Face Match Score

Customer Name	TA Code	Score %
Raunak Sanjay Agrawal	WX971917	99.729537963867%

Photo Id



Reference Photo Id







भारत सरकार Government of India

रौनक संजय अग्रवाल Raunak Sanjay Agrawal जन्म तारीख / DOB : 23/02/1992 पुरुष / Male



0276

आधार - सामान्य माणसाचा अधिकार



MAX LIFE INSURANCE CO. LTD.

Regd. Office: Max House, 1 Dr. Jha Marg, Okhla, New Delhi – 110 020.

Head Office: 11th & 12th Floor, DLF Square, Jacaranda Marg, DLF City Phase-II, Gurgaon -

122002, Haryana

-111-11-12			Medical	Examination	Report			
ROPOS	AL NUMBER	1159628	28		AGENT COD	E		
IDENT	TIFICATION DETAILS OF E							
Name	(First/Middle/Last)	Parmale	Agas	wal				
. Date o	of birth (DD/MM/YYYY)	23/02/19	92					
north St	ar ou same	PAN		Driving License		Aadbar Cerd		
. Identi	fication Proof	Passport		Voter ID		Others (Please specify)		
. Identi	fication Proof No.	0276			Mobile No.			
mail (D								
							Yes	Nø
A	Are you pregnant? (App	plicable only for wome	n)					
A11	If 'yes', then how many	months?					M	2
A12	Any pregnancy related	complications?						,
A13	Description of the prob	lem:				/	1	
115								_
8	Have you undergone as If 'yes', then please ans	ny of these tests like m swer the below question	ammogram ens	, uitrasound, pap	smear etc.? (Applicable only for women)	N	_
811	Were the test reports n	ormal? If 'no', then ple	ase provide	details			/	1
B12	Description of the prob	lem:				/	1	
16							-	
С	Do you have any histor if 'yes', then please an	ry of chest pain, heart is swer the below question	attack, palpi ons	tations or breath	lessness on e	xertion or irregular heartbeat?		V
C11	Chest pain was related	to "Heart"						
C12	Chest pain was a result	of "Muscular Pain"						
C13	Chest pain was a result	of "Gastritis Problem"	VEL I					
C14	Details of any other he	art related problem:	7-14				-	-
D	Do you have any hype if 'ves', then please an	rtension / high blood p	ressure / hi	gh cholesterol?				V
D11		es for hypertension and		ontrol				
D12	Are you taking medicin	es for high cholesterol	and is under	control				
D13		noiesterol, provide deta						
E		od sugar / diabetes, thy		er, or any other en	ndocrine diso	rders?	. 1	~
E11	Are you a diabetic und							
E12	Are you under treatme	ent for thyrold disorder	and is it und	ier control?				-
E13	Any other disorder:						-	
F	Do you have asthma / If 'yes', then please ar	bronchitis / wheezing	/ tuberculo	sis / breathing di	fficulties or a	ny respiratory disorders?	V	
F11		equently for asthma / b						L
F12	Do you have a history	of asthma with night sy	mptoms an	d hospitalisation?				-
F13	Do you have allergic b	ronchitis and use inhale	er sometime	s? 4/0	Allos	gic Askma Sin	40-7	0/1
F14	Do you have a history	of asthma with sympto	ms appearin	ng sometimes?		Goracort S	303.	-
F15	Do you have a history	of tuberculosis in the p	ast two yea	rs with no relapse	7			-
F16	Any other details:							-

