

**Applicable only for NNU products**

Declaration of Good Health of the life to be insured

Policy Number /Proposal Number

Name of Life Assured

Date of Birth

Contact No. \*

Email ID \*

1. Since the date of the Proposal/Policy referred to above:

a) Are you in good health?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Have you ever had a heart condition, a stroke, hypertension, paralysis, cancer, diabetes, kidney failure, liver failure, mental illness, HIV infection or AIDS?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Do you currently have, or are you receiving treatment for any symptoms, medical conditions or disabilities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
d) Have you been absent from work due to illness or injury for a continuous period of more than 10 days during the last one year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
e) Have you undergone or been advised to undergo a medical examination/ medical tests or any investigations ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
f) Has there been any change in your mode of habits (smoking, alcohol use) occupation or country of residence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
g) Has a proposal on your life or an application for revival of policy on your life made to this or any other insurer ever been withdrawn or dropped, deferred or declined, accepted with an extra premium or lien or terms other than those proposed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
h) Are you currently pregnant? (If applicable, for female life only). If yes please provide details of the duration and if there are any complications.	Yes <input type="checkbox"/> No <input type="checkbox"/>

If answer to the above questions is 'yes' except for Q 1(A), please provide full details and related documents in the box below:

I/We \_\_\_\_\_ do hereby declare that the above statements and answers are true in all particulars and agree & declare that these statements & declaration along with any proposal for insurance under the lapsed policy, shall be the contract of revival of the lapsed policy, between me and Aviva Life Insurance and that if any untrue averment be contained therein, the said contract shall be absolutely null and void and all money which shall have paid in respect thereof shall stand forfeited to Aviva Life Insurance.

\_\_\_\_\_  
Signature of the life insured

\_\_\_\_\_  
Date

\_\_\_\_\_  
Place

\_\_\_\_\_  
**Policy Holder (If different from Life Assured)**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Place

Declaration by the person filling in the form (in case of signature in vernacular language, thumb impression and/or in case the proposal has not been filled in by the proposer).

\_\_\_\_\_  
Signature of declarant

\_\_\_\_\_  
Date and Place

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Name and Address of Declarant

**A Joint Venture between Dabur and Aviva**

AVIVA Life Insurance Company India. Ltd. Aviva Tower Sector Road Opp Golf Course DLF Phase V, Sector 43, Gurgaon - 122003 India Tel. +91(0)24 2709000 Fax +91(0)24 270 9897  
www.avivaindia.com

Registered Office : 2nd Floor Prakashdeep Building 7 Tolstoy Marg New Delhi 110 001 India