



Diving (Armed Services And Commercial) Questionnaire

Proposal No. _____	
Name of the Life to be Assured in full _____	
1.	Do you dive professionally / as an amateur / for pleasure?
2.	For how long have you been engaged in diving?
3.	Did you undergo special training for diving? If yes, please state Name and Address of the Training Institute Your qualification / grade
4.	Are you a member of any Diving Club? If yes, state Name and address of the Club
5.	Who is your current employer?
6.	Do you use any equipment for diving? If yes, state Make & Model of equipment
7.	Where do you normally dive? Countries / states Whether in deep sea, coastal waters, rivers, lakes
8.	Please describe your precise duties whilst diving?
9.	Do you ever use explosives?
10.	How many dives do you make per month? a. What is the average time you remain underwater?
11.	Depth of dives i) Maximum depth to which you dive ii) Average depth of dives
12.	Length of dives i) Maximum length of dive ii) Average length of dive
13.	Do you engage in saturation diving?
14.	Do you dive as a part of a team or solo? If part of a team – How many divers are in the team? If solo – How many solo dives do you make per month?
15.	Have you ever suffered from any complaints during or after diving or had an accident while diving? If yes, a. On what date b. Nature and duration of symptoms c. Nature and duration of treatment d. Any sequelae
16.	Name and address of the Institution / Hospital / Doctor who treated you
17.	Do you undergo regular medical check-up? If yes, Name and address of the Institution / Hospital / Doctor where these check-ups are conducted.
18.	Were you ever advised to abstain from diving as a result of medical checkups? If yes, give details

Contd.2..

DECLARATION

I _____ do hereby declare that the foregoing statements and answers are true in every particular and agree and declare that these statements and this declaration along with my Proposal for Insurance dated _____ and the Declaration relative thereto shall form the basis of the contract between me and the Life Insurance Corporation of India and that if any untrue averment be contained therein the said contract shall be absolutely null and void and moneys which shall have been paid in respect thereof shall stand forfeited to the Corporation.

Dated at _____ on the _____ day of _____ 20 _____.

Signature of Witness _____

Full Name _____

Occupation _____

Address _____

Signature of the Life to be assured

In case the Proposer signs in vernacular or is illiterate :

1. This declaration should be made by the person filling in the form :

I hereby declare that I have fully explained the above questions to the proposer & I have truthfully recorded the answers given by the proposer.

Name & Address of the Declarant

Signature of the Declarant

2. The thumb impression of the proposer should be attested by a person of standing whose identity can be easily established, but unconnected with the Corporation and this declaration should be made by him:

I hereby declare that I have explained the contents of this form to the proposer in _____ (language) and that I have read out to the proposer the answers to the questions dictated by the proposer and that the proposer has affixed his thumb impression to this form after fully understanding the contents thereof.

Name & Address of the Declarant

Signature of the Declarant