

RISK EVALUATION FORM

فارم برائے جانچ
بیمہ دار کے لیے درکار لازمی معلومات

Certificate / سرٹیفکیٹ نمبر : _____

Date of birth / تاریخ پیدائش : _____

Adamjee Life - Window Takaful Operations
3rd Floor, Adamjee House,
I.I. Chundrigar Road, Karachi - 74000 PAKISTAN

Name of Person Covered / شریک تکافل کا نام : _____ Detailed Present Occupation / موجودہ پیشہ : _____
Height / لمبائی : _____ cm Weight / وزن : _____ kg Girth of Abdomen / پیٹ کی گہرائی : _____ cm
Gain or Loss weight past year / وزن بڑھایا گھٹا : _____ kg Personal Physician (Name & Address) / ذاتی ڈاکٹر کا نام اور پتہ : _____

1- Have you ever had or been diagnosed with any of the following :
 1- کیا آپ درج ذیل کسی بھی بیماری میں مبتلا رہے ہیں:
 a) high blood pressure, chest pain, stroke or any heart or circulatory trouble? (a) Yes ہاں No نہیں
 b) enlarged glands or any form of cancer, tumor or disorder of the blood? (b) Yes ہاں No نہیں
 c) diabetes mellitus or any disorder of the kidneys, liver or bladder? (c) Yes ہاں No نہیں
 d) any disorder of the stomach or bowels? (d) Yes ہاں No نہیں
 e) any disorder of the joints or vertebral column? (e) Yes ہاں No نہیں
 f) shortness of breath, asthma, bronchitis or any disorder of the lungs? (f) Yes ہاں No نہیں
 g) epilepsy, fits or fainting attacks, frequent headaches, nervous breakdown? (g) Yes ہاں No نہیں
 h) any illness, injury or disability not mentioned above? (h) Yes ہاں No نہیں
 If so, please give details (date, duration, treatment, name/address of physicians) signed by yourself.
 اگر ایسا ہے تو اسکی تفصیلات (تاریخ، مدت، علاج، طبیب کا نام اور پتہ) تحریر کر کے اپنے دستخط کریں

2- a) Are you presently taking medication of any kind? (a-2) Yes ہاں No نہیں
 b) Have you ever been counseled or medically advised or treated in connection with an H.I.V. infection, AIDS or any sexually transmitted disease? (b) Yes ہاں No نہیں
 If so, please give full particulars signed by yourself
 اگر ایسا ہے تو مکمل تفصیلات تحریر کر کے اپنے دستخط کریں

3- Have any of your natural parents, brothers, sisters died or suffered before age 60 from diabetes mellitus, heart diseases, cancer, stroke, multiple sclerosis, mental or neurological disorders? (3) Yes ہاں No نہیں
 If so, please give details (age if living, present state of health, age/cause of death) signed by yourself.
 اگر ایسا ہے تو مکمل تفصیلات (سحت کی موجودہ حالت، عمر، موت کا سبب) تحریر کر کے اپنے دستخط کریں

4- a) Do you have you any Life Assurance/Family Takaful or accidental death, disability, critical illness covers in force? (a-4) Yes ہاں No نہیں
 b) Have you applied for any other cover with another Company /Takaful Operator at the time being? (b) Yes ہاں No نہیں
 c) Has any application for Life/Family Takaful, accidental death, disability, critical illness covers ever been declined or modified in plan or rate? (c) Yes ہاں No نہیں
 If so, please give details (sum covered, duration, reason for loading, policy interest) signed by yourself.

5- What is your normal weekly consumption of alcohol (please state also whether beer, wine or spirits) (5) Yes ہاں No نہیں
 اگر ایسا ہے تو اسکی تفصیلات (تاریخ، مدت، ادویات کی نوعیت) تحریر کر کے دستخط کریں

6- Do you smoke? (6) Yes ہاں No نہیں
 If so, please state your normal daily consumption of cigarettes, cigarillos, cigars or pipe?
 اگر ایسا ہے تو اسکی تفصیلات (تاریخ، مدت، ادویات کی نوعیت) تحریر کر کے دستخط کریں

7- Have you ever taken drugs other than those prescribed by a doctor? (7) Yes ہاں No نہیں
 If so, please give details (date, duration, type of drugs) signed by yourself.
 اگر ایسا ہے تو اسکی تفصیلات (تاریخ، مدت، ادویات کی نوعیت) تحریر کر کے دستخط کریں

8- Do you participate or intend to participate in any hazardous pursuits or activities (8) Yes ہاں No نہیں
 If so, please give details (e.g. diving, motor racing, aviation) -
 اگر ایسا ہے تو اسکی تفصیلات (تاریخ، مدت، ادویات کی نوعیت) تحریر کر کے دستخط کریں

9- Do you perform any hazardous occupational activities or foreign travels, stays? (9) Yes ہاں No نہیں
 If so, please give details (e.g. exact type of hazard, name/region of the country) signed by yourself.
 اگر ایسا ہے تو اسکی تفصیلات (پیشہ سے وابستہ خطرے کی نوعیت، ملک کا نام / علاقہ) تحریر کر کے اپنے دستخط کریں

10- Are you pregnant? (10) Yes ہاں No نہیں
 If yes, how many months?
 اگر ہاں، کتنے ماہ سے ہیں؟

I confirm that all of the above answers and statements are true and that no material facts concerning my past and present state of health and habits have been withheld or omitted. I also agree that any doctor, whether named above or not, who has attended or examined me or who may do so hereafter shall be and is hereby authorized and directed by me to disclose to the Takaful Operator any information he may have acquired with regard to myself when someone requested by Adamjee Life Window Takaful Operations.

Inc case of bancatakal The Bank is acting as a corporate takaful agent of Adamjee Life - Window Takaful Operations which underwrites the certificate and the Bank shall not be held responsible for any liability under the membership in any manner whatsoever to the participant(s) or claimant(s). (In case of bancatakal policy).

I do hereby, authorize Adamjee Life Assurance Company Limited – Window Takaful Operations to extract my veris from NADRA for my Family Takaful certificate.

Place / جگہ : _____ Date / تاریخ : _____ Signature of Applicant / درخواست گزار کے دستخط : _____