

Proposal Form No.



DIABETIC QUESTIONNAIRE

This statement should be completed by the person to be insured

Full Name

Date of Birth

1. When was your diabetes first diagnosed ?

2. Type 1 Type 2

3. Have you lost more than 5 kgs in weight in the past years ? YES NO

4. Are you currently under medical supervision ? YES NO

5. What treatment are you presently receiving ?

* Oral medication (please indicate name of the drug and dosage)

* Insulin (please indicate number of units per day)

* Others (please specify)

6. Have you been in diabetic coma or had a hypo requiring treatment by a doctor or have you been an In-patient in the past 5 years ? YES NO

(If yes, please give details and dates.)

7. How frequently do you test your blood or urine for sugar ? (please provide sample readings over past 3 months.)

8. Have you ever had

a) Problem with your vision ? YES NO
(If yes, please give details.)

b) Circulation problem in your leg/feet ? YES NO
(If yes, please give details.)

c) Albumin or protein in your urine ? YES NO
(If yes, please give details.)

d) High blood pressure ?
(If yes, please give details.)

YES NO

9. Do you have any condition of, or have you been investigated or treated for any problems affecting your eyes, feet/legs, blood circulation, heart, kidneys, nervous system etc. ?
(If yes, please give details.)

YES NO

I declare that the answers I have given are, to best the of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this proposal.
I agree that this form will constitute part of my proposal (dated.....) for life insurance and that failure to disclose any material fact known to me may invalidate the contract between me and the Company.

Signature of the person to be insured

Date

Signature of Witness

Name & Address of Witness

A Joint Venture between Dabur and Aviva

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