



شركة التامين على الحياة (العالمية) ش م ب معفاة
Life Insurance Corporation (International) E.C.

PERSONAL STATEMENT REGARDING HEALTH

(Revival of Lapsed Policies on Medical & Non-Medical basis)

Policy No.

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1. Full Name of the Life Assured

Full Address

Since the date your proposal for above mentioned policy:	Answer 'Yes' or 'No'	If 'Yes', give details of ailments such as nature of illness, onset, duration of illness etc
a) Have you ever suffered from any illness/disease requiring treatment for a week or more?	a)	
b) Did you ever have any operation accident or injury ?	b).....	
c) Have you ever undergone, ECG,X-Ray Screening Blood, Urine or Stool Examination?	c).....	

Has a proposal or an application for revival of a policy on your life made to this Office 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- i) Withdrawn or dropped ?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 other than those proposed
- if so give details
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Is any proposal or an application for revival of lapsed policy on your life under consideration by this Company.		If your answer is 'Yes' give the following details : i) Proposal No. ii) Policy No.
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Are you at present in good health ?

For revivals under Non-Medical scheme

i) State your height (without shoes)	_____ cms	ii) Your weight (with thin cloths)	_____ Kgs
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State below details of all your policies issued or revived under any of the Non-Medical Schemes of the Company.

Policy Number	Sum Assured	Status of Policy

For Females only: a) Since the date of your proposal under 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 the statements of this declaration along with my proposal for insurance under the lapsed policy shall be the basis of the revival of the lapsed policy between me and LIC (Int'l) EC. and that if any untrue averment be contained there-in, the said contract shall be absolutely null and void and all money which shall have been paid in respect there of shall stand forfeited to the Company.

And I further declare that if between the date of this declaration and date of the revival of the policy (i) any change in my occupation or any adverse circumstance connected with my financial or the general health of myself or that of any member of my family occurs or (ii) a proposal for assurance or any application for revival of a policy on my life made to LIC (Int'l) EC. is pending or has been withdrawn, dropped, deferred or declined 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 Company in writing to reconsider the term of policy. Any omission on my part to do so shall render revival absolutely null, and void and all money which have been paid in respect thereof shall be forfeited to the Company.

Dated at on the day of 20

Signature of Witness

Occupation & Address

Sig. or Thumb impression of the Life Assured

If in this form the answers to the questions or signature of the Life Assured are given in vernacular then the Life Assured 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 .