Proposal Number

Customer Name

COVID-19 (Coronavirus) Exposure Questionnaire

	Yes	No
1. Are you, or your family have you been in close contact with anyone who has been quarantined or who has been diagnosed with novel coronavirus (SARS-CoV-2/COVID-19) ? If yes, please provide details.	○	○
2. Are you, or your family have you ever been serving a notice of quarantine in any form imposed by local health authorities or government or airport authority for possible exposure to novel coronavirus (SARS- CoV2/COVID-19)? If yes, please provide more details like location, dates, quarantine period.	○	○
3. Have you been advised to be tested to rule in, or rule out, a diagnosis of novel coronavirus (SARSCoV-2/COVID-19)? Or, are you awaiting the result of a test which has already been submitted for the novel coronavirus (SARS-CoV-2/COVID-19)?	○	○
4. Have you ever tested positive for the novel coronavirus (SARS-CoV-2/COVID-19)? If yes, provide the date of positive diagnosis. And also details of subsequent tests.	○	○
5. Have you experienced any of the following symptoms within the last 14 days? • Any fever • Cough • Shortness of breath • Malaise (flu-like tiredness) • Rhinorrhea (mucus discharge from the nose) • Sore throat • Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhea If yes, to any of these, please indicate which and provide full information.	○ ○ ○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○ ○ ○
6. Are you a Healthcare professionals (Include for instance General Practitioners, Doctors, Hospital Doctors, Surgeons, Therapists, Nurses, Pathologist, paramedics, Pharmacist, Ward helpers, Individuals working in Hospitals/ Clinics having novel coronavirus (SARS-CoV-2/COVID-19) Ward ? if yes , please provide details whether working in Hospital with Covid-19 ward or treating or in contact with Covid019 infected individuals.	○	○
7. If Q6 is Yes , please provide more details in terms of daily duties including details whether enrolled as Corona virus warrior or working in Hospital/ clinic with novel coronavirus (SARS-CoV-2/COVID-19) ward/unit or treating/ in contact with SARS-CoV-2/COVID-19 infected individuals.		
8. Travel Declaration a. Are you currently residing outside of India? If Yes, Please provide your details:	○	○
b. Have you travelled abroad in the past 14 days? If Yes, Please provide your travel details over the past 14 days:	○	○
b. Do you intend to travel abroad in next 3 months: If Yes, Please provide details of your intended future travel within next 3 months:	○	○

COUNTRY	CITY	DATE OF TRAVEL	INTENDED DURATION

COUNTRY	CITY	DATE ARRIVED	DATE DEPARTED

COUNTRY	CITY	DATE OF TRAVEL	INTENDED DURATION

Aviva Life Insurance Company India Limited
401-A, 4th Floor, Block A, DLF Cyber Park,
Sector-20, NH-8, Gurugram, Haryana-122 008
www.avivaindia.com

Customer Service Helpline Number
1800-103-77-66 (Toll Free)
0124-270-9046

Email
customerservices@avivaindia.com

	Yes	No
9. COVID19 Vaccination details Have you been vaccinated for COVID19? If Yes • Date of administration of the first dose _____ • Date of administration of the second dose _____ • Name of vaccine _____	○	○
• Have you experienced any adverse reaction post vaccination ? If yes, please share details including treatment taken for the same and date of complete recovery _____ _____	○	○

Clients to share Copy of vaccination certificate (or copy of any official documentation confirming complete vaccination & issued by the relevant health authority)
Please note self-declarations are not acceptable.

Declaration

I confirm that the answers I have given are, to the best of my knowledge, true, and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I agree that this form will constitute part of my application for insurance(s) and that failure to disclose any material fact known to me may invalidate my insurance(s).
Signed at _____ on this day _____ of _____ , _____ .

Applicant Signature

Declaration by the Person filling the form

(IN CASE SIGNATURE IS IN VERNACULAR LANGUAGE, THUMB IMPRESSION AND/OR IN CASE THE QUESTIONNAIRE HAS NOT BEEN FILLED IN BY THE PROPOSER)
I hereby declare that I have fully explained the contents of the questionnaire to the Life the Insured/Proposer and that he/she has fully understood the same and I have truthfully recorded the answers given by the Life to be Insured/Proposer. Enclose identity proof of the declarant.

Declarant's Name and Address

_____

_____

Pincode _____

Signature of Declarant

Signature of Advisor/SP

मैं यह घोषित करता हूँ की मैंने इस प्रस्ताव फॉर्म को पूरी तरह समझ लिया है, और इस प्रस्ताव फॉर्म में मैंने सभी सवालों के जवाब अपनी जानकारी के हिसाब से पूर्णतः सही दिए है।

Handwritten Vernacular Declaration

I hereby declare that the contents of this application of insurance have been fully explained to me & I have fully understood the significance of the proposed contract.This proposal form shall be a part of the life insurance policy contract, in case of its acceptance by the company.

Witness's Name and Address

_____

_____

Pincode _____

Signature of Witness

Signature of Life to be Insured /Proposer

Aviva Life Insurance Company India Limited
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