

# ASKARI LIFE ASSURANCE CO. LTD. POLICY REINSTATEMENT FORM



Policy/Proposal No.: \_\_\_\_\_ Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Detailed Present Occupation: \_\_\_\_\_

1. Have you ever had or been diagnosed with any of the following:
- a) high blood pressure, chest pain, stroke or any heart or circulatory trouble?  Yes  No
  - b) enlarged glands or any form of cancer, tumor or disorder of the blood?  Yes  No
  - c) diabetes mellitus or any disorder of the kidneys, liver or bladder?  Yes  No
  - d) any disorder of the stomach or bowels?  Yes  No
  - e) any disorder of the joints or vertebral column?  Yes  No
  - f) shortness of breath, asthma, bronchitis or any disorder of the lungs?  Yes  No
  - g) epilepsy, fits or fainting attacks, frequent headaches, nervous breakdown?  Yes  No
  - h) any illness, injury or disability not mentioned above?  Yes  No

If so, please give details (date, duration, treatment, name/address of physicians) on the back signed by yourself.

2. Please answer the following:
- a) Are you presently taking medication of any kind?  Yes  No
  - b) Have you ever been counselled or medically advised or treated in connection with an H.I.V. infection, AIDS or any sexually transmitted disease?  Yes  No

If so, please give full particulars on the back signed by yourself

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?  Yes  No

If so, please give details (age if living, present state of health, age/cause of death) on the back signed by yourself.

4. Please answer the following:
- a) Have you any life assurance or accidental death, disability, critical illness covers in force?  Yes  No
  - b) Have you applied for any other cover with another company at the time being?  Yes  No
  - c) Has any application for life, accidental death, disability, critical illness covers ever been declined or modified in plan or rate?  Yes  No

If so, please give details (sum assured, duration, reason for loading, policy interest) on the back signed by yourself.

5. What is your normal weekly consumption of alcohol (Please state also whether Beer, Wine or Spirits):

6. Do you smoke?  Yes  No  
If so, please state your normal daily consumption of cigarettes, cigarillos, cigars or pipe:

7. Have you ever taken drugs other than those prescribed by a doctor?  Yes  No  
If so, please give details (date, duration, type of drugs) on the back signed by yourself.

8. Do you participate or intend to participate in any hazardous pursuits or activities (e.g. diving, motor racing, aviation)?  Yes  No  
If so, please give details (e.g. diving depth, type of vehicle, type of aircraft) on the back signed by yourself.

9. Do you perform any hazardous occupational activities or foreign travels, stays?  Yes  No  
If so, please give details (e.g. exact type of hazard, name/region of the country) on the back signed by yourself.

## DECLARATION BY LIFE ASSURED

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 insurance company any information he may have acquired with regard to myself.

Date: This \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_

Signature of Life Assured: \_\_\_\_\_ Signature of Witness: \_\_\_\_\_