ICICI PRUDENTIAL LIFE INSURANCE

High Risk Occupation Questionnaire : Merchant Marine

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 confirm your exact designation ?**
2. **Type of vessels/ ship do you work ?**
3. **Please describe your exact nature of duties**
4. **What percentage is of your duties is of a manual or physical in nature ?**
5. **Are you a deck personnel ?** Yes ☐ No ☐

   (if Yes then mandatory free text) (Please specify exact roles & responsibility)
6. **Are you required to work in engine room?** Yes ☐ No ☐

   (if Yes then mandatory free text) (Please specify exact roles & responsibility)
7. **Does your duty involve Lifting or moving heavy goods.** Yes ☐ No ☐

   (if Yes then mandatory free text) (Please specify exact roles & responsibility)
8. **What safety measures are available while you are at work ?**
9. **Have you ever had an accident while performing the above duties?** 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