114000000

		Yes	NO
G	Do you have any blood disorders such as anaemia, leukaemia, or any circulatory disorders? If 'yes', then please answer the below questions	4	L
G11	Do you have a history of iron deficiency anaemia which has now come back to normal?		
G12	If you have any other problem, then please share the details:		
74.45	Do you have any liver disorders such as cirrhosis, hepatitis, jaundice, disorder of the stomach, colitis, or indigestion?		
н	If 'yes', then please answer the below questions		-
H11	Do you a history of jaundice which has now been cured after treatment?		-
H12	Do you have any indigestion or constipation?		-
H13	Do you have a history of gall bladder removed or cholecystectomy?		
H14	Do you have a history of stones in the gall bladder which currently has no complications?		
H15	Do you have a history of Hepatitis 'A' infection which has recovered?		
H16	Do you have a history of fatty liver grade 1?		
H17	Do you have a history of Hepatitis 'B' and 'C'?		
H18	If you had any other problem, then please share the details:		-
	Do you have any physical or mental disability or any congenital disease?	-	
1	If 'yes', then please answer the below question		-
111	Details of the problem:		-
			-
1	Do you have form of cancer, tumour, cyst, or growth of any kind of enlarged lymph nodes? If 'yes', then please answer the below question		-
111	Details of the problem:		
			-
K	Do you have any diseases related to kidney failure, kidney or ureteric stones, blood, or puss in urine / prostate or gynaecological disorders? If 'yes', then please answer the below questions		-
K11	Do you have a history of surgery of kidney / ureteric stone which currently has no complications?		-
K12	Do you have kidney stone which did not require a surgery as it was flushed out / caused no problem?		
K13	Do you have a history of Urinary Tract Infection (UTI) which you have recovered from?	- 10	
K14	Do you have a history of ovarian cyst which currently has no complications?		
K15	IPyou have any other problem, then please share the details:		
L	Do you have epilepsy, nervous disorder, multiple scierosis, tremors, numbness, paralysis or psychiatric disorder?		1
L11	If 'yes', then please answer the below questions Details of the problem:		
м	Do you have any eye, ear, nose or throat related disorders (excluding the use of spectacles)? If 'yes', then please answer the below questions		*
M11	Have you undergone a sight related correction through glasses or LASIK?		
M12	Do you have a history of cataract surgery?		
M13	Do you have a history of cold, cough and sore throat?		
M14	Do you have a history of URTI (Upper Respiratory Tract Infection)?		
M15	Have you had a surgery of DNS (Deviated Nasal Septum)?		
M16	Do you have a history of sinusitis?		
M17	If you have any other problem, then please share the details:		
		4	-
	Do you have any disorder of the back, muscle, joints, bone, neck, deformity, amputation, arthritis, or gout?		L
N	If 'yes', then please answer the below questions		
N N11	If 'yes', then please answer the below questions Do you have a history of back pain due to slip disc with no complications currently?		-
	The state of the s		+
N11	Do you have a history of back pain due to slip disc with no complications currently?		
N11 N12	Do you have a history of back pain due to slip disc with no complications currently? Do you have a history of back pain or are you undergoing any sprain related physiotherapy / exercise?		

2000	ANY CONTRACTOR CONTRAC	Ves	No
N17	If you have any other problems, then please share the details.		
0	In the last 5 years, have you had or been advised to have / in the next 30 days, will you have an X-ray / CT scan / MRI / ECG / TMT / blood test or any other investigatory or diagnostic tests / any type of surgery? If 'yes', then please answer the questions below and specify the date / reason / findings		L
011	Do you have a history taken after an accident?		
012	Do you have a history or surgery after accident which you have recovered from now?		
013	Do you have a history of appendix surgery?		
014	Do you have a history of surgery for piles or haemorrholds?		
015	Do you have a history of MRI scan for back pain?	-	
016	Do you have a history of gall stone / kidney stone?		
017	Have you had a surgery for hernia?		
018	Have you done tests during the annual preventive health check-up with normal results?		
019	Have you done blood investigations for fever / flu / viral fever / malaria / typhoid / dengue with no complications currently?		
020	Have you done blood tests / USG during pregnancy?		
021	Do you have a history of blood test done for blood donation?		
022	Have you undergone a surgery for insertion / removal of rods / screws?		
023	If you have any other problem, then please share the details:		
P	Have you or your spouse tested positive / under treatment for HIV / AIDS / Sexually Transmitted Diseases (eg. Syphilis, gonorrhoea, etc.)? If 'yes', then please answer the below questions		-
P11	Details of the problem:		
Q	Are you under treatment / medication, have received in the past or undergone a surgery / hospitalised for any medical condition / disability? If 'yes', then please answer the below questions		L
011	Have you ever been hospitalised for fever?		
Q12	Have you ever been hospitalised for food poisoning?		
Q13	Have you ever been hospitalised after an accident?		
Q14	Have you ever been hospitalised for C-section / stone removal appendicectomy / piles / hernia?		
Q15	Have you ever been hospitalised for treatment of malaria / typhold / dengue / gastroenteritis / dehydration?		Г
Q16	If you have any other problem, then please share the details:		
R	Have you been on leave at work due to illness / for a continuous period of more than 10 days in the last 1 year? If 'yes', then please answer the below questions		1
R11	Do you have a history of surgery due to accident?		
R12	Have you been treated for tuberculosis more than 2 years ago?		
R13	Have you undergone a caesarean section?		
R14	Have you been on leave due to back pain / slip disc?		
R15	Have you been on leave due to Joint pains?		
R16	Have you been treated for malaria / typhoid / dengue?		
R17	if you have any other problem, then please share the details:		
s	Have you suffered from / are suffering from any disease / allment / habit which has not been mentioned above? If 'yes', then please share the details	c	L
S11	Details of the problem:		
T11	Height (in centimetres)		
T12	Weight (in kilograms) 79		
-			-
	Blood pressure (reading to nearest 5mmHg) (if the first reading exceeds 140/90, two further readings should be taken after a 5		
	Minutes interval) Diastolic to be 5th phase i.e. Cessation of sound.		
U11	Blood pressure (reading to nearest 5mmHg) (if the first reading exceeds 140/90, two further readings should be taken after a 5 Minutes interval) Diastolic to be 5th phase i.e. Cessation of sound. 1st 2nd Systolic	3rd	

