

## Armed Forces Questionnaire

(To be filled by the Applicant)

Name of the Life Insured	
Application Number	

**Please give full and accurate answers to each question**

1. Which branch of the Armed Services do you belong to? Army  Navy  Air Force  Other (please specify) \_\_\_\_\_
2. Please state your
  - i. Division: \_\_\_\_\_
  - ii: Designation: \_\_\_\_\_
3. Please provide details of the nature of your duties:
  - i. Current posting: \_\_\_\_\_ Duration of posting: \_\_\_\_\_
  - ii. Are you under assignment? Yes  No   
If 'Yes', please mention the location: \_\_\_\_\_
  - iii. Are you under orders for operational or field posting at a sensitive location or location with an ongoing crisis in your upcoming assignment Yes  No
4. Are you engaged in any hazardous activities, e.g. aviation, diving, parachuting, bomb disposal or special service groups? Yes  No
5. Do you handle weapons, Yes  No  if yes – please specify \_\_\_\_\_
6. Are you currently involved in any special assignment? Yes  No   
If 'Yes', please provide details and mention the length of service: \_\_\_\_\_
7. Have you suffered any accident/injury/illness due to your daily duties? Yes  No   
If 'Yes', please mention the type of accident/injury/illness: \_\_\_\_\_
8. Please provide details of when, where and how the injury occurred and the intensity of the injury: \_\_\_\_\_  
\_\_\_\_\_
9. How many days were you away from work as a result of the injury? \_\_\_\_\_
10. Please provide any additional information that you think will be helpful in processing your application:  
\_\_\_\_\_  
\_\_\_\_\_

**Declaration by the Life Insured:**

**B. Declaration by Superior**

I hereby declare and agree that the above particulars/answers are complete and true and this questionnaire will form information provided by the life assured are complete and part of the contract of the desired insurance on my life true to the best of my knowledge

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of the Life Insured:

Vernacular declaration: I have explained the contents of this form and have read out the responses to the Life Insured in his/her local language. He/she has confirmed that the contents are fully understood by him/her.

Name of the Declarant: \_\_\_\_\_

Address of the Declarant: \_\_\_\_\_

Signature of the Declarant

Place: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of the Life Insured