

➤ **9 Data Protection**

Cim Life Ltd is registered as Data Controller under the Data Protection Act 2004 (Act). All the personal data collected and processed (including sensitive data) in the performance of its business will be treated in strict confidence. We will do our best to ensure that data is accurate, complete, up to date and reliable for its intended use.

All the information requested on this form is mandatory. Personal information may be shared with other persons or bodies, such as our intermediaries, other insurance companies, surveyors, investigative agents, reinsurers, actuaries, regulatory institutions, and institutions investigating fraud and money laundering, whether in Mauritius or another country.

The personal data provided may be used for data sharing by Cim Life Ltd with other Cim Group companies for marketing purposes, to inform you of offers related to other goods and services, in a way that is compatible with the Data Protection and Privacy Policy (Privacy Policy). It will not however, be presented to a third party (unless otherwise stated in the form or required by law) without your specific authorisation to do so. This exercise excludes the sensitive data.

By signing the form, you agree that your personal data may be processed in the manner described above. If you need to inform us of any changes in your personal data or if you have any enquiries about our Privacy Policy, you may send them in writing to our Compliance Manager.

➤ **10 Declaration by the person whose life is to be assured**

I declare and warrant that this personal statement is complete and true. I also understand that this statement, with the proposal for assurance on my life and any other related documents, shall be the basis of the proposed contract. Any concealment, or misstatement of material fact in answering the above questions will invalidate the assurance on my life.

Date : Signature :

Personal Statement

This Statement forms part of the Proposal for life Assurance dated.....

➤ **1 - Proposer**

Surname :		Maiden Name :	
First Names :			
Title : Mr/Mrs/Ms/Dr Other:		Sex: Male/Female	Marital Status :
Address :			
Email Address :			
Tel No Res :	Off :	Mob :	Fax :
Date of Birth :		National Identity Card :	
Occupation :			
Proposal : Single / Joint :		Place of Birth :	

➤ **2 - Medical History**

Do you suffer from or have you ever suffered from any of the following:

a) Respiratory or lung problems? (e.g. asthma, recurrent bronchitis, persistent coughs, tuberculosis, shortness of breath) Yes No

b) Any disorder of the heart, blood vessels or circulatory system? (e.g. high blood pressure, chest pain, heart murmurs, palpitations, coronary thrombosis, tightness of the chest, shortness of breath, stroke, raised cholesterol or rheumatic fever) Yes No

c) Diseases or disorders of the digestive system and /or liver? (e.g. stomach ulcers, gall stones, hepatitis, rectal bleeding, gastric or duodenal ulcer, recurrent indigestion or jaundice) Yes No

d) Any nervous or mental complaints? (e.g. fits, depression, concussion, unconsciousness, anxiety, stress related disorders, persistent headaches, epilepsy, blackouts or paralysis) Yes No

e) Diseases or disorders of the kidneys or bladder? (e.g. kidney-stones, infections, blood or albumin in urine, prostatitis, trouble passing urine or sexually transmitted diseases) Yes No

f) Problems related to the breasts or reproductive organs? (e.g. If female: ovary or womb problems, miscarriages, premature labour, abortions or breasts lumps. If male:prostate or testicle problem) Yes No

g) Any disorder or disease of skin, spine, joints, muscle, bones, limbs? (e.g. backache, slipped vertebrae/disc prolapse, rheumatism, arthritis, gout or any other back or neck trouble) Yes No

h) Diabetes, thyroid, spleen problems or blood disorders? Yes No

i) Cancer, growths or tumours of any kind? Yes No

j) Have you ever been tested for Aids or any Aids-related illness, for Hepatitis B or any other sexually transmitted disease? Yes No

k) Have you been admitted to hospital or seen a specialist in the last 5 years? Yes No

l) Any other diseases or disorder, operations, disabilities or accidents not mentioned above? Yes No

Ref: PS/Life/2011

m) *Applicable for Female:* (1) Are you currently pregnant? Yes No
 (2) Have there been any problems with previous confinements? Yes No
 (3) Have any of your children suffered from any birth defects or congenital abnormalities? Yes No

n) Do you have any genetic disease, e.g. porphyria etc? Yes No

o) Eye, ear, nose, or throat disorder, e.g. defective vision, hearing loss, ear discharge, hoarseness? Yes No

q) Have you ever received medical advice to reduce or discontinue liquor, drug or tobacco consumption or has there been a change in consumption? Yes No

r) Have you planned any future surgery or do you expect to seek medical advice in the next eight weeks? Yes No

s) Have you been requested to undergo any medical tests recently? Yes No

t) Have you taken any sedatives, tranquillisers, or drugs for medical or other reasons? Yes No
 Please state present or past medication, dosage, and reasons for use.

If any of the above questions are answered in the affirmative, please provide details below.

Quest No	Condition	Treatment	Date of last Symptoms	Name & Address of Doctor

➤ 3 - Previous Proposals

3.1 Is your life already insured with any other insurer? Yes No
 If yes, please specify sum assured and insurance company:.....

3.2 Has a proposal for life, disability or accident insurance on your life ever been declined, deferred, or accepted on special terms? (e.g. a premium loading etc.) Yes No
 If yes, please provide details:.....

3.3 Have you completed any medicals for any other insurance company in the last 12 months? Yes No
 If yes, please provide details:.....

➤ 4 - Occupation

Full details of Occupation:.....

Name and address of Employer:.....

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➤ 5 - Build and Habits

5.1 What is your height:.....& weight:.....

5.2 Has your height & weight changed by more than 5 kg over the past 5 years Yes No
 If yes, please provide details:.....

5.3 What and how much do you smoke per day?.....

5.4 What kind of alcohol and how much of it do you consume per day/week?

5.5 Have you ever been charged with drink driving? Yes No

➤ 6 - Activities

Do you partake in any hazardous pursuit, e.g. Parachuting, hand-gliding, diving, mountaineering, private aviation etc? Yes No

If Yes, please provide details:.....

➤ 7 - Family History

	If Living		If Dead	
	Age	State of Health	Age of Death	Cause of Death
Father				
Mother				
Brother				
Sisters				
Children				

If not already stated, has any close blood relative had diabetes, heart disease, high blood pressure, mental illness, porphyria or any other hereditary disease? Yes No

If yes, please state full details:.....

➤ 8 Other Circumstances

Are there any circumstances not disclosed above which may affect the risk of an assurance on your life? Yes No
 If yes, please state full particulars.....