U12 P	ulse (If over 90 plear	to teconitra							
	Rate R	hythm	Qualit	y	State of blood vessels	Comn	nent on Ankle Pulse	Set	
	FUT Re	subis.	Gneo	/	Mannael	Egu	al		
	1	1					Treated		
		Take v.						Yes	No
U13 H	s Murmur present? I	f yes, give de	escription?					1	_
V	labits and Addiction	s: Cigarettes	/ beedl / cigar; go	utka / snufi	f / paan; beer / wine / hard I	lquor; drugs			4
V11 T	Fobacco (Smoking / C	hewing) curr	ently or even occ	ssionally in	the last 1 year?			7	L
V12	iave you been smoki	ng more than	n 20 cigarettes a d	lay or chewi	ing more than 10 sachets of	tobacco a day?			-
V13 A	Alcohol (Beer, wine /	hard liquor).	If yes, then please	e answer th	e below questions	Name of the	State of the state of		-
V14 E	Do you drink any kind	of alcohol m	ore than 3 days a	week?		IS IN THE		19	-
V15	Have you ever been a	dvised to qu	It alcohol?	E. T.S.					-
V16	lave you been taking	drugs like cr	nnabis / marijuar	na / ecstasy	/ heroIn / LSD / amphetamir	es or any other lile	gal drugs?	1	
		I tat f	eans coul a loos	ID 40	and the second seconds for a	ush taute as been a	dalend to be under		-
					re awaiting test results for su uffering from fever, cough, s			-	1
	Have you been vaccin			carrainay a	arresting from taxosy so again				
	Full vaccinated		ally vaccinated	T		7.2			
1100	< 1 Week	>1 W	MACHINE TO SERVICE STREET	1			THE PERSON NAMED IN		
	Have you experience		A CONTRACTOR OF THE PARTY OF TH	ation?	THE RESERVE THE PARTY NAMED IN				
100.00	the second secon		CONTROL HOUSE, CANADA	CT-SE-VICTOR	sme and date of complete rec	roupey		Total .	C
estion :	mentioned herein ab	ove in perso	n / face-to-face, (III) that the	of examinee, (i) have carefull answers recorded above are	y examined the exa exactly as given to	minee, (ii) I have as me by the examine	ked ea e and	ch (Iv)
uestion hat this r	TION: I certify that a mentioned herein ab report has been signed d Signature / Stamp of	oove in perso ed by the exa	n / face-to-face, (minee in my pres	III) that the	answers recorded above are	exactly as given to	me by the examine	e and	(lv)
uestion not this reame and ame and ecclaration facts bove shi	mentioned herein at report has been signed d Signature / Stamp of ATION: I hereby declar which may be releva- all form a part of the	oove in perso ed by the exa of the Medica one (i) that the ant and mate application to	n / face-to-face, (minee in my pres al Doctor e above answers a rial to enable the for the proposed i	ill) that the ence.	Dr. Solution of the control of the c	mil.S. MBBS 2/08/1704 Pects, (II) that I ha about the acceptal se factors on the ba	Date Office of the risk, (iii) asis of which the core	o W	ssed ne
lestion hat this r lame and DECLARA any facts	mentioned herein at report has been signed d Signature / Stamp of ATION: I hereby declar which may be releva- all form a part of the	oove in perso ed by the exa of the Medica one (i) that the ant and mate application to	n / face-to-face, (minee in my pres al Doctor e above answers a rial to enable the for the proposed i	ill) that the ence.	Dr. Source and Source	mil.S. MBBS 2/08/1704 Pects, (II) that I ha about the acceptal se factors on the ba	Date Office of the risk, (iii) asis of which the core	o W	ssed ne
luestion hat this relation this relation this relation to the	mentioned herein at report has been signed as Signature / Stamp of the ATION: I hereby declay which may be relevated from a part of the isk on my life and (iv.) as of Examinee	ove in perso ed by the exa of the Medica are (i) that the ant and mate application to) medicals wi	n / face-to-face, (minee in my pres al Doctor e above answers a rial to enable the for the proposed i	ill) that the ence.	Dr. Solution of the control of the c	mil.S. MBBS 2/08/1704 Pects, (II) that I ha about the acceptal se factors on the ba	Date Office of the risk, (iii) asis of which the core	o W	ssed ne
uestion hat this r	mentioned herein at report has been signed as Signature / Stamp of the ATION: I hereby declay which may be relevated from a part of the isk on my life and (iv.) as of Examinee	ove in perso ed by the exa of the Medica are (i) that the ant and mate application to) medicals wi	n / face-to-face, (minee in my pres al Doctor e above answers a rial to enable the for the proposed i	ill) that the ence.	Dr. Solution of the control of the c	mil.S. MBBS 2/08/1704 Pects, (II) that I ha about the acceptal se factors on the ba	Date Office of the risk, (iii) asis of which the cont. Date	ovaluppres that the party	ssed ne may
