



Declaration

To be duly filled by the Life insured and (Proposer, if different from insured)

S.No	Please tick the correct option and <u>provide details in the space given below along with question reference</u> if your answer is yes to any of the below questions	Life Insured		Proposer	
		Yes	No	Yes	No
1	Have your family members travelled to Countries outside India in the past 2-3 months? If yes please provide name of the country, purpose and duration of stay and date of return.				
2	Did you have to or advised to self-isolate as a result of travel OR for any other reason <u>without symptoms</u> (e.g. contact tracing) due to COVID-19 (excluding mandatory government orders to remain at home due to lockdown) ?				
3	Have you come in contact with any person suspected OR confirmed to have 'Corona virus' OR tested positive for "Corona Virus? If yes, pl provide details				
4	Are You currently or any of your family members (living together) having symptoms of COVID-19 (such as any flu like symptoms cold, persistent cough, running nose, headache, fever, shortness of breath, breathing difficulties, nausea, nausea, vomiting , diarrhea etc.) or Advised to undergo COVID test OR Awaiting test result of COVID 19 OR self-isolated with symptoms on medical advice ? If yes, mention details : Relationship with life assured/Exact Diagnosis/Date of Diagnosis:				
5	Have you ever had a positive COVID-19 test? If yes, when was this? Please share reports				
6	If answer to 3,4,5 is Yes, then answer below Did you require admission to hospital? If yes, Did you require a stay in High-dependency unit (HDU), intensive care unit (ICU), intensive treatment unit (ITU) or critical care unit (CCU) admission? If yes, did you require the support of a ventilator?				
7	If answer to 3,4,5,6 is Yes, then answer below Have you made a full physical function recovery, able to perform your normal occupational or daily duties, without any ongoing symptoms or restrictions (i.e. shortness of breath or fatigue)? If yes, when did you make a full recovery?				

Space for Details: _____

Name of the Life Insured: _____

Signature: _____

Name of the Proposer: _____

Signature: _____

Date: _____

Place: _____