

Personal Statement of Good Health for Revival/Reinstatement of Lapsed Policy

Policy Number: _____ Name of Life assured: _____

Nationality: Indian NRI Other. Country of residence in case of NRI or Other: _____ Annual income: _____

Please provide the following information:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Height in cms: _____ Weight in Kgs: _____, Has your weight increased / decreased more than 5 kg in last 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you changed your occupation since the date of proposal for this policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have any other proposal for, or reinstatement of life insurance pending with any insurer or Have you taken insurance cover or revived any lapsed policy since the lapsation of current policy?
If Yes, give details of name of company, sum assured and current status | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has any of your proposal for insurance or reinstatement of life / Health/Critical illness/ Personal accident insurance has been declined, postponed, modified or rated by any insurance company or have you ever made any claim under any such policy of insurance with Shriram Life Insurance Company Limited or any other insurer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you receiving any treatment /medication or in the past received any treatment or undergone surgery/hospitalized for any medical condition /disability or deformity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has your health changed since the date of signing the proposal form for this policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever sought advice or suffered from any of the following?
I. Ailments related to Heart/ circulatory system/ chest pain/ diabetes/Cancer, tumor, cyst or any abnormal growth/ kidney, ureter, bladder or prostate/ eye, ear, nose or throat
II. High or low Blood Pressure or High Cholesterol / respiratory or breathing disorders / tuberculosis / neurological disorders like fits, fainting, epilepsy, stroke, paralysis / liver or digestive system related disorders / anemia or blood disorders / thyroid or endocrine disorder / neurological or psychological disorders like depression or anxiety / spine or joint or muscles disorders
III. Congenital or genetic disorder / physical deformity
IV. Any other health ailments not mentioned above | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Since the date of signing the proposal form for this policy, has there been any change in health status or have you undergone ,hospitalization, Operation/Surgery, Pathological examinations like blood test, X- ray, ECG, TMT, Angiography etc. Consulted a Doctor/ Specialist? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Were you or your spouse ever tested positive for Hepatitis B/C,HIV, AIDS or any other Sexually transmitted disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you travelled or intend to travel out of India for any purpose other than vacation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you smoke or consume alcohol/tobacco/drugs/narcotics? If 'Yes' please provide the quantity & duration since it is consumed | <input type="checkbox"/> | <input type="checkbox"/> |

For Female Life Assured Only:

- | | | |
|---|--------------------------|--------------------------|
| i. Are you pregnant? If 'Yes' please mention how many weeks: | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. Are you suffering from any pregnancy related complications, Any history of miscarriage, abortion or complications in previous pregnancy? | <input type="checkbox"/> | <input type="checkbox"/> |
| iii. Have you ever visited a medical practitioner for any problems of breast/uterus / cervix etc? Have you undergone any of the tests like mammogram, ultrasound, pap smear etc.? | <input type="checkbox"/> | <input type="checkbox"/> |

Please provide the details below if any of above question is answered as "Yes"

Declaration: I hereby apply for revival of the above-mentioned policy, which under its terms is now lapsed. As a basis for such revival, I hereby declare that each of the above representations and statements made or referred to is true and correct, and that I have fully stated all details of each answer after understanding the same. I understand that in case the company so desires, I may be required to submit further documents / undergo further medical tests, for the revival to be considered. I agree that if any of the statements, answers or declarations made herein are found to be untrue or if any material fact has been found to be suppressed, the Company shall be entitled to cancel the reinstatement of the Policy or repudiate the claim if any, arising out of such reinstatement and such reinstatement shall be treated as null and void and all the monies paid thereof shall stand forfeited to the company. I hereby agree that the company has every right to revive the policy on terms other than the existing terms of the contract or to reject the revival. I hereby agree that, if the Life Assured commits suicide for any reason, while sane or insane, within one year from the date of acceptance of revival of the lapsed policy, the liability of the Company shall be limited to the Surrender Value (or) fund value, if any, that has accrued on the policy. I further agree that any payment made or to be made in connection with this application shall be considered as deposit only and shall not bind the Company until this application is finally approved and communicated by the Company. If this application is not approved, I also agree to accept refund of the above deposit amount made in connection herewith, without interest.

Signature of Life assured: _____
(*To be signed by Policy holder, if life assured is Minor)

Signature of proposer if different from life assured: _____ Place and Date: _____