Canara HSBC
LIFE INSURANCE

Declaration

To be duly filled by the Life insured and (Spouse, if Spouse Rider is taken)

S.No	Please tick the correct option and provide details in the space given below along with question reference if your answer is yes to any of the below questions .	Life Insured		Spouse	
		Yes	No	Yes	No
1	Have you or your family members travelled to Countries outside India in the past 2-3 months? Or Do you intend to travel abroad in next 3 months If yes please provide name of the country, purpose and duration of stay and date of return.				
2	Did you have to or advised to self-isolate as a result of travel OR for any other reason without symptoms (e.g. contact tracing) due to COVID-19 (excluding mandatory government orders to remain at home due to lockdown) ?				
3	Have you come in contact with any person suspected OR confirmed to have 'Corona virus' OR tested positive for "Corona Virus? If yes, pl provide details				
4	Are You currently or any of your family members (living toge ther) having symptoms of COVID-19 (such as any flu like symptoms cold, persistent cough, running nose, headache, fever, shortness of breath, breathing difficulties, nausea, nausea, vomiting , diarrhea etc.) or Advised to undergo COVID test OR Awaiting test result of COVID 19 OR self-isolated with symptoms on medical advice ? I f yes, mention details: Relationship with life assured/Exact Diagnosis/Date of Diagnosis:				

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5	Have you ever had a positive COVID-19 test? If yes, when was this? Please share reports				
6	If answer to 3 , 4,5 is Yes, then answer below Did you require admission to hospital? If yes, Did you require a stay in High-dependency unit (HDU), intensive care unit (ICU), intensive treatment unit (ITU) or critical care unit (CCU) admission? If yes, did you require the support of a ventilator?				
7	If answer to 3 , 4,5,6 is Yes, then answer below Have you made a full physical function recovery, able to perform your normal occupational or daily duties, without any ongoing symptoms or restrictions (i.e. shortness of breath or fatigue)? If yes, when did you make a full recovery?				
8	1. Are you a Healthcare professionals (Include for instance General Practitioners, Doctors, Hospital Doctors, Surgeons, Therapists, Nurses, Pathologist, paramedics, Pharmacist, Ward helpers, Individuals working in Hospitals/ Clinics having novel coronavirus (SARS-CoV-2/COVID-19) Ward ? if yes , please provide details whether working in Hospital with Covid-19 ward or treating or in contact with Covid19 infected individuals.				

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9	If Q8 is Yes , please provide more details in terms of daily duties including details whether enrolled as Corona virus warrior or working in Hospital/ clinic with novel coronavirus (SARS-CoV-2/COVID-19) ward/unit or treating/ in contact with SARS-CoV-2/COVID-19 infected individuals				
10	Have you been vaccinated for COVID19? If Yes then provide details				
	