



# 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 except Q2 is "Yes", then please give details in the space for additional information provided below)

1. Your Current Weight \_\_\_\_\_ Kg/ Lbs and Height \_\_\_\_\_ ft - Inch

2. Are you in good health and entirely free from any mental or physical impairments or deformities?	Yes / No
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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
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4. Have you ever taken or are currently taking any drugs or medicine? _____ _____	Yes / No
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5. Have you ever suffered from or do you now suffer from any of the following:			
i. Diabetes (sugar in urine or raised blood sugar)?	Yes / No	ii. Hypertension (raised blood pressure)?	Yes / No
iii. Heart ailments (e.g angina, chest pain, heart attack, coronary artery disease etc)?	Yes / No	iv. Disorders of liver (e.g. Jaundice, Hepatitis A, B, C etc)?	Yes / No
v. Respiration diseases (e.g tuberculosis, asthma, pneumonia, chronic cough)?	Yes / No	vi. Kidney diseases (e.g infection of kidney, urinary, or genital organs, renal stones)?	Yes / No
vii. Any form of tumor, growth, cancer or any diseases of blood, glands, spleen, ears, throat, nose, eyes, or skin?	Yes / No	viii. Diseases of nervous system or mental disorder (e.g epilepsy, fainting attacks, frequent headaches)?	Yes / No
ix. Any other illnesses not mentioned above?	Yes / No		

\_\_\_\_\_  
 Policy Owner Signature  
 \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Policy Insured Signature  
 \_\_\_\_\_  
 Date

TPL Life Insurance Limited

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 the 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**

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