

Medical Examination Report

This is the transcript of the answers provided by Life to be assured verbally to the questions asked below in a video verification by the underwriting team of IndiaFirst Life Insurance Company Ltd. The answers provided by the Life to be assured would form a part of the application for insurance. The company has accepted the answers provided in utmost good faith and thereby issued the policy. The Company reserves the rights to repudiate any claim arising out of this policy in the event of any mis-statement or suppression of material information found either in the said verification or in the application form.

We request you to go through the transcript carefully. In case of any disagreement, you are requested to highlight the same within 15 days of the receipt of this transcript; otherwise this would be taken as acceptable to you and thereby binding on you. Please retain this transcript for future reference

Customer Name	Kiran	Customer DOB	25/01/2022	Nominee Name	Nominee Name
Nominee DOB	Nominee DOB	Applicztion No.	ApplicationNo	Case TA Code	WX0120
Case Status	Appointment Confirmed	Appointment Date Time	1/4/2022 12:00:00 AM	MER Type	Tele
QuestionNo	QuestionDescription		Yes/No	Reason	
1	Can you please state your Educational Qualification?		No	testing	
2	Can you please state your Occupation ?		Select		
3	Existing Policy/Simultaneous application with Bajaj Life		Select		
4	Do you have any health complaints, either present or past?		Select		
5	Are you currently under treatment or have you been taking any medicines/pills/drugs etc.?		Select		
6	Have you undergone any investigation like blood test/Urine test/Xray/ ECG OR any special test like CTMT/ MRI Scans etc.?		Select		
7	Have you ever been hospitalized or remained absent from work for any illness, sickness, disease, injury, accident or disorder for more than 7 days?		Select		
8	Has there been any recent weight loss or weight gain?		Select		

9	Have you ever in the past or are you currently consuming any of the following? Cigarette/ Beedi/ Pan/ Gutkha/ Alcohol?	Select	
10	Have either of your natural parents or any siblings or spouse suffered from or are suffering from any medical condition like Cancer, Heart related problems, Diabetes, Blood Pressure, Hepatiits, HIV/AIDS Etc.?	Select	
11	Have you ever had any complaints of chest pain, fainting, palpitation,breathlessness? Was it diagnosed to relate with any heart disease?	Select	
12	Have you ever suffered from any heart disease or disorder, heart valve problems, raised blood pressure or cholesterol problems?	Select	
13	Have you ever suffered from asthma, bronchitis, tuberculosis (TB) or coughing with blood or any other lung infection or any problem leading to breathing difficulties?	Select	
14	Have you ever had any disease or disorder of the digestive system including infections of the stomach, stomach ulcer, gall stones,jaundice, hepatitis or any other digestive problems?	Select	
15	Have you ever suffered from any illness because of stress, depression,anxiety or neurological symptoms like fits, blackouts, convulsions,epilepsy?	Select	
16	Do you have any history of any problems related to kidney, ureter,bladder, prostate or reproductive organs or have had blood, protein or sugar in the urine?	Select	
17	Do you have any problems affecting your vision, hearing or any other eye, ear, nose or throat problems?	Select	
18	Have you ever had any problem with your joints or muscle, including pain, weakness, swelling or stiffness or any physical disability?	Select	
19	Have you ever suffered from diabetes or blood sugar problems?	Select	
20	Have you ever suffered from Thyroid Problems?	Select	
21	Have you ever had or been told to have or been treated for cancer,tumour, cyst, or growth of any kind?	Select	

22	Have you ever had a blood disorder or received any blood transfusion?	Select	
23	Have you ever been tested for HIV/VDRL or another sexually transmitted disease?	Select	
24	Are you a married woman?	Select	
25	Do you have any history of miscarriage or abortion?	Select	
26	Have you ever visited a medical practitioner for any problems of breast/ Uterus/ Cervix etc?	Select	
27	Have you undergone any tests like mammogram, ultrasound, pap smear etc.	Select	
28	Is there anything else you would like to share with us with respect to your health or habits?	Select	
29	Do you have symptoms like fever/cough/breathless or are/were you in contact with any corona virus positive person. And returned from abroad , have you tested positive for COVID-19 (if any answer yes,details)	Select	
30	Are you, or have you been in close contact with anyone who has been quarantined or who has been diagnosed with novel coronavirus (SARSCoV-2/COVID-19) ? If yes, please provide details.	Select	
31	Have you been advised to be tested to rule in, or rule out, a diagnosis of novel coronavirus (SARSCoV-2/COVID-19)? Or, are you awaiting the result of a test or have been tested positive for the novel coronavirus(SARS-CoV-2/COVID-19)?	Select	
32	Please provide your travel patterns over the past 14 days	Select	
33	Please detail your intended future travel plans for the next 30 days	Select	

DECLARATION

You Kiran declare that, you have fully addressed the questions asked to you as per this call and have furnished complete, true and accurate information after fully understanding the same.

Sir/Mam are you in agreement with the declaration that i have read out to you.

We thank you for having taken the time to confirm the details. Your proposal shall be processed based on the information provided.

Name and Signature of the Medical Doctor/Medical Underwriter



Doctor Signature

Doctor Name : Dr.Roy

Doctor Qualification : MBBS

Doctor Regn. No. : 123456

Date and Time of Medical Verification :

14-03-2022 05:10 PM