



## Travel Questionnaire - COVID-19

Proposal Form Number / Contract Number

1. Name of the Life Assured

2. Did you or your family member travel within the country /Abroad recently after 15.02.2020?  Yes  No

3. Please provide details of travel that you have taken after 15.02.2020 including within the country  
OR future travel plans in next six months

Countries:

Cities or Towns (within India or Abroad)

Date of Arrival

Date of Departure

Visa Type

Date of return to your place/ India

4. Have you ever been undergone or advised to test COVID-19 screening test, quarantined or in close contact with anyone who has been quarantined due to a possible exposure to COVID-19?  Yes  No

If yes, please provide test dates, results and locations

5. Have you experienced any of the following symptoms within the last 14 days?: Fever, Cough, Shortness of breath, Malaise (flue-like tiredness), Rhinorrhoea (mucus discharge from the nose), Sorethroat, Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhoea  Yes  No

If yes to any of these, please provide full information \_\_\_\_\_

\_\_\_\_\_

6. Are you currently in good health?  Yes  No

### Declaration

I confirm 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 insurance(s) and that failure to disclose any material fact known to me may invalidate my insurance(s).

Name of the Life Assured : \_\_\_\_\_

Place : \_\_\_\_\_

Date:

Signature

Name of the Proposer : \_\_\_\_\_

Place : \_\_\_\_\_

Date:

Signature