

## **COVID-19 (Coronavirus) Exposure Questionnaire**

Name Of Proposed Insured : Narayana Praveen Reddy		
Policy no: C261046146	Dated: 2	0-Jan-2024
Please answer the following questions in as much detail as possible:		
Have you been in close contact with anyone who has been quarantined (including your family member or who has been diagnosed with novel coronavirus (SARS-CoV-2/COVID-19) within the last three weeks?     If yes, then please confirm if you had any COVID 19 symptoms?	ers) ☐ Yes	<b>⊘</b> No
2. Have you been advised to be tested to rule in or rule out, a diagnosis of novel coronavirus (SARSCoV-2/COVID-19)?	☐ Yes	<b>☑</b> No
<ul> <li>If yes, then please confirm status</li> <li>☐ Test Result Received</li> <li>☐ Awaiting Test Results</li> <li>☐ Not Yet Tested</li> </ul>		
If you have received the Test Result, it is mandatory answer to sub questions a and b		
<ul> <li>a. Date of Last COVID 19 result -</li> <li>b. Result of Last COVID 19 test -</li> <li>c. Did you require,</li></ul>	□ Yes	
3. If Question no 2 is answered as "Yes", then please answer below questions a and b"		
<ul> <li>a. Do you currently experience or did you had any recurrence of symptoms related to COVID 19 infe</li> <li>b. Do you have any pending or recommended follow-up appointments or tests related to COVID-19 diagnosis?</li> </ul>	ection? □ Yes	□ No
4. Are you a Healthcare professional (Includes Doctors, Nurses, Pathologist, Paramedics, Pharmacist, Ward helpers) & enrolled as Corona warrior or working in Hospitals/ Clinics with novel coronavirus (SARS-CoV-2/COVID-19) ward/unit or treating/in contact with COVID-19 infected individuals?	,	<b>▼</b> No

CC	DUNTRY	DATE ARRIVED	DATE DEF	PARTED
	avel Outside of India ir vel within next 3 months	n next 3 months: If Yes, Please provs:	ride details of your	☐ Yes 🔽 No
CC	DUNTRY	DATE of TRAVEL	INTENDED D	URATION
	1			
6. Have you been vaccir	nated for COVID19?			
If yes , Please provide	e your details:			✓ Yes   No
<ul> <li>Date of administrat</li> </ul>	ion of the first dose 06	i-07-2021 (Non-Mandatory)		
		e 03-08-2021 (Non-Mandatory)		
		on post vaccination? ☐ Yes 📝 N	0	
If ves inlease share do	etails including treatme	ent taken for the same and date of	complete recovery	
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Declaration				
I confirm that the answer information that may influ	rs I have given are, to the uence the assessment	ne best of my knowledge, true, and or acceptance of this application.	that I have not withh	eld any material
I agree that this form will known to me may invalid	l constitute part of my a date my insurance(s)	pplication for insurance(s) and tha	t failure to disclose a	any material fact
Signature of Proposed insured	Narayana Praveen Reddy	Date:	20-J	an-2024
Signature of Applicant: (If applicant is different from the Proposed insured)		Date:		
,			#Raks	shakaranKiRe
eaistered Office & Corr	<b>porate office:</b> 14th Flo	DA of India Regn. No. 110) CIN - Lor, Tower A, Peninsula Business Fove belongs to Tata Sons Ltd and any information including cancellate it Tata AIA Life's nearest branch o	Park. Senapati Bapa	at Marg. Lower

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