

J&C ELITE CARE HEALTH INSURANCE PROPOSAL FORM

You are required to disclose in this proposal form fully and faithfully, all the facts which you know or ought to know, otherwise the policy issued hereunder may be voidable.

Name of Proposer: _____

Postal Address: _____

Business / Occupation: _____

Date of Birth: _____ Marital Status: _____ ID No.: _____

Telephone No.: _____ Mobile No. _____ Email: _____

Period of Insurance: _____ From _____ To _____ (Both dates inclusive)

What Elite Care Plan are you apply for: Option 1 Option 2 including Hospitalisation Out-Patient Death to Illness Personal Accident

Questions about your Health Status

Answers by the Person to be Covered

- | | |
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| <p>1. What is your height and weight?</p> <p>2. What is your blood pressure?</p> <p>3. Does your present state of health now allow you to perform your professional work full-time?</p> <p>4. Have you been affected by a disease or been a victim of an accident causing incapacity to work for more than 30 days during last 10 years?</p> <p>5. Have you been affected by any kind of malaria?</p> <p>6. Have you been told, diagnosed, or treated of any illness, disease, or injury?</p> <p>7. Have you or an immediate family member been treated or diagnosed with high blood pressure, diabetes or any heart disease?</p> <p>8. Have you ever been hospitalised or undergone any surgical operation or ever been advised to have a surgical operation which has not been performed?</p> <p>9. Have you been refused cover by another insurance company?</p> <p style="margin-left: 20px;">Deferred?</p> <p style="margin-left: 20px;">Cancelled?</p> <p style="margin-left: 20px;">Accepted under extenuating condition?</p> | <p>Height _____ Weight _____</p> <p>.....</p> <p>Maximum _____ Minimum _____</p> <p>.....</p> <p>If not, since when</p> <p>What is the cause?</p> <p>If so, when and for how long?</p> <p>.....</p> <p>What was the cause?</p> <p>.....</p> <p>If so, which strain?</p> <p>.....</p> <p>If so, give details.....</p> <p>.....</p> <p>If so, give details.....</p> <p>.....</p> <p>If so, on what date?</p> <p>For what?</p> <p>If so, for what reasons?</p> <p>.....</p> <p>On what date?</p> <p>.....</p> <p>By which Insurance Company?</p> <p>.....</p> |
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DECLARATION

I/We to the best of my/our knowledge hereby confirm that the statements contained in this Proposal Form are true and correct and I/we have not concealed, misrepresented, or misstated any material fact. I/We agree that the statements and declaration in this Proposal Form shall be the basis of the contract of insurance with the Company and are deemed to be incorporated in the contract.

Date
Signature of Proposer