



## Declaration of Health

Policy No. \_\_\_\_\_

Name of Life Assured: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Sum Assured \_\_\_\_\_ Premium \_\_\_\_\_

Policy Commencement Date \_\_\_\_\_

Premium Frequency: Monthly/Quarterly/Semi Annual/Annual \_\_\_\_\_

Life Assured's Height (CM) \_\_\_\_\_ Weight (KG) \_\_\_\_\_

I certify that I do not have any chronic, severe or infectious disease, nor any physical deficiency, disability or infirmity; have not been the subject of regular medical treatment; am not, to my knowledge, HIV positive; do not intend to and have not, during the last five years, been subject to any surgical treatment, medical supervision or regular treatment related to any circulatory, digestive, metabolic, respiratory, musculo-skeletal disorders or tumor, cancer; have not been refused for a life insurance; have not interrupted my professional activities for a period of more than 60 days due to an accident or illness or more than 14 consecutive days hospitalization. I also certify that I am not exposed to any aggravated risk stemming from my occupation as well as routine and non-routine activities I practice.

### DECLARATION:

*I, the undersigned, whose life is proposed for life assurance, whether in my own handwriting or not, do hereby declare that the above statements in this proposal are true and complete to the best of my knowledge and belief and that such disclosures, proposal plus any related statements will form part of the basis of this Contract of life assurance. Failure to disclose material information may invalidate the policy. I consent that should Orient Insurance pjsc is seeking information from any doctor who at any time has attended me concerning anything which affects my physical or mental health or seeking information from any insurance office to which a proposal has been made for insurance on my life and I authorize the giving of such information.*

**Signature of Life Insured** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Policy Holder** \_\_\_\_\_ **Date** \_\_\_\_\_