uestion nat this reason and ame and am	mentioned herein ab report has been signed d Signature / Stamp of ATION: I hereby declar which may be releva- all form a part of the isk on my life and (iv)	ove in perso ed by the exa of the Medica are (i) that the ant and mate application to) medicals wi	n / face-to-face, (minee in my pres al Doctor e above answers a rial to enable the for the proposed i	ill) that the ence.	Dr. Solution of the control of the c	mil.S. MBBS 2/08/1704 Pects, (II) that I ha about the acceptal se factors on the ba	Date Office of the risk, (iii) asis of which the cont.	ovaluppres that the party	ssed ne may
uestion hat this relation this relation to the	mentioned herein at report has been signed of Signature / Stamp of	ove in perso ed by the exa of the Medica are (i) that the ant and mate application to medicals wi	n / face-to-face, (minee in my pres al Doctor e above answers a rial to enable the for the proposed i ll be considered in	ire true, acc company to nsurance convalid in cas	Dr. Solution and the control of the customer is associated with the customer is as a customer is as a customer is a customer in the customer in the customer in the customer is a customer in the cust	mil.S. MBBS 12.08/1704 MBBS 12.08/1704 MBBS 13.08/1704 MBBS 14.08/1704 MBBS 15.08/1704 MBBS 16.08/1704 MBBS	Date Office Ve not withheld or solility of the risk, (iii) sis of which the contact Date Office O	ovinpresident that the same ovince ov	ssed may
vestion nat this reason this reason this reason this reason the same and the same reason thank you nawered thank you nawered thank you nawered the same reason thank you nawered thank you nawered the same reason thank you nawered the same reason thank you nawered thank you nawered the same reason thank you naver the same reason that you naver the same reason thank you naver the same reason thank you naver the same reason that you naver the same reason thank you naver the same reason thank you naver the same reason that you naver the same reason the	mentioned herein at report has been signed as signed as signed as signed as a signed by the L	ore in person of the Medical of the Medical ore (i) that the anti-and mate application (i) medicals with the medical or in the medical or	n / face-to-face, (minee in my pres al Doctor e above answers a rial to enable the for the proposed i ll be considered in	ire true, acc company to nsurance convalid in cas	Dr. Solution of the control of the c	mil.S. MBBS 12.08/1704 MBBS 12.08/1704 MBBS 13.08/1704 MBBS 14.08/1704 MBBS 15.08/1704 MBBS 16.08/1704 MBBS	Date Office Ve not withheld or solility of the risk, (iii) sis of which the contact Date Office O	ovinpresident that the same ovince ov	ssed may
estion nat this y ame and ecclara ny facts bove shi ssume ri	mentioned herein at report has been signed of Signature / Stamp of	ore in person of the Medical of the Medical ore (i) that the anti-and mate application (i) medicals with the medical or in the medical or	n / face-to-face, (minee in my pres al Doctor e above answers a rial to enable the for the proposed i li be considered in	ire true, acc company to nsurance convalid in cas	Dr. Solution and the control of the customer is associated with the customer is as a customer is as a customer is a customer in the customer in the customer in the customer is a customer in the cust	mil.S. MBBS 12.08/1704 MBBS 12.08/1704 MBBS 13.08/1704 MBBS 14.08/1704 MBBS 15.08/1704 MBBS 16.08/1704 MBBS	Date Office Ve not withheld or solility of the risk, (iii) sis of which the contact Date Office O	ovinpresident that the same ovince ov	ssed may
ection in this y ame and ame	mentioned herein at report has been signed as signed as signed as signed as a signed by the L	ore in person of the Medical of the Medical ore (i) that the anti-and mate application (i) medicals with the medical or in the medical or	n / face-to-face, (minee in my pres al Doctor e above answers a rial to enable the for the proposed i iii be considered in COVID-19 (Co ax Life insurance ared and Propose Ve	are true, accompany to nsurance convalid in cas	Dr. Solution of the control of the customer is associated with	mil.S. MBBS 12/08/17/04 MBBS	Date Office Ve not withheld or solility of the risk, (iii) sis of which the contact Date Office O	ovinpresident that the same ovince ov	ssed ne may
ection is this reason are and are and are and are	mentioned herein at report has been signed as signature. Stamp of the	oove in perso ed by the exa of the Medica ore (i) that the ant and mate application to medicals with policy from M life to be Assi t applicable)	n / face-to-face, (minee in my pressed Doctor e above answers a rial to enable the for the proposed if the considered in the considered i	are true, accompany to a surance convalid in case or a surance con	Dr. Solution of the security and one of the secustomer is associated with the secustomer is associated with the secusion over on my life and one of the secustomer is associated with the secusion of the secustomer is associated with the secusion of the security of the secusion of the secusion of the secusion of the security of the se	mil.S. MBBS 12.08/17.04 Jects, (ii) that I hat about the acceptate factors on the bath diagnostic centre syour application, be acknowledged, liagnosed?	Date Ve not withheld or solility of the risk, (iii) ists of which the core. Date OSH POINT Send this questions sections which are r	ovinpresident that the same ovince ov	ssed ne may
