

Applicant's Name: **MR. ARAM GHANNADZADEH** Date of Birth: **04/5/1984**
 Height(cm): **173** Weight(kg): **79** Blood Pressure(mmHg): **127/79** Pulse(/min): **84**
 Clinical features:

NIL SIGNIFICANT

Diagnosis (please state cause & duration of the diagnosed conditions):

NO CURRENT MEDICAL ISSUES.

Kindly state the past medical history:

**H/O BILATERAL DVT & PULMONARY EMBOLISM IN 2022
 (DUE TO FREQUENT AIR TRAVEL)
 THROMBOPHILIA SCREENING WAS NEGATIVE**

Kindly state the past surgical history - procedure and outcome (if applicable):

NIL SIGNIFICANT

Does the applicant have any complication related to the diagnosed conditions. If Yes, please specify:

☐ Yes

☒ No

Please specify the current and proposed treatment (kindly include dosage and duration):

**NO ACTIVE TREATMENT
 NO PENDING PROPOSED TREATMENT**

Kindly attach a copy of the latest blood tests/investigation reports

Declaration continued:

For the medical practitioner use only

Physician's name, signature & stamp:

[Handwritten Signature]



Date: DD MM YYYY

06/05/2025

To be completed by the applicant

I, the undersigned, declare that the details given in the above questionnaire are true and correct, to the best of my knowledge and belief. I also hereby declare that I have not withheld any material information that may influence the assessment or acceptance of this application and understand and agree that this form will constitute part of my application for insurance and that failure to disclose any material fact known to me may invalidate the contract.

Signature of the applicant:

Date: DD MM YYYY

Gulf Insurance Group (Gulf) B.S.C. (c)

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Registered in the Insurance Companies Register - Certificate no. (69) dated 22/01/2002.

Subject to the provisions of Federal Law no. (6) of 2007 concerning the establishment of Insurance Authority and Organisation of its work.

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