

PROPOSAL NO :

POLICY NO :

JANASHAKTHI INSURANCE CO. LTD.

47, Mutiah Road, Colombo - 02.



Proposal for Life Insurance

All questions must be answered truthfully and completely as the answers to these questions will influence the assessment and acceptance of your application. False answers or failure to disclose all material facts will invalidate the policy in the event of a claim. Therefore, if you have any doubt as to whether certain facts are material, it is in your interest to disclose them.

Please complete using BLOCK CAPITALS

Do not use TIPPEX

1. Section A / Applicant (To be completed by all applicants)

- i. Full Name - Mr / Mrs / Miss / Ms
- ii. Name with Initials
- iii. Nature of insurable interest in the life insured
- iv. Address for Correspondence
- v. Tel / Fax / Mobile /E-mail
- vi. National I D No.

2. Section B / Life to be Insured

- i. Full Name - Mr / Mrs / Miss / Ms
(Do not complete Q 2(i) and Q 2 (ii) if applicant and life to be insured are the same.)
 - ii. Name with initials
 - iii. Occupation / Profession
 - iv. Exact nature of duties
 - v. Name and address of employer / Business
 - vi. Father's Name in full
 - vii. Name of nominee in full
- Relationship to life insured

N. B. No nominee can be appointed unless the applicant & life insured are one and the same.

3.

	Day	Month	Year	Sum Insured		
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	Age next B' day	Years	<input type="text"/>
Commencement Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	Period of Policy	Years	<input type="text"/>
Last premium due	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mode of payment		<input type="text"/>
Date of Maturity / Expiry	<input type="text"/>	<input type="text"/>	<input type="text"/>	Premium	Rs.	<input type="text"/>
Initial Deposit Paid	Rs	<input type="text"/>		Policy Fee	Rs.	<input type="text"/>

WARNING

It is usually disadvantageous to replace an existing life assurance policy (ies) (even if you are changing your insurer) with a new one for the following reasons :

- (i) You may not be insurable on standard terms.
- (ii) You will have to pay a higher premium in view of higher age.
- (iii) It will result in your losing the financial benefit which you have accumulated over the years.

In your own interest, we would advise that you consult your present insurer(s) before making a final decision.

	Yes	No
(ix) Has any proposal on your life or application for revival of any of your life policies ever been declined deferred or accepted on special terms ? if so, provide full details, i.e. date, type of policy, sum assured, name of company etc.		
(x) Have you or any other person on behalf of you submitted a proposal for life assurance to any company in the past twelve months ? If so, provide full details i.e. date, type of policy, sum assured, name of company etc.		
(xi) Have you ever had any disorder of the heart, circulatory problems, high blood pressure, stroke, diabetes, kidney or urinary problem, any respiratory disorder, any form of cancer, cyst, tumor, multiple sclerosis, arthritis, rheumatism or mental illness ? if so please give details.		
(xii) Have you ever been in a state of anxiety, depression, or had any mental, nervous or neurological disorder ?		
(xiii) Have you ever suffered from respiratory or lung trouble eg: asthma, bronchitis, persistent cough, tuberculosis ?		
(xiv) Have you ever suffered from any disorder of the digestive system, gall bladder or liver eg: actual or suspected gastric or duodenal ulcer, bleeding from bowel, recurrent indigestion, hepatitis, gallstones, hiatus hernia ?		
(xv) Have you ever suffered from any disorder of the blood eg: haemophilia, anaemia ?		
(xvi) Have you ever suffered from any illness or disorder which is not mentioned above ?		
(xvii) Has any of your parents, brothers or sisters, suffered from heart disease, stroke, diabetes, kidney disease, cancer, hereditary disorder or mental illness ? if so please give details.		
(xviii) Do you have any deformity or impairment ?		
(xix) Have you remained absent from work on grounds of ill health during the last three years for more than three consecutive days ?		
(xx) Have you ever been convicted of any criminal offence or is any criminal action pending against you ?		
(xxi) Have you or any of your relatives ever had any kind of threat on your / their life / lives ? or is there any reason to feel that your life is in danger ?		
(xxii) Where female life is to be insured		
(a) Have you had any disorder of the female organs (breasts, ovaries, uterus) or any abnormality of pregnancy or confinement eg : caesarian section or miscarriage ?		
(b) Are you pregnant now ?		
(c) If yes, give duration / Months <input type="text"/>		
(d) Has your husband taken a Life Insurance Policy ? if "Yes", please give details. If "no", please give reasons for not taking a policy.		
(xxiii) Are you now in good health ?		

N.B. If the answer to any of the question 10 (i) to (xxii) is YES please give full details.

Question No	Details - Nature of illness, dates and duration of treatment etc. and attach diagnosis ticket.

11. Please complete the following details about your family

	Living	Dead
	Age / State of Health	Age at death / Cause of Death
Father		
Mother		
Brothers		
Sisters		
Spouse		
Children		

12. Name and address of your usual doctor

How long has he / she been your doctor ?

13. (a) if you are already insured or any other applications for life insurance are presently being made to other companies please complete the following

Policy No	Sum Assured	Policy issued Date	Name of Company

(b) Please give details of your existing life policies with, and / or applications for Life insurance made to, Janashakthi Insurance Co.Ltd

Policy / Proposal No.	Name of Policy	Sum Assured	Date of issue

Declaration

I, DECLARE that the statements made in this proposal are true in every respect and that I have not withheld any information requested therein and that such statements and this declaration and statement made to the medical examiner shall form the basis of the proposed contract and agree that if any untrue averment be contained therein the said contract shall be absolutely null and void.

I will inform Janashakthi Insurance Co. Ltd. of any change to any material fact accruing before acceptance of this application and I understand that failure to do so will result in the proposed contract being null and void.

I hereby authorise the Company to seek medical information from any doctor or hospital with regard to my physical or mental health condition, or to seek information from any Insurance Company to which a proposal has been made for insurance on my life.

	Signature	Date
Applicant	<input type="text"/>	<input type="text"/>
Life to be assured	<input type="text"/>	<input type="text"/>
Witness	<input type="text"/>	<input type="text"/>

Please complete the cage below for your safety

IMPORTANT NOTICE	
I have handed over to the agent a sum of Rs. by cash / cheque drawn in favour of Janashakthi Insurance Co.Ltd., on the date shown below.	
Cheque No.	
Date	Signature

The policy will be issued in the language in which this form is completed.

BRANCH - ADDRESS

FOR H. O. USE ONLY

I CONFIRM THAT THIS PROPOSAL WAS CHECKED BY ME.

.....
Signature of Officer in-charge

Branch :