



Health Questionnaire (Policy Form) for Major Revival

 Policy No	_____
 Life Insured	 _____  _____  _____
 Policy Holder	 _____  _____  _____



Medical history of life insured

1. Have you gained or lost more than 5 kg of weight in the last 6 months since this policy was issued? **Yes/No**
2. Have you suffered or are you currently suffering from any of the below ailments? **Yes/No**
 - Cancer, tumor or unusual growth**
 - Heart problem or chest pain**
 - Disorder of kidney, prostate, urinary system or reproductive system**
 - Liver problem**
 - Lung disease or respiratory disorder**
 - Brain stroke, paralysis**
 - Diabetes, blood pressure, blood disorders (anemia, thalassemia), HIV or any sexually transmitted diseases**
 - Any other critical illness which is not mentioned above? Yes/No**
3. Have you been hospitalised for 7 days or more post issuance of this policy due to any illness, undergone surgery, been advised treatment for any medical condition, or are you currently taking any medication (except minor cough or cold)? **Yes/No**
4. Has your proposal for insurance ever been declined, postponed, withdrawn or accepted with extra premium at altered terms with any insurer after issuance of this policy? **Yes/No**
5. Have you ever tested positive for Covid 19 or suffered from Flu-like symptoms in last 2 months? **Yes/No**
6. **Only for Female life assured:** Is the life assured pregnant now or has the life assured had any abortion/miscarriage/caesarean section within last six months? **Yes/No**





SECTION 41 OF THE INSURANCE ACT, No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.

DECLARATION BY THE LIFE INSURED AND POLICYHOLDER (if different from the Life insured)

I/We declare that I/We have answered the questions in this Policy Revival Form after fully understanding the nature of the questions and the importance of disclosing all information while answering such questions. I/We further declare that the answers given by me / us to all the questions in this form are true and complete in every respect and that I/We have not withheld any material information or suppressed any fact. I/We undertake to notify Kotak Mahindra Life Insurance Company Limited ("Kotak Life Insurance" or "Company") of any change in the state of health of the life insured (Both Primary and Secondary in case of joint life) or as to his/her occupation or any decisions about his/her existing policies or proposals subsequent to the signing of this form and before the acceptance of the risk by Kotak Life Insurance.

I/We further declare that this Policy Revival Form shall also be the basis of the contract of insurance and if any statement made in this form is found to be untrue or there is any non-disclosure of a material fact, the policy may be treated as void and all premiums paid under the policy may be forfeited to the Company as per the provisions of Section 45 of the Insurance Act 1938, as amended from time-to-time. I/We hereby authorize the employer, doctor or hospital of the life insured to divulge to the Kotak Life Insurance any information required by them in connection with the policy contract. I/We understand that the Policy and any revival thereof shall be governed by the provisions of the Insurance Act, 1938, as amended from time to time and that the policy shall not be revived until the Company's written acceptance of this application is received

 Life Insured		 Policy Holder	
Date :	Place :	Date :	Place :
Signature/Left Thumb Impression		Signature/Left Thumb Impression	
If a person other than the Policy Holder fills the form, then the person filling this policy revival form on his behalf must sign the following declaration:			

DECLARATION BY THE PERSON FILLING IN THE FORM (For forms filled in by a scribe or for forms signed in vernacular language)

I _____ having known the Policy Holder for a period of declare that I have explained the nature of the questions contained in this application to the Policy Holder. I have also explained that the answers to the questions form the basis of the contract of insurance between the Company and the Policy Holder and that if any statement made in this form is found to be untrue or there is any non-disclosure of a material fact, the policy may be treated as void and all premiums paid under the policy may be forfeited to the Company as per the provisions of Section 45 of the Insurance Act 1938, as amended from time-to-time.

Address of scribe:	Signature of scribe:
	Relationship:
Date:	Place: