Individual Life Insurance

Health Declaration – 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.

1. General information

a. Proposer's name in full: _____

_____

b. Date of birth (DD/MM/YYYY): _____

c. Gender: ☐ Male ☐ Female

d. Profession/Occupation/Trade or Business (Please describe fully with nature of duties):

_____

_____

e. Sum insured: _____ (in AED)

f. Policy number: _____

g. VAT Tax Registration Number (if applicable): _____

2. Medical information

For Death or Disability Covers

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

b. Do you suffer a disease which needs a chronic treatment or a regular visit to your attending physician at least once every three months? ☐ Yes ☐ No

c. Have you been hospitalized due to sickness or an accident during the last thirty-six months? ☐ Yes ☐ No

d. Have you ever been treated, hospitalized or did you need a surgery for cancer, or heart or coronary arteries disease, during the last five years? ☐ Yes ☐ No

e. Have you been treated, during the last five years for a nervous or psychiatric disease or for diabetes or for renal diseases? ☐ Yes ☐ No

f. To the best of your knowledge are your aware that your will be hospitalized in the near future or are your awaiting any medical investigations results? ☐ Yes ☐ No

3. Additional information

Please kindly explain the reasons to any positive answer in this questionnaire which shall be referred to a medical underwriter for final acceptance or decline.

Declaration

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

Name of Proposer: _____

Signed at _____ on this ☐☐ day of ☐☐ 20 ☐☐
(place)

Signature of proposer: _____

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

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