

COVID-19 Questionnaire

Thank you for applying for a policy from HDFC Life Insurance Company Limited. To enable us to assess your application, please send this questionnaire duly answered, endorsed and signed by the "Life to be Assured"/Prospect and Proposed Policy holder, if any.

Application No.	
Name of Life to be Assured	
Name of Proposed Policyholder (if different from Life to be Assured)	

1.	Have you and/or any of your immediate family members travelled outside India in the last 45 days or do you plan to travel outside India during the next 6 months?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
2.	Have you and/or any of your immediate family members tested positive for COVID-19* or are awaiting results of such a test or been advised to be under quarantine due to COVID-19*?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
3.	Are you and/or any of your immediate family members currently suffering from or in the last 2 months, have suffered from fever, persistent cough, sore throat, breathing difficulties, gastro-intestinal symptoms (vomiting/diarrhoea)?	<input type="checkbox"/> Yes / <input type="checkbox"/> No

* Novel Coronavirus, SARSCoV-2/COVID-19

An incomplete questionnaire will not be considered valid.

Declaration:


Where Proposed Policy holder and Life To Be Assured is the same person:

I(Name EDITABLE) s/o, d/o, w/o (NAME EDITABLE) confirm and declare that I am the Life to be Assured in the above mentioned Application Number. I solemnly declare that the information provided herein is true and complete in all respects. I understand that the aforementioned information provided by me shall form an integral part of the proposal made by me for an insurance policy with HDFC Life Insurance Co. Ltd. and I agree that failure to disclose any material fact or providing wrong information shall invalidate the contract/policy issued by HDFC Life Insurance Co. Ltd.

Where Proposed Policyholder and Life To Be Assured is not the same person:

I(Name EDITABLE) s/o, d/o, w/o (NAME EDITABLE) ("Proposed Policyholder") solemnly declare that the information pertaining to Mr/ Ms ("Life To Be Assured") provided herein is true and complete in all respects. I understand that the aforementioned information pertaining to the Life To Be Assured shall form an integral part of the proposal made by me for an insurance policy from HDFC Life Insurance Co. Ltd. and I agree that failure to disclose any material fact or providing wrong information shall invalidate the contract/policy issued by HDFC Life Insurance Co. Ltd.

Date: DD/MM/YYYY
Place: _____

SIGN HERE


Signature/Thumb impression of
Life To Be Assured

Date: DD/MM/YYYY
Place: _____

SIGN HERE


Signature/Thumb impression of
Proposed Policy Holder if different from Life To Be Assured

HDFC Life Insurance Company Limited (HDFC Life). CIN: L65110MH2000PLC128245. IRDAI Registration No. 101.

Regd. Off: 13th Floor, Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.

For queries or more information, Call **1860-267-9999** (local charges apply). DO NOT prefix any country code e.g. +91 or 00. Available Mon-Sat from 10 am to 7 pm | Email – service@hdfclife.com | nriservice@hdfclife.com (For NRI customers only) Visit – www.hdfclife.com