estion nat this r ame and eccara ny facts bove shi ssume ri ignature hank you nawerec hould be	mentioned herein at report has been signed of Signature / Stamp of	ore (i) that the ant and mate application i) medicals will be to be Assit applicable)	n / face-to-face, (minee in my pres al Doctor e above answers a rial to enable the for the proposed i iii be considered in COVID-19 (Co ax Life insurance ared and Propose • If yes the make the Mode of	oronavir Company L d Policy Hole en, when we is a month [curate and Somplete in all resonance on my life and one of the customer is associated with the complete in all resonance on the customer is associated with th	mil.S. MBBS 12.08/17.04 Jects, (ii) that I hat about the acceptate factors on the bath diagnostic centre syour application, be acknowledged, liagnosed?	Date Ve not withheld or solility of the risk, (iii) ists of which the core. Date OSH POINT Send this questions sections which are r	ovinpresident that the same ovince ov	ssed ne may
estion hat this relation hat this relation has this relation has been and here. The hank you hank you hank you hank you have rechould be the 2/C	mentioned herein at report has been signed of Signature / Stamp of	oove in person of the Medical of the Medical of the Medical or (i) that the ant and mate application (i) medicals with the color of the Medical of the Medic	n / face-to-face, (mines in my pres al Doctor e above answers a rial to enable the for the proposed i iii be considered in COVID-19 (Co ax Life insurance ured and Propose Ye If yes th Mode of If Hospitalize	oronavir Company L d Policy Hole and I month [of treatmen d is marked	Dr. Solution of the control of the c	mil.S. MBBS 12.08/1704 MBBS 12.08/1704 MBBS 12.08/1704 MBBS 13.08/1704 MBBS 14.08/1704 MBBS 15.08/1704 MBBS 16.08/1704 MBBS	Date Ve not withheld or solility of the risk, (iii) ists of which the core. Date OSH POINT Send this questions sections which are r	ovinpresident that the same ovince ov	ssed may
ECLARA ny facts bove shi ssume if gnature hank you nswere hould be Have the 2/O the	mentioned herein at report has been signed as Signature / Stamp of the	oove in person of the Medical of the Medical of the Medical or (i) that the ant and mate application (i) medicals with the color of the Medical of the Medic	n / face-to-face, (mines in my pressed in Doctor a above answers a rial to enable the for the proposed if it is considered in the considered in the considered in the proposed in the considered in the considere	oronavir Company L d Policy Hole and I month [of treatmen d is marked require sta	curate and somplete in all resomate an informed decision over on my life and one of the secustomer is associated with the customer is associated with the cust	mil.S. MBBS 12.08/1704 MBBS 12.08/1704 MBBS 12.08/1704 MBBS 13.08/1704 MBBS 14.08/1704 MBBS 15.08/1704 MBBS 16.08/1704 MBBS	Date Ve not withheld or solility of the risk, (iii) sis of which the constant of the risk of th	ovi	ssed he may
Name and Declara and facts above shipsome recommendation of the state	mentioned herein at report has been signed as signature. Stamp of the signature of the six on my life and (iv. as of Examinee and Signature) and signed by the Lamentioned NA (Not a mentioned NA (Not coronavirus (SARS-COVID-19)? (If yes, pie Covid-19 questionna	oove in person of the Medical of the Medical of the Medical or (i) that the ant and mate application (i) medicals with the color of the Medical of the Medic	n / face-to-face, (minee in my pres al Doctor e above answers a rial to enable the for the proposed i iii be considered in COVID-19 (Co ax Life insurance ured and Propose • If yes th • Mode o if Hospitalize A. Did you Hig	oronavir Company L d Policy Hole and I month [of treatmen d is marked require sta	curate and somplete in all resomate an informed decision over on my life and one of the secustomer is associated with the customer is associated with the cust	mil.S. MBBS 12.08/1704 MBBS 12.08/1704 MBBS 12.08/1704 MBBS 13.08/1704 MBBS 14.08/1704 MBBS 15.08/1704 MBBS 16.08/1704 MBBS	Date Ve not withheld or solility of the risk, (iii) sis of which the constant of the risk of th	ovi	ssed the may

	Please specify period of hospitalization: From DD/MM/YYYY TO DD/MM/YYYY TO DD/MM/YYY TO DD/MM/YY TO DD/MM/YYY TO DD/MM/YY TO DD/
	Have you made a full physical function recovery from COVID-19? Yes No
	Recovery Period:
	Recovery date 5(3)21 (DD-MM-YYY)
	 Treatment Received for SARS-CoV-2/COVID-19: Please select appropriate option (s)
	No treatment
	Oxygen therapy taken
	Supported ventilation (e.g. High flow nasai oxygen, CPAP, BIPAP, helmet ventilation etc.)
	Medication (pls specify name and doses)
= 8 V	Surgery (Pls specify name of surgery)
	Investigations done (if Yes, mention name and result (normal / abnormal):
	Blood test: ND
	Chest X-ray: NO HRCTThorax: (If yes, provide CT Score)
	HRCT Thorax: (If yes, provide CT Score)
	B. Whether you suffered Covid-19 related Complications? Yes No If yes, then please select appropriate option(s): Output Description:
	Lungs (e.g., pulmonary diseases-including pneumonia, embolism, acute/chronic respiratory
	failure etc.)
	Heart (e.g., Myocardial Infarction, myocarditis, acute or chronic heart failure etc.)/ Stroke/
	Hypertension)
	☐ Kidney (e.g., Renai failure etc.) ☐ Diabetes (e.g., Newly diagnosed)
	Neurological symptoms/Mental issues (e.g., anxiety, depression, low mood, psychosis, lack of
	concentration, memory loss, seizures etc.)
	Septic shock
	Others (pls specify) NO complication
	☐ no complication
case records are not available then ki ereby declare and agree that the abo	ndly provide a declaration with a reason
case records are not available then ki ereby declare and agree that the abo at the answers to questionnaire will fi	ndly provide a declaration with a reason we particulars and answers are complete and true, that I have not held back any relevant facts or details, and orm part of the application for the desired insurance on my life.
case records are not available then ki ereby declare and agree that the abo at the answers to questionnaire will fi	ndly provide a declaration with a reason ve particulars and answers are complete and true, that I have not held back any relevant facts or details, and own part of the application for the desired insurance on my life.
case records are not available then ki ereby declare and agree that the abo at the answers to questionnaire will fi	ndly provide a declaration with a reason ve particulars and answers are complete and true, that I have not held back any relevant facts or details, and own part of the application for the desired insurance on my life.
case records are not available then ki ereby declare and agree that the abo at the answers to questionnaire will fi	ndly provide a declaration with a reason
case records are not available then ki ereby declare and agree that the abo at the answers to questionnaire will fi	ndly provide a declaration with a reason ve particulars and answers are complete and true, that I have not held back any relevant facts or details, and own part of the application for the desired insurance on my life.
case records are not available then ki ereby declare and agree that the abo at the answers to questionnaire will fi	ndly provide a declaration with a reason_ we particulars and answers are complete and true, that I have not held back any relevant facts or details, and own part of the application for the desired insurance on my life.
case records are not available then ki ereby declare and agree that the abo at the answers to questionnaire will fi	ndly provide a declaration with a reason ve particulars and answers are complete and true, that I have not held back any relevant facts or details, and own part of the application for the desired insurance on my life.
case records are not available then ki ereby declare and agree that the abo at the answers to questionnaire will fi	ndly provide a declaration with a reason ve particulars and answers are complete and true, that I have not held back any relevant facts or details, and own part of the application for the desired insurance on my life.
case records are not available then ki ereby declare and agree that the abo at the answers to questionnaire will fi	ndly provide a declaration with a reason we particulars and answers are complete and true, that I have not held back any relevant facts or details, and form part of the application for the desired insurance on my life. Date: Office Control Contr
ase records are not available then killereby declare and agree that the about the answers to questionnaire will fill fill the answers to questionnaire will be answered to the answers to questionnaire will be answered to the answers to questionnaire will be answered to the answer to quest	we particulars and answers are complete and true, that I have not held back any relevant facts or details, and form part of the application for the desired insurance on my life. Date: Office Control of the control of the desired insurance on my life.
rase records are not available then killereby declare and agree that the about the answers to questionnaire will find the answers to questionnaire will be answered to the answers to questionnaire will be answered to the answers to questionnaire will be answered to the answer to questionnaire will be	ndly provide a declaration with a reason we particulars and answers are complete and true, that I have not held back any relevant facts or details, and form part of the application for the desired insurance on my life. Date: Office Control Contr
case records are not available then killereby declare and agree that the about the answers to questionnaire will find the answers to questionnaire will be answered to the answers to questionnaire will be answered to the answers to questionnaire will be answered to the answer to questionnaire will be	we particulars and answers are complete and true, that I have not held back any relevant facts or details, and form part of the application for the desired insurance on my life. Date: Office of the application for the desired insurance on my life. WhatsApp Send HI to Write to us at mastifeinsurance comycustomer-service.
Our virtual assistant Chal with MILI on our website Call us at 1860 120 5577	we particulars and answers are complete and true, that I have not held back any relevant facts or details, and form part of the application for the desired insurance on my life. Date: Office of the application for the desired insurance on my life. WhatsApp Send HI to Login to manage your policy manufacturence.com/customer-service -91 74283 96005
Our virtual assistant Chat with MILL on our website Call us at 1860 120 5577 Important: DO NOT believe in ca	Date: Office as a second true, that I have not held back any relevant facts or details, and own part of the application for the desired insurance on my life. Date: Office as at market as at a second as a sec
Our virtual assistant Chal with MILI on our website Call us at 1660 120 5577 The County of the Cou	Date: Office to us at maxileinsurance.com/customer-service write to us at maxileinsurance.com/customer-service for the special offering discounts. For NEFT Payments, please transfer only to "HSBC Bank ligit Policy No> IFS Code: HSBC0110002". Max Life does not collect Premium in any other
Our virtual assistant Chat with MILI on our website Call us at 1860 120 5577 MOC No. 1165 <followed 9="" by="" co.="" diaccount.="" insurance="" life="" ltd.:="" max="" plot<="" td=""><td>Date: Office to us at maxilieinsurance com/customer-service white to us at maxilieinsurance com/customer-service while service to "HSBC Bank igit Policy No> IFS Code: HSBC0110002". Max Life does not collect Premium in any other of No. 90A, Sector 18, Gurugram, Haryana - 122 015.</td></followed>	Date: Office to us at maxilieinsurance com/customer-service white to us at maxilieinsurance com/customer-service while service to "HSBC Bank igit Policy No> IFS Code: HSBC0110002". Max Life does not collect Premium in any other of No. 90A, Sector 18, Gurugram, Haryana - 122 015.
Our virtual assistant Chal with Mill on our website Call us at 1860 120 5577 mportant: DO NOT believe in ca VC No. 1165 <followed 419,="" 9="" aax="" account.="" bhal="" by="" co.="" di="" insurance="" life="" ltd.:="" mohan="" office:="" plo="" rogd.="" s<="" td=""><td>WhatsApp Send Hi 10 -91 74283 96005 WhatsApp Send Hi 10 -91 74283 96005 WhatsApp Send Hi 10 -91 74283 96005 WhatsApp Send Hi 10 -91 74283 96005 Alls, SMS, E-mail offering discounts. For NEFT Payments, please transfer only to "HSBC Bank ligit Policy No> IFS Code: HSBC0110002". Max Life does not collect Premium in any other of No. 90A, Sector 18, Gurugram, Haryana - 122 015. Ingh Nagar, Railmaira, Tehsil Balachaur, District Nawanshahr, Punjab - 144 533.</td></followed>	WhatsApp Send Hi 10 -91 74283 96005 Alls, SMS, E-mail offering discounts. For NEFT Payments, please transfer only to "HSBC Bank ligit Policy No> IFS Code: HSBC0110002". Max Life does not collect Premium in any other of No. 90A, Sector 18, Gurugram, Haryana - 122 015. Ingh Nagar, Railmaira, Tehsil Balachaur, District Nawanshahr, Punjab - 144 533.
Our virtual assistant Chal with Mill on our website Call us at 1860 120 5577 mportant: DO NOT believe in calcount. Aax Life Insurance Co. Ltd.: Plotting of the lasurance Co. Ltd.: Plotting of the calcount. Aax Life Insurance Co. Ltd.: Plotting of the calcount. Aax Life Insurance Co. Ltd.: Plotting of the calcount. Aax Life Insurance Co. Ltd.: Plotting of the calcount. Aax Life Insurance Co. Ltd.: Plotting of the calcount. Aax Life Insurance Co. Ltd.: Plotting of the calcount. Aax Life Insurance Co. Ltd.: Plotting of the calcount. Aax Life Insurance Co. Ltd.: Plotting of the calcount. Aax Life Insurance Co. Ltd.: Plotting of the calcount.	Date: Office and supplication with a reason WhatsApp Send Hi to +92 74283 98005 Alls, SMS, E-mail offering discounts. For NEFT Payments, please transfer only to "HSBC Bank light Policy No> IFS Code: HSBC0110002". Max Life does not collect Premium in any other of No. 90A, Sector 18, Gurugram, Haryana - 122 015. Ingh Nagar, Railmajra, Tehsil Balachaur, District Nawanshahr, Punjab - 144 533. PB2000PLC045626 Customer Helpline Number: 1860 120 5577
Our virtual assistant Chal with MILL on our website Call us at 1860 120 5577 Call us at 1860 120 5577 Chal with MILL on our website Call us at 1860 120 5577 Chal with MILL on our website Call us at 1860 120 5577 Chal with MILL on our website Call us at 1860 120 5577 Chal with MILL on our website Call us at 1860 120 5577 Chal with MILL on our website Call us at 1860 120 5577 Chal with MILL on our website Call us at 1860 120 5577 Chal with MILL on our website Call us at 1860 120 5577 Chal with MILL on our website Call us at 1860 120 5577 Chal with MILL on our website Call us at 1860 120 5577 Chal with MILL on our website Call us at 1860 120 5577 Chal with MILL on our website Call us at 1860 120 5577 Chal with MILL on our website Call us at 1860 120 5577 Chal with MILL on our website Call us at 1860 120 5577 Chal with MILL on our website Chal with MILL	Date: Office to us at maxile insurance com/customer-service maxile insurance com/customer-service maxile insurance com/customer-service to No. 90A, Sector 18, Gurugram, Haryana - 122 015. ingh Nagar, Railmajra, Tehsil Balachaur, District Nawanshahr, Punjab - 144 533. PB2000PLC045626 Customer Helpline Number: 1860 120 5577 IRDAI Registration. No. 104
Our virtual assistant Chai with MILL on our website Call us at 1860 120 5577 Important: DO NOT believe in ca A/C No. 1165 <followed 0124-4159397,="" 419,="" 9="" account.="" beware="" bhai="" by="" cin:="" co.="" di="" f="" fax:="" fraud="" in<="" insurance="" involved="" irdai="" is="" life="" ltd.:="" max="" mohan="" not="" of="" office:="" plo="" regd.="" s="" spurious="" td="" u74899=""><td>whatsApp Send Hi to -91 74283 98005 Alls, SMS, E-mail offering discounts. For NEFT Payments, please transfer only to "HSBC Bank light Policy No> IFS Code: HSBC0110002". Max Life does not collect Premium in any other to No. 90A, Sector 18, Gurugram, Haryana - 122 015. ingh Nagar, Railmajra, Tehsil Balachaur, District Nawanshahr, Punjab - 144 533. PB2000PLC045626 Customer Helpline Number: 1860 120 5577 IRDAI Registration. No. 104</td></followed>	whatsApp Send Hi to -91 74283 98005 Alls, SMS, E-mail offering discounts. For NEFT Payments, please transfer only to "HSBC Bank light Policy No> IFS Code: HSBC0110002". Max Life does not collect Premium in any other to No. 90A, Sector 18, Gurugram, Haryana - 122 015. ingh Nagar, Railmajra, Tehsil Balachaur, District Nawanshahr, Punjab - 144 533. PB2000PLC045626 Customer Helpline Number: 1860 120 5577 IRDAI Registration. No. 104