



Health Declaration form

(Personal Statement regarding Health)

All answers to be filled in legibly. Answers must be given in words (Strokes of pen or dots or dashes will not be accepted as replies.

Note: Medical Report will be required for further examination if any of the medical questions are answered "YES".

1. Policyholder Details				
Policy No.				Sum Assured
Name				
Address				
2. Medical questionnaires pertaining to: (in case of PHO-MO, the questionnaire should cover both the Proposer and the Joint-Life)				
Since the date of signing the original proposal, have you suffered from/are suffering from:				
Proposer's Response:			Assured's Response:	
Yes	No	a. Any physical or mental illness, injury or disability? If so, give details:	Yes	No
Yes	No	b. Respiratory diseases such as Asthma, Bronchitis, Tuberculosis or any diseases of lungs?	Yes	No
Yes	No	c. Paralysis, wasting, epilepsy and tumors?	Yes	No
Yes	No	d. High Blood pressure, pain in the chest or any heart disease?	Yes	No
Yes	No	e. Diabetes, cancer or tumors of any type, kidney disease, prostate or urinary bladder disease?	Yes	No
Yes	No	f. Gastritis, or peptic ulcer, colitis or liver problem?	Yes	No
Yes	No	g. Arthritis, gout or joint pain, muscle, bone fracture or disorder?	Yes	No
Please mention any adverse health conditions of past history/habits or existence of any other disease or any other complaint not noted above:				



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ROYAL INSURANCE CORPORATION OF BHUTAN LTD.

3. Have you ever been hospitalized during the last 3 years? If so, furnish the following information:

Sl. No.	Name of Hospital	Date/Period of hospitalization	Reason for hospitalization	Treatment received

Terms and Conditions

1. Declaration of good health is applicable for policies which have lapsed for more than one year since the day of policy lapsation.
2. Bonus or the Guaranteed additions shall not be paid for the lapsed period.
3. Non-declaration of material facts will result to repudiation of claims.
4. The claims arising on or before 6 months from the date of revival, it will be treated as early death claim.

I hereby declare that the foregoing statements and answers are true in every particular. This declaration along with my proposal for insurance for myself (Includes Life Assured/ Joint Policyholder) shall be the basis of revival of the lapsed policy between me and Royal Insurance Corporation of Bhutan Limited. I also declare that the health of my Life Assured/Joint Policyholder is in good condition. I agree that If any untrue averment be contained therein the said contract shall be absolutely null and void and all moneys which shall have been paid in respect thereof shall stand forfeited to the Corporation.

Receipt No.		Receipt Amount	
Place		Date	

Signature of Witness		Signature of Proposer	
Name		Name	
Address		Address	
CID #		CID #	
Mob #		Mob #	



If in this form the answers to the questions and/or signature of the proposer are/is in vernacular then he should declare in his own handwriting above his signature(s) that all questions were explained to him and that his responses to the questions were given after fully and properly understanding the same.

1) If the person filling in the form is other than the proposer, such person should make this declaration.

I hereby declare that I have fully explained the above questions to the Proposer and I have truthfully recorded the answers given by the Proposer:

Name and address of the declarant	
Signature	

2) In case the Proposer is illiterate

The thumb impression of the proposer should be attested by person of a social standing whose identity can easily be established, but unconnected with the Corporation and the same person must execute the following declaration;

I hereby, declare that I have explained the contents of the proposal form to the Proposer in (Language)..... and that I have read out to the Proposer the answers to the questions dictated by the Proposer, and that the Proposer has affixed this thumb impression to the proposal form after fully understanding the contents and consequence thereof.

Name and address of the declarant	
Signature	