Life Insurance Division

Special Report

1. Proposer's details			
Name of Proposer			
CID No.		Occupation	

2. Identity	
a. Give one or more prominent mark of identification	
b. Have you verified the identity of the proposer?	☐ Yes ☐ No
c. Does the proposer's physical appearance appear consistent with the declared age and the identification documents provided? If not, please provide details.	
d. Do you know him/her personally? If so, how long?	☐ Yes ☐ No

3. Health and habits	
a. Does the proposer appear to be in good health at present? If no, provide details.	
b. Does the proposer show any abnormal physical signs such as underweight, obesity, pallor, or any other unhealthy appearance? If yes, provide details.	
c. Does the proposer have any physical impairment, deformity, disability, impaired vision/hearing, or amputation? If yes, provide details.	
d. Has the proposer suffered from any significant illness, injury, or undergone any surgery in the past? If yes, provide details.	
e. Has the proposer had close contact with any person suffering from tuberculosis or other infectious diseases? If yes, provide details.	
f. Does the proposer consume alcohol? If yes, provide details regarding frequency and quantity. Has there been any history of alcohol abuse?	

4. Monthly income	
Source	**Amount**
Salary	
Business	
Others (Specify)	
Total	

5. Are you aware of anything in the proposer's occupation, his financial or social positions, his personal habits or any other circumstances which might be likely to add to the risk and to which special attention should be given when considering the proposal.

I hereby declare that the foregoing statement and answers are based on the information received by me in the course of my inquiries and I believe them to be correct.

Name & Employee ID		**Signature of Life Underwriter/Branch Manager**
Branch Office		
Date	DD/MM/YYYY	