

Gastro-Intestinal/Digestive Disorders (Incl. Ulcer) Customer Questionnaire

Name Of Proposed Insured: S Feroze Basha

Policy no.: U192381611

Dated: 06-02-2025

1) (a) What was the diagnosis of your digestive system disease?

(eg. flatulence, peptic/gastric/duodenal ulcer, ulcerative colitis, etc.)

N/A

(b) What are/were the symptoms? N/A

(c) For how long have you suffered from the disease? N/A

(d) How many attacks have you had in the last one year? N/A

(e) Do they occur under a particular situation?

☐ Yes

☒ No

(f) Does the symptom follow the taking of food?

☐ Yes

☒ No

(g) Does the taking of food relieve the symptom?

☐ Yes

☒ No

(h) Did you suffer any internal bleeding or have tarry motions?

☐ Yes

☒ No

(i) Did the pain radiate to any other part of the abdomen, chest or arms?

☐ Yes

☒ No

2) Please give the names and addresses of all doctors consulted and approximate dates.

Dates: N/A /

Doctor/Hospital: N/A

Address: N/A

3) Has an x-ray investigation been made?
(If yes please enclose a copy of the report)

☐

Yes

☒

No

If so, when and with what result?

Date/Result: N/A /

N/A

4) Did you undergo any operation and/or hospitalization for the above disease or was the treatment purely medical?
(If treated surgically and/or hospitalized)

☐ Yes For how long?

☒ No Medication still taking
(Please state name and dosage appearing on the instructions)

N/A

Tata AIA Life Insurance Company Limited

(IRDA of India Regn. No. 110) CIN - U66010MH2000PLC128403

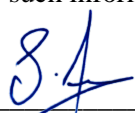
Registered Office & Corporate office: 14th Floor, Tower A, Peninsula Business Park, Senapati Bapat Marg, Lower Parel, Mumbai – 400013

For more information, call our Helpline Numbers **1860-266-9966** (local charges apply).

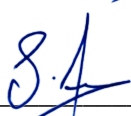
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5) Has the treatment now ceased? N/A
6) When was the last attack? N/A
7) How long have you been away from work due to your digestive system problems in the last 12 months? N/A

I hereby declare and agree that the above particulars and answers are complete and true, and this questionnaire will form part of the contract of the desired insurance of my life. I hereby irrevocably authorize any organization, institution or individual that has any record or knowledge of my/the insured's health and medical history to disclose such information or provide such medical records to Tata AIA.

Signature of Proposed insured: 

Date: 06-02-2025

Signature of Applicant: 
(If applicant is different from the proposed insured)

Date: 06-02-2025

VERNACULAR DECLARATION:

In case the Proposed Insured/Applicant affixes a thumb impression or signs in vernacular.

I _____ holding _____ (ID card type) with number _____ (ID card number) hereby declare that I have explained the contents of this declaration to the Proposed Insured/Applicant in _____ language and that the Proposed Insured/Applicant has affixed his/her signature/thumb impression after fully understanding the contents thereof.

Signature/Thumb Impression of Proposed Insured/Applicant

Witness Signature

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