

Special Travel Questionnaire

Policy No – _____

Name of the Life insured / proposer – _____

Age of the Life insured / proposer – _____

1. Are you currently in good health?

Yes No

2. Have you experienced any of the following symptoms within the last 2 months?

- 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 provide below full information.

1. Did you consult any doctor for the same ?
2. Were any investigation done or treatment given ?
3. What was the exact diagnosis ?

3. Have you or your family members travelled overseas post 1st Jan 2020 ?

If yes, please provide below full information.

- a) Name of the country
- b) Date of return to India
- c) On your return to India were you advised to be Quarantined / isolated for COVID 19

4. Do you have any plan to travel overseas during the next 6 months ?

If yes, please provide below full information.

- a) Name of the country
- b) Planned date of journey (to & from) and duration of stay

5. Have you or your family members ever tested positive for the novel coronavirus (SARS-CoV-2/COVID-19)?

If yes, provide the date of positive diagnosis.

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