Allianz Bajaj Life Insurance Company Limited
GE Plaza, Airport Road, Yerawada, Pune - 411 006.

Allianz bajaj

DECLARATION OF GOOD HEALTH

For revival of lapsed policies

Branch ☐☐☐☐☐☐☐☐☐☐ **Date** ☐☐☐☐☐☐

POLICY NUMBER ☐☐☐☐☐☐☐☐☐

Full name of the Life Assured (IN BLOCK LETTERS) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Telephone No: ☐☐☐☐☐☐☐☐☐☐ **E-Mail:** _____

Occupation ☐☐☐☐☐☐☐☐☐ **Length of service** ☐☐

Name of the Employer ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

ANSWERS TO THE QUESTIONS SHOULD BE BASED ON HAPPENINGS SUBSEQUENT TO ISSUE OF ABOVE MENTIONED POLICY

(1) a) **Have you suffered from any illness/ disease requiring treatment for a week or more** Yes ☐ No ☐

b) **Did you ever have any operation accident or injury?** Yes ☐ No ☐

c) **Have you had an electrocardiogram, X-ray or screening, blood urine or stool examination?** Yes ☐ No ☐

(2) **Has a proposal or an application for revival of policy on you life made to this or any office of the company or any other insurer ever been**

a) **With drawn or dropped?** Yes ☐ No ☐

b) **Accepted with an extra premium?** Yes ☐ No ☐

c) Deferred or declined? Yes ☐ No ☐

d) Accepted on terms otherwise than those proposed? Yes ☐ No ☐

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

Questions answered "yes"	Detailed Description

(3) State your height ☐☐☐ Cms Your Weight ☐☐ Kgs.

(4) Are you at present in good health? Yes ☐ No ☐

(5) **For Major / Married Females Only**

(i) **Have you been menstruating regularly?** Yes ☐ No ☐

(ii) **Have you had any miscarriages?** Yes ☐ No ☐

(iii) **Are you pregnant now?** Yes ☐ No ☐

(iv) Date of last Delivery. ☐☐☐☐☐☐

(6) 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 Allianz Bajaj Life Insurance Company 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 Allianz Bajaj Life Insurance Company, 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 Allianz Bajaj Life Insurance Company.

Signature/ thumb impression of policyholder Place:_____ Date_____

Signature of Witness Name_____

Address _____

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.

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 [ ][ ][ ][ ][ ][ ]

Decision _____

Signature _____

Name and Designation _____