ICICI PRUDENTIAL LIFE INSURANCE

High Risk Occupation Questionnaire : Radiation

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. **Please confirm exact nature of duties (Nature of work, materials used, location of activity) ?**

3. **For how long has your work brought you into contact with radioactive substances or material ?**

4. **What type of radioactive substances or materials do your work with and how long are you generally exposed to them each week ?**

5. **What safety precautions do you follow ?**

6. **Have you ever exceeded the tolerance dose or suffered from any radiation related injuries or illnesses ?** Yes ☐ No ☐
   (if Yes then mandatory free text)

☐ 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