ICICI PRUDENTIAL LIFE INSURANCE

High Risk Occupation Questionnaire : Armed Forces

Application No. | | | | | | | | | | | Abha ID:

Name of Proposer (Policy Owner):

Name of Life Assured (Person being insured by the policy)

Important note:

This questionnaire is a part of your application and is required for further analysis of your above-mentioned policy application.

It is mandatory to provide accurate and complete occupation details as required in the questionnaire below. Suppressing occupation related information or providing incorrect information may impact the claims payout.

Occupational Details of Life Assured

1. **Please mention your Rank and Designation.**

2. **Please mention details of typical duties involved-**
(Duty/Role : Please describe your primary responsibilities, key operations you are part of, and any leadership or technical roles you fulfil)

3. **Kindly state your present place (Location, state, Country) of posting ?** (Current posting : Location posted, State, Country)

4. **Is there any immediate possibility of you being posted to any troubled areas?** Yes ☐ No ☐
(Please specify location and reason for transfer)

5. **Do you handle any explosives or weapons or engage in mines or bomb disposal ?** Yes ☐ No ☐
(Describe the types of equipment handled and your level of training or certification)

6. **Do you take part in any of below activity (Select multiple option)**

- Diving (If ticked then below option to be filled mandatory)

Max Depth/ Heights (in meters)

Location

- Para Trooping (If ticked then below option to be filled mandatory)

No of jumps

Max Depth/ Heights (in meters)

Location

- Parachuting (If ticked then below option to be filled mandatory)

No of jumps

Max Depth/ Heights (in meters)

Location

- Commando activi ties (If ticked then below option to be filled mandatory)

Max Depth/ Heights (in meters)

Location

7. **Have you ever had an accident while performing the above duties--If yes, please share below details?** Yes ☐ No ☐ **(If Yes then mandatory free text) (Incident detail - Date of Incident (Date), Nature of Activity, Injury Type, Recovery Duration, Description)**

☐ I hereby declare that all answers provided above are, to the best of my knowledge, true and that I have not withheld any information that may influence the assessment or acceptance of this application. I also agree that the above questions and answers shall form part of the proposal form of insurance made by me to the Company.

Place: _____

Date: _____

_____

Signature of the Life to be Assured / Proposer