Life Insurance Division

"Confidential Underwriting Assessment Report (Financial & Personal Assessment)"

(See the instruction before filling up the form)

1. *The Reporting Officer must be convinced regarding the identity and background of the Proponent.*
2. *Any significant physical impairment or condition relevant to underwriting assessment should be reported.*
3. *For employed Proponents, provide details of the employer, designation, and nature of employment. For business owners, provide details of the business, ownership status, duration of operation, and whether the business involves any high-risk or speculative activities.*
4. *The Proponent's income details must be verified as accurately as possible. Where information is obtained through enquiry, the source of verification should be mentioned.*

Name		Sum Assured	
Policy No		Product	

Assessment Questions

Sl. #	Questions	Remarks
1	Have you verified the identity of the proposer?	☐ Yes ☐ No
2	Describe the proposer's general appearance and overall health. Mention any visible physical impairment, if observed.	
3	Is the Proponent personally known to the Reporting Officer? If yes, state the duration for which the Proponent has been known.	
4	Are you related to his/her? If so, how?	
5	What is the purpose of purchasing this insurance policy?	
6	Provide details of the proposer's occupation/business, employer (if employed), and years in service/business.	
7	State the proposer's estimated monthly income from: • Employment: Nu.…… • Business/Professional Practice: Nu.……. • Other Sources (specify):…….. Nu.……. Total Monthly Income: Nu…… Nu.…….	
8	Does the proposer's lifestyle appear consistent with the declared income?	☐ Yes ☐ No
9	To the best of your knowledge, is the information provided accurate?	☐ Yes ☐ No
10	Are you aware of any financial, occupational, lifestyle, or other factors that may increase the insurance risk? If yes, provide details:	☐ Yes ☐ No
11	Do you recommend acceptance of this proposal? If No, provide reasons:	☐ Yes ☐ No

Name, EID & Signature of procuring officer		Place & date	
Address		Mobile No.	