



jeevan suraksha ka /
naya nazariya

SELF FILLED QUESTIONNAIRE

(Questionnaire cum enrolment form to be filled and submitted to the representative of India Home Loans Ltd.)

To,
India Home Loans Ltd.
Loan Account No..... Coverage (for Loan Secure)..... Coverage Term.....

Name(s) of Applicant(s): 1..... 2.....
(Primary Life to be Insured) (1st Co-Applicant)

	To be filled in by Primary Life to be Insured	To be filled in by 1 st Co-Applicant to be Insured
1. Have you consulted any doctor for treatment or are under treatment for any ailment other than common cough or cold or undergone any surgical operation at a hospital or clinic or undergone any investigations with other than normal or negative results (including X rays, ECG, blood tests, biopsies etc.) or have you been absent from work due to any illness or injury for a continuous period of more than 7 days during the last 5 years or is any surgery planned or are you currently aware that you may need to seek medical advice in the near future ?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Have you ever been treated for or had any complaints of blood pressure disorders, raised blood sugars, any heart disease, stroke, paralysis, chest pain, kidney and urinary tract disease, cancer or any tumour, lump of any kind, asthma or any other respiratory disease, mental or any neurological disease or disorder, any liver disease (including Hepatitis B or C), any blood disorders (including anaemia), any digestive and bowel disorder, thyroid or any other endocrine disorder, any disorder of the bones, spine or muscle, problems of stones in any organ in the body, HIV infection, AIDS or AIDS related complex or do you have any congenital/birth defects?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Have any of your applications, including applications for renewal or reinstatement, for life, critical illness, health or accident insurance with Bharti AXA Life Insurance, or any other insurance company in India or overseas, ever been declined, deferred, withdrawn or accepted at extra premium or reduced cover or offered any special terms by Bharti AXA Life or any other insurance company in India or overseas?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Have you ever been involved or planning to be involved in an occupation, sport or hobby of a dangerous or hazardous nature such as mining, diving, mountaineering, parachuting, private aviation, racing, etc.?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Do you have any parent and /or brother or sister who has suffered/suffering from, or died under the age of 60 due to any of the following conditions: Heart disease, diabetes, stroke, hypertension, raised cholesterol, cancer, multiple sclerosis, Alzheimer disease, Parkinson disease or any hereditary disease?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>For Primary Applicant (Proposed Life to be Insured):</p> <p>Please list any other diseases or conditions including congenital conditions (birth defects) not mentioned above which you are suffering or have suffered from</p> <p>_____</p> <p>Declaration of Enrolment: I declare and warrant that this statement is correct, complete and true. I understand and agree that this statement together with the application for insurance on my life and any other documents relative thereto, shall be the basis of the proposed Coverage. I am aware that the withholding of, or omission or failure to disclose, any medical or financial information will invalidate my insurance Coverage.</p> <p>I agree to inform the Company in writing of any change in my health and circumstances between the date of this Declaration and the issue of the Certificate of Insurance in respect of my life insurance Coverage. I irrevocably authorize and request any entity like a doctor/hospital who may be in possession of, or hereafter acquire, any information concerning my health, to disclose such information to Bharti AXA Life Insurance and I agree that this authority and request shall remain in force.</p> <p>I hereby authorize, that all proceeds received from Bharti AXA Life Insurance Company Limited will be first used to settle the outstanding on my loan and the excess amount, if any, will be payable to my Beneficiary, Mr/Ms _____ who is related to me as _____.</p> <p>Anti-Tying Declaration: I hereby apply to be a Life Insured under the Bharti AXA Life Loan Secure ("the Policy") issued to India Home Loans Ltd. I am aware that the purchase of insurance is totally optional, has no bearing on the loan decision and is at my sole discretion. And I agree to</p> <p><input type="checkbox"/> Pay the premium myself via Cheque no./DD no. _____ for Rs _____ Drawn on _____</p> <p><input type="checkbox"/> Add the above premium to the loan amount. The EMI if I select this option will be.....</p> <p>I have read and understood the terms and conditions of the product as detailed in the product brochure and the same has been explained by the representative of India Home Loans Ltd. in the language understood by me.</p> <p>Signature: _____ Name: _____ Date: _____ Place: _____</p>	<p>For Co-Applicant (Proposed Life to be Insured ,applicable only for 1st Co-Applicant):</p> <p>Please list any other diseases or conditions including congenital conditions (birth defects) not mentioned above which you are suffering or have suffered from</p> <p>_____</p> <p>Declaration of Enrolment: I/We declare and warrant that this statement is correct, complete and true. I/We understand and agree that this statement together with the application for insurance on my/our life and any other documents relative thereto, shall be the basis of the proposed Coverage. I/We am/are aware that the withholding of, or omission or failure to disclose, any medical or financial information will invalidate my insurance Coverage.</p> <p>I/We agree to inform the Company in writing of any change in my health and circumstances between the date of this Declaration and the issue of the Certificate of Insurance in respect of my/our life insurance Coverage. I/We irrevocably authorize and request any entity like a doctor/hospital who may be in possession of, or hereafter acquire, any information concerning my health, to disclose such information to Bharti AXA Life Insurance and I/We agree that this authority and request shall remain in force.</p> <p>I hereby authorize, that all proceeds received from Bharti AXA Life Insurance Company Limited will be first used to settle the outstanding on my loan and the excess amount, if any, will be payable to the Beneficiary , Mr/Ms _____ who is related to me as _____.</p> <p>Anti-Tying Declaration: I/We hereby apply to be a Life Insured under the Bharti AXA Life Loan Secure ("the Policy") issued to India Home Loans Ltd.</p> <p>I/We am/are aware that the loan is also available without the insurance Coverage. I/We have read and understood the terms and conditions of the product as detailed in the product brochure and the same has been explained by the representative of India Home Loans Ltd. in the language understood by me.</p> <p>Signature: _____ Signature: _____ Name: _____ Date: _____ Place: _____</p>	