ICICI PRUDENTIAL LIFE INSURANCE

High Risk Avocation (Hobby) Questionnaire : Motorcycle Racing

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 avocation (hobby) details as required in the questionnaire below. Suppressing avocation (hobby) related information or providing incorrect information may impact the claims payout.

Motorcycle Racing Related Details of Life Assured

Please mention your Activity Type/Role

☐ Amateur ☐ Professional

A. Amateur

1. Subtype

☐ Drag Racing And Sprints ☐ Ice Racing ☐ Speedway ☐ Any other

Please provide: Other subtype

2. Cylinder Capacity

☐ Less Than 125 cc ☐ 150-500 cc ☐ Greater Than 500 cc

3. Are you taking part in international events/ world championship? Yes ☐ No ☐

If yes, please mention event detail

4. Have you ever had an injury/accident arising from this activity that required medical attention? Yes ☐ No ☐

Please provide: Date of Incident (date), Nature of Activity, Injury Type, Recovery Duration, Description

B. Professional

1. Subtype

☐ Drag Racing And Sprints ☐ Ice Racing ☐ Speedway ☐ Any other

Please provide: Other subtype

2. Cylinder Capacity

☐ Less Than 125 cc ☐ 150-500 cc ☐ Greater Than 500 cc

3. Are you taking part in international events/ world championship? Yes ☐ No ☐

If yes, please mention event detail

4. **Have you ever had an injury/accident arising from this activity that required medical attention?** Yes ☐ No ☐

Please provide: 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