

Calculation verified by

No. of instalments paid	X	Instalment premium	=	Total deposit paid with proposal	Signature
-------------------------	---	--------------------	---	----------------------------------	-----------