

DEFENSE QUESTIONNAIRE

(Questions to be filled by life to be assured)

Full name of life to be assured

Proposal number /Application number

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1. Branch of Service

☐ Army ☐ Navy ☐ Air Force ☐ Coast Guard

2. Rank & details of typical duties involved:

3. State your current posting. Is there any immediate possibility of you being posted to any troubled areas? Please state location(s), likely length of posting(s), and details of duties involved.

4. Do you handle any explosives or engage in mines or bomb disposal? If yes, provide complete details.

5. Do you take part in:

i) Diving ☐ Yes ☐ No

ii) Para trooping ☐ Yes ☐ No

iii) Parachuting ☐ Yes ☐ No

iv) Commando activities

If any of the above is answered yes, then please mention

No. of Jumps: _____ per annum

Max Depth: _____ meter

Location: _____

6. Do you fly any type of aircraft as part of your duties as a Pilot or as a Crew Member?

If yes, then mention the following:

a. The type of aircraft (make, model name and number)

b. Number of hours as a: pilot _____ passenger _____

c. Who owns the aircraft and does the owner hold an Air Operator's Certificate?

d. Who maintains the aircraft?

e. Where do you intend to fly? i.e. starting points and destinations

f. Have you ever had an accident while performing the above duties? ☐ Yes ☐ No

(If yes, please give full details)

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I agree that this form will constitute part of my application for life assurance and that failure to disclose any material fact known to me may invalidate the contract.

Place: _____

Date: _____

Signature of the Life to be Assured / Proposer

Signature of the Medical Examiner / Code No.