



RE: PROPOSAL NO. _____

This statement should be completed by the life assured.

Full name:

Date of birth:

Please answer each question and where appropriate provide particulars.

1. Do you currently have or have you had any of the following symptoms in the past 14 days?

- Fever Yes No
- Sore throat Yes No
- Dry cough Yes No
- Generalized body ache Yes No
- Headache Yes No
- Shortness of breath Yes No
- Loss of sense of taste or smell Yes No

If the answer to any of the above is yes, please provide further details i.e. since when do you have the symptoms, duration of symptoms, any treatment taken yet, lab test results (if any), name and address of treating doctor/clinic/hospital.

2. Have you been tested for Covid-19? Yes No

If Yes: Date of the test:

- Result of the test: Covid-19 positive
 Covid-19 negative

In case of a positive test, have you made a complete recovery with no sequelae? Yes No

3. Within the past 14 days have you had any contact with someone confirmed as infected with the virus (COVID -19) ? Yes No

4. Have you been issued any notice or directive by any health/state authority to self-quarantine or stay home ? Yes No

5. Are you currently residing outside your usual country of residence or have you returned to your usual country of residence within the last 4 weeks? Yes No

If yes, please provide information: Country / City / Departure Date / Arrived Date / Planned return date.

6. In the next three months, do you intend to travel outside your usual country of residence ? Yes No

If yes, please provide information: Country / City / Date of Travel / Intended Duration

Declaration

I hereby declare that the above answers and statements are true and complete and understand that they shall form part of the contract between me and EFU Life Assurance Ltd. 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. Further, I have understood the declaration that I have made in this form and understand that this declaration forms part of my proposal based on which my policy will be issued, reinstated, or altered. I am well aware that if any information which ought to be made to the Company is withheld, concealed or any false statement is given in this form, any issuance, reinstatement or alteration made in pursuance of this form shall be considered null and void from its inception and all money paid in respect of premiums shall be forfeited to EFU Life Assurance Ltd.

Signature of the life assured

Date