Individual Life Insurance

Medical Questionnaire – Proposal Form

ADNIC is a Public Joint Stock Company incorporated in the United Arab Emirates by Law No. (4) of 1972, and it is governed by the provisions of the UAE Federal Law No. (6) of 2007 "Establishment of the Insurance Authority & Organization of its Operations", with Registration No. (1).

Completing this form

In order to apply for this insurance, please complete all parts of this proposal Form and the annexures, if any.

You must provide full, accurate, and true answers to all questions listed below. Material facts which you know or ought to know should be fully and accurately disclosed. Failure to do so may result in rejecting your claim and/or terminating the insurance policy from inception.

If you are in any doubt about what you should disclose, please do not hesitate to contact us. A material fact is one that would influence our decision whether to offer you insurance or the terms which we offer.

If the space provided is inadequate, please provide details using an additional information sheet, signed and dated.

Your insurance does not commence when you sign the proposal. Your cover will only commence once we have reviewed the proposal form and confirmed cover in writing.

Please keep a copy of this proposal form for your record along with any correspondence/ information provided to us and policies/endorsements that are issued to you subsequently.

In case of joint borrowers, each borrower is required to complete this form.

1. General information

a. Full Name of Proposer: ______________________________

b. Gender: ☐ Male ☐ Female

c. Date of Birth: ______________________________

d. Height (cm):________Weight (kg):_________Blood Pressure (mmHg): systolic:_____diastolic: ______

e. Occupation (describe clearly, with title & nature of job): ______________________________

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f. Sum Insured: ______________________________

g. Policy Number: ______________________________

2. Work/Health information

Please answer each of these questions fully and accurately. If the answer to one of the questions below is 'Yes', please provide details in the additional information box on the last page.

a. Are you currently unable to work? ☐ Yes ☐ No

b. During the 5 past years, have you been unable to work for more than 30 consecutive days?

☐ Yes ☐ No

c. Have you ever been treated for or are you under treatment for: high blood pressure, myocardial infarction, respiratory disease, renal disease, alimentary disorder, ulcer, nervous breakdown, slipped disc, paralysis, coma, diabetes, high cholesterol, immunodeficiency syndrome (AIDS), tumour, cancer, or any other serious illness or infirmity ? ☐ Yes ☐ No

d. Have you ever been seriously injured? ☐ Yes ☐ No

e. Did you have a surgical operation or have you been advised to have a surgical operation?

☐ Yes ☐ No

f. Did you take or are you taking treatment, or medication for any disease or disorder?

☐ Yes ☐ No

g. Do you intend to seek medical advice, treatment, or have any medical tests performed?

☐ Yes ☐ No

2. Work / Health information (continued)

h. Have you tested positive for HIV/AIDS or Hepatitis B or C, or have you been tested/treated for other sexually transmitted diseases or are you awaiting the result of such a test? If Yes, please provide details.

☐ Yes ☐ No

i. Have you smoked any cigarettes within the past 12 months ? If Yes, state how many per day.

☐ Yes ☐ No

j. Do you have any defect of the vision or hearing? If Yes, state to what extent.

☐ Yes ☐ No

k. Do you drink alcohol? If Yes, state type and amount per day.

☐ Yes ☐ No

l. Have any of your parents, brothers or sisters died or suffered from heart or circulatory diseases, cancer, diabetes, kidney diseases or hereditary disorders before age 65 ? If Yes, please also indicate at what age this occurred. ☐ Yes ☐ No

m. Do you intend to engage in hazardous activity (e.g. scuba diving) or fly other than as a passenger on scheduled services? ☐ Yes ☐ No

n. Has any application for insurance on your life (life, accident, health) been declined, postponed, or accepted on special terms? ☐ Yes ☐ No

o. For Female persona only : Are you pregnant ? If Yes, has the pregnancy been normal to date

☐ Yes ☐ No

3. Additional Information

If you answered ‘Yes’ to any of the questions above, please provide details here. Please provide the precise question number (s), diagnosis, dates and duration of illness/injury/treatment and the names and addresses of attending physicians and medical facilities.

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Declaration

I hereby declare that the statements/information given by me in the questionnaire are full, accurate and true. It is hereby understood and agreed that the statement, answers and particulars provided in the questionnaire and as per the attachments are the basis on which the insurance policy is being issued/effected. If after the insurance policy is affected, it is found that any fact in the statements, answers or particulars in this questionnaire is incorrect, untrue, inaccurate, misrepresented or non-disclosed in any respect, adnic shall have no liability under the insurance policy and/or shall have the right to terminate your insurance cover from inception.

Please note that it is in your interest to declare all existing medical conditions, claims related to non declared medical condition will not be covered.

If there is any change in my health condition included in this proposal for before the final underwriting decision is released,i am obliged to inform the insurance company of the same.I understand that failure to do so may result in the rejection of any claim related to that condition and or termination of my insurance cover.

To ensure a smooth administration of the contract and or settlement of the insurance claim, and only for that purpose, the signatory hereby gives his/her specific and informed consent regarding the processing of the medical data concerning him/herself subject to uae local laws and regulations.

Name of the Proposer: ______________________________

Signature of the Proposer: ______________________________

(Signature must be preceded by the handwritten words :Read & Approved)

Signed at ______________________ on this ☐ ☐ day of ☐ ☐ 20 ☐ ☐

(place)

Note: Please note that each page of the Proposal form should be signed by the Proposer or its legal representative