



Form No. 3772 (R) H/E Item Code No. 289

DECLARATION OF HEALTH AND RISK FOR ACCIDENT BENEFIT

(To be used when Accident Benefit desired)

POLICY NO. _____ OWN LIFE

I, _____ am willing to pay an extra premium of Rs. 1/- per thousand Sum Assured per annum to secure payment of Double the Sum Assured in the event of my death by accident or of an amount equal to the Sum Assured in installments addition to the benefit of waiver of premiums on permanent total disability as provided in the clause relating to the said benefit.

My Present occupation is _____ and I have no intention of changing my occupation in the near future.

I hold the following policy / policies and have placed the following fresh proposals for assurance which are under consideration. (Delete where not applicable).

Policies / Proposal covering Accident / and Extended Disability Benefit :

Insurer	Policy / Proposal No.	Sum Assured Proposed	Sum Assured / Proposed Under the Accident and extened disability benefit covered by the Policy / to be covered by the Proposal
	Rs.		Rs.

			Total Rs.

I do hereby solemnly declare that the foregoing statements and answers are true in every particular and further that since the date on which my proposal for the above policy was made my mode of life has been the same as stated in the proposal that no insurer or Divisional Office of the Corporation has since postponed or declined to assure my life against risk that since that date I have not been affected by any disease, physical defect or infirmity and that no other circumstances calculated to increase the risk has occurred except the following :

I further declare and agree that the above policy shall be null and void if this declaration is not true.

DATED AT _____ this _____ day of _____ 20

Name of
Witness : _____

Signature : _____
(In English Only)

Signature or thumb
Impression of the Policy holder

Designation : _____

Address : _____

If any proposal on your life with Accident Benefit is under consideration with this or any other office of the Corporation, please state particulars, viz. name of the office. Proposal number and the amount of such proposal/s also along with particulars of existing Policies.

- The term under includes a General Insurance Corporation also doing accident business.
- Please state any disease, physical defect or infirmity whether considered by you to be important or not.
- If the Policyholder has filled in this form in any language other than English he should further declare in his own language above his own signature that all questions were explained to him and his replies were given after fully and properly understanding the same.

In case the Policyholder is illiterate the following declaration should be made by the person filling the form :

"I hereby declare that I have fully explained the above questions to the policyholder and I have truthfully recorded answer given by the Policyholder."

Signature of declarant witness : _____

Name of the declarant Witness : _____

Signature : _____
(In Devnagri only)

Address : _____

