

Policy No. : _____

Name of the Life Assured : _____

Sum Assured (Minimum ₹10 lacs) : _____

1) Since the date of issue of proposal for above policy to the company :

A) Has the Life Insured suffered from any illness lasting for a period of 5 days or more/ physical deformity /loss of vision / met with any accident or consulted a medical practitioner:

Yes No If Yes, please give details : _____

B) Has the Life Insured undergone any investigations or tests such as blood test, X- Ray or ECG etc?

Yes No If Yes, please give details : _____

C) Did the Life Insured had to take any leave from office/ work due to any health condition other than for common cold and cough for more than 5 days?

Yes No If Yes, please give details : _____

D) Did the Life Insured experience symptoms of any illness/ health condition for which the Life Insured have yet not sought advice for?

2) Please mention your current occupational details including designation:

I confirm that the replies given by me, to the questions above are true, complete and correct.

I agree:

1) that AEGON Religare Life Insurance Company Ltd (the "Company"), shall incur no liability by reason of having been submitted to it by me or by reason of any deposit towards the premium for this Rider being made by me, until this proposal is accepted by the Company with no change having taken place in the insurability of the Insured subsequent to the date of this proposal;

Declaration

2) All material facts, being facts which might influence the assessment of this proposal by the Company, have been disclosed in this proposal, it being understood that the failure to make such disclosure renders the contract entered into pursuant to this proposal voidable at the option of the Company.

Signature of Policyholder:

Date:

Place: _____