MORAL HAZARD REPORT



1. Before completion of the report the reporting official should satisfy himself regarding the identity of the proposer. He should meet him, preferably at his residence before completing the report. The reporting official should make independent enquires about the life to be assured's health and habits, occupation. Income, social background and financial position etc.								
2. The report must be comp	·	_	ana manda position etc.					
1. Full name of the propo	oser:							
Proposer Age:			Relation with Life Assured:					
2. Full name of the life to								
Life assured date of birth & age:			Occupation:					
Nature of duties:								
Organization name:								
Permanent Address: _								
3. Total previous insuran	ce from all sources							
Company Name	Policy No.	Sum Assured	Status – in force / surrendered / lapsed / other	Year of start of policy				
4. To be filled by the Insurar a. By whom were you into	roduced to the proposer/							
b. Are you satisfied abou	t the identity of the life pro	oposed:						
c. Give identification ma	k if any:							
d. Does the life proposed	look older than the decla	red age:						
e. What is the education	al qualification of the life 1	to be assured:						
f. Whatis your assessme	ent about the general sta	te of health of the life to be a	ssured:					
g. Has any physical defo	rmity or impairment:							
	_		undergone any operation or	•				

5. Does your enquire	es indicate the life to be a	ssured is having			
- Suffered from o	any illness or injury:				
- Undergone ope	eration:				
- Had hospitaliza	ation:				
- Undergone me	dical investigation:				
- If answered ye	s to any question , pleas	se give			
details:					
6. What is proposer	r's yearly income from al	ll sources			
Year	Employment	Business / Profession	Agriculture	Investment	Other sources of Income
occupation, finanto to the risk?	e assured ever prosecute ncial social position, pers s the risk acceptable and	conal habits or any ot	her circumstances per	taining to the life ass	
9. Do you consider o	acceptance of the propo	sal as in order and re	ecommend in as such		
Name:					
_					
Date:					
Place:			_		
				(Signature of Le	evel 6 and above)

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