

## Disability Supplementary Statement

**This statement should be completed by the person to be assured.**

Full name:

Proposal No.:

Date of birth:

Please answer each question and where appropriate provide particulars.

**1. Have you ever suffered from any deformity or do you currently suffer from any deformity?**

**Is it :**

- i) A congenital defect?
- ii) Due to an accident or an injury?
- iii) Due to any underlying disease you suffer from? Such as poliomyelitis. Please provide details

**2. What are the parts of the body that have been affected due to disability?**

**3. Are there any restrictions in movements and function of the limb(s) or affected parts? Has the deformity affected your activities of daily living?**

**4. What kind of treatment have you received or are you currently receiving?**

**5. Have you undergone any investigations?**

**6. Have you now fully recovered?**

7. Have you ever been operated or Is a surgical procedure contemplated?

8. Have you ever had or do you currently have any difficulty controlling your bowel and/or bladder movements?

9. Do you suffer from any other diseases or complaints?

10. Have you ever received or do you now receive any kind of disability compensation?

If so, please provide details including the reason for the compensation:

I hereby declare that the above answers and statement are true and complete and agree that this questionnaire together with the proposal dated \_\_\_\_\_ shall form part of the contract between me and the company.

\_\_\_\_\_

Signature of the person to be assured

Place

**Please attach a copy of all present or past medical records, including all investigation reports.**