Declaration of Good Health for Reinstatement

Policy No. | | | | | | | | | | | | Contact No. | | | | | | | | | | Email ID _____

Name of Life Insured _____ Date of Birth of Life Insured D D M M Y Y Y Y

Name of Second Life Insured (If applicable) _____ Date of Birth of Second Life Insured D D M M Y Y Y Y

SECTION A: MANDATORY SECTION FOR ALL **(If answer to any question is 'Yes', please provide information in the Details section)**	First Life		Second Life/ Life Insured	
	Yes	No	Yes	No
1. Any change in occupation or do you plan to travel for a long duration or reside abroad (other than on a holiday for less than 3-4 weeks)? If yes, please give details for Occupation, Country Name, Purpose of visit and Duration of Stay.	○	○	○	○
2. Has any of your insurance proposal or reinstatement of policy for Life, Health or Critical Illness ever been withdrawn, deferred, declined, rejected, terminated, offered with an extra premium, lien or modified by Aviva or any other Company? If yes, please give details for Reason, Company Name and Year.	○	○	○	○
3. Are you, the proposer or the nominee stated in the policy Politically Exposed* at present or in the past?	○	○	○	○
4. Do you have any criminal charges or proceedings pending against you currently or in the past and/or were you ever convicted in any criminal proceedings and/or are on bail/probation/suspended/sentenced?	○	○	○	○
5. Have you ever been off work or observed restriction of your normal daily activities due to any illness or injury for a continuous period of more than 5 days?	○	○	○	○
6. Have you ever been or since the time of proposal suffered, diagnosed with or investigated or awaiting investigations, surgery or received treatment, surgery or consulted any doctor for any disability or medical condition other than minor impairment such as common cold?	○	○	○	○
7. Have you in the past (2 years) or do you currently consume tobacco/nicotine products like Cigarettes, flavored Pan Masala, Cigars, Bidis, Narcotics, etc.? If yes, please state the duration and quantity consumed per day	○	○	○	○
8. **For Female lives only:** (a) Are you pregnant? (b) If yes, number of weeks pregnant _ _ _	○	○	○	○
(c) Any complications of pregnancy at present or in the past or have you ever suffered/are suffering from any disorder of Uterus, Cervix, Ovaries, Breast, etc?	○	○	○	○
9. Height and Weight details: Height (in cms) / Weight (in kgs)				
(a) Have you experienced any changes in weight of more than 5 kgs in the past 1 year?	○	○	○	○
(b) If yes, how many kgs? ☐ Loss ☐ Gain _____ Kgs Reason for the same _____ (For First Life)				
☐ Loss ☐ Gain _____ Kgs Reason for the same _____ (For Second Life /Life Insured)				

SECTION B: TO BE FILLED FOR REINSTATEMENT OF LIFE/HEALTH/CRITICAL ILLNESS PRODUCTS & RIDER/S Have you ever been investigated, treated or diagnosed with any of the following conditions: (If answer to any question is 'Yes', please provide information in the details section).	First Life		Second Life/ Life Insured	
	Yes	No	Yes	No
1. High Blood Pressure, heaviness, pain or discomfort in Chest, Angina, Heart Attack, Stroke or any other disorder of heart, Blood circulation or Heart Surgery	○	○	○	○
2. Any form of Cancer, Tumor, lump or growth (Benign or Malignant)	○	○	○	○
3. Diabetes, High Blood Sugar or Thyroid problem	○	○	○	○
4. Liver disorders like Cirrhosis, Hepatitis, Jaundice; Disorders of the Stomach, Gall Bladder or Intestines, Ulcer, Gall Stones, Colitis, Chronic Diarrhea, Indigestion	○	○	○	○

	Yes	No	Yes	No
5. Kidney or Urinary Bladder, Stones, Prostate Disorder or Genitourinary Disorder	○	○	○	○
6. Multiple Sclerosis, Epilepsy, Tremor, Numbness, Double Vision or Giddiness, Paralysis, Mental or Nervous Illness (including depression)	○	○	○	○
7. Asthma, Bronchitis, Pneumonia, TB or any other respiratory or Lung disorder	○	○	○	○
8. Birth disorders, Anemia, Leukemia, disorder of Lymph Glands or other Blood disorder	○	○	○	○
9. Disorder of Skin, Back, Muscle, Joints, Arthritis, Gout, Bodily Deformity, Amputation, Bone Fracture or any other disorder	○	○	○	○
10. Were you or your spouse ever diagnosed with Hepatitis B or C, HIV/AIDS or any other sexually transmitted disease?	○	○	○	○
11. Any other Illness, Surgery, Injury, Treatment pertaining to condition not listed above? E.g. persistent fever, unexplained weight loss, loss of appetite, pain, swelling etc.	○	○	○	○
12. Have you undergone or have been advised to undergo any surgery or investigations in the last two years like ECG, Ultrasound(USG), Color Doppler, Chest X-ray, Endoscopy, MRI Scan, CT Angiogram, 2D Echo, TMT, Cytology, Cardiac Markers, PET Scan, etc. excluding normal results of insurance medicals/regular/routine/executive health checkups and other than accidental reasons?	○	○	○	○
13. Have you ever been tested positive for COVID-19 or hospitalized for COVID infection or its complication or do you have any ongoing complications related to COVID Infection?	○	○	○	○
If "Yes", please provide following details:				
a. Date of diagnosis _____	○	○	○	○
b. Were you home quarantined?	○	○	○	○
c. Were you Hospitalized?	○	○	○	○
d. Ongoing complications related to COVID Infection?	○	○	○	○

* **Politically Exposed Person (PEP)** are individuals who are or have been entrusted with prominent public functions, for example Heads/Ministers of Central/State Government, Senior Politicians, Senior Government/ Judicial/Military Officers, Senior Executive of State Owned Corporations, important party officials and immediate family members of above persons (spouse, children, parents, siblings and in-laws)

DETAILS

_____

_____

DECLARATION

I/We do hereby agree & declare that the above statements and answers shall be the basis of the reinstatement of the lapsed policy and/or rider contract to be issued or revived between me/us and the Company and that I/We have made complete, true and accurate disclosure of all the facts and circumstances as may be relevant, and have not withheld any information that may be relevant to enable the Company to make an informed decision about the acceptability of the risk. I fully understand that the revival of my policy/issuance of the rider shall be subject to company underwriting the risk afresh, life to be Insured undergoing medical tests (whenever required), realization of applicable charges for revival and confirming the revival/issuance of rider details in writing to the policyholder. Further I fully understand that the company reserves the right to impose any extra premium as results of underwriting. I fully understand that the revival of my policy/issuance of the rider shall be subject to the sole discretion of the Company. I fully understand that the revival of a Lapsed Policy/issuance of rider is also subject to payment of revival fee/rider premium in favour of the Company. I am also aware that at the time of revival, the cost of medical examination and special tests, if any, will be borne by the Policyholder. Units, if any, shall be allocated at the reinstatement date. I/We undertake to notify the Company, forthwith in writing, of any change in any of the statements made in the declaration of good health form subsequent to the signing of this declaration of good health and prior to acceptance of risk and revival of the policy/issuance of the rider by the Company.

Signature/Thumb Impression of Life Insured	Signature/Thumb Impression of Proposer or Joint Life Insured	Date (D D M M Y Y Y Y)
		Place _____

In case of Policyholder is illiterate/Thumb impression/Understands language other than English: I hereby declare that I have explained the contents of this form to the Policyholder/Life Insured in _____ Language and that the Policyholder/Life Insured has affixed the thumb impression(s) above after fully understanding the contents.

Declarant's Name _____ Declarant's Signature _____

Declarant's Address & Contact Number _____

FOR BRANCH USE ONLY

Service Request ID | | | | | | | | | | |

Branch Name _____

Processed by (Name & Signature)	Branch Stamp & Date

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