

Questionnaire for Addition of Accidental Benefit / Total Permanent Disability Rider
Policy No _____

Name of the Life Assured: _____

(If the answer to any of the following questions is YES, please give details in the space alongside)

1] Since the date of issuance of policy:

a) Have you undergone or recommended to undergo hospitalization operation or any investigation? Yes /No

b) Are you suffering from or have you have ever suffered from any ailment resulting from an accident? Yes /No

c) Do you have any physical / mental defect or deformity? Yes /No

2) Do you take part in any adventurous hobbies/activities that could be dangerous in any way such as aviation (other than as a fare paying passenger), mountaineering, diving, any form of race etc? Yes /No

3] a) Your current occupation –

b) Nature of duties –

I hereby declare that the answers given above are to the best of my knowledge, true and that I have not withheld any material information that may influence the acceptance of addition of accident benefit / total permanent disability rider.

I agree that the above information will constitute part of my contract for life assurance.

Signature of the Life Assured:

Place:
Date: