

Health Declaration & Policy Reinstatement Form

(Attach valid and clear copy of CNIC)

CLIENT INFORMATION					
Policy Number					
Name Of Policy Owner					
CNIC No. (Policy Owner)					
Name Of Policy Insured					
CNIC No. (Policy Insured)					
I have paid Rs	through Cheque	🕽 Draft 🗖	Pay Order 🗖 Cash 🗖		
HEALTH & MEDICAL DETAILS (Please provide detail to any of the below question marked as "YES")					
(If answer to any of the question	n except Q2 is "Yes", then pl	ease give details	s in the space for additional information provided below)		
1. Your Current Weight	Kg/ Lbs	and Heig	ght ft - Inch		
2. Are you in good health and en	ntirely free from any mental	or physical impa	airments or deformities?	Yes / No	
3. Have you undergone or likely to undergo any laboratory tests e.gg Urine, Blood, X-ray, ECG, C.T scan, MRI etc? If your answer is yes, please giver the details, whether the results were satisfactory or un-satisfactory?				Yes / No	
A. Have you ever taken or are currently taking any drugs or medicine?					
5. Have you ever suffered from or do you now suffer from any of the following:					
i. Diabetes (sugar in urine or rai	ised blood sugar)?	Yes / No	ii. Hypertension (raised blood pressure)?	Yes / No	
iii. Heart ailments (e.g angina, cl coronary artery disease etc)?	hest pain, heart attack,	Yes / No	iv. Disorders of liver (e.g. Jaundice, Hepatitis A, B, C etc)?	Yes / No	
v. Respiration diseases (e.g tub pneumonia, chronic cough)?	erculossis, asthma,	Yes / No	vi. Kidney diseases (e.g infection of kidney, urinary, or gential organs, renal stones)?	Yes / No	
vii. Any form of tumor, growth, blood, glands, spleen, ears, thro	•	Yes / No	viii. Diseases of nervous system or mental disorder (e.g epilepsy, fainting attacks, frequent headaches)?	Yes / No	
ix. Any other illnesses not ment	ioned above?	Yes / No			

Policy Owner Signature

Policy Insured Signature

Date

Date

TPL Life Insurance Limited (formerly Dar ES Salaam Textile Mills Ltd.)

Plot no. 19 B, near Roomi Masjid, SMCHS, Shahrah-e- Faisal, Karachi. **Tel:** +92-21-111-000-330 **Email:** info@tpllife.com

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6. Have you suffered from any illness, accident or disability since completing of original proposal / declaration for this policy?	Yes / No
7. Have you in the past or are you presently engaged in any criminal / legal suit in the court of law?	Yes / No
8. Do you have or did you have in the past any personal, professional, family or tribal enmity?	Yes / No
9. Are you presently or have you ever been an office-bearer or activist of any religious, political or social party	Yes / No

For Females only:				
10. Are you pregnant?	Yes / No			
11. If yes, what month of pregnancy are you in?				
12. Have you ever had or do you now any gynaecological or obstetric problem?	Yes / No			

Additional Information:

DECLARATION AND AUTHORIZATION

I/ We hereby declare that the above answers and statements are true and complete and agree that they shall form part of the contract between me and TPL Life Insurance Limited (formerly Dar ES Salaam Textile Mills Ltd.) I further declare that apart from the details set above I have not suffered from any illnesses, accidents, or other disabilities since applying to the Company for this policy (or since the policy was last reinstated, if later), that I am otherwise in good health, I confirm that I have checked and found correct all answers and statements in this form, even those that are not in my own handwriting. I acknowledge that I have understood the declaration that I have made in this form. I agree that this declaration is to form part of my application upon which he policy will be based. I understand that if any information has been withheld or concealed or any untrue statement is contained therein, the said contract shall be considered null and void and all money paid in respect of premiums shall be forfeited to TPL Life Insurance Limited (formerly Dar ES Salaam Textile Mills Ltd.)

Policy Owner Signature

Policy Insured Signature

Date

Date

TPL Life Insurance Limited (formerly Dar ES Salaam Textile Mills Ltd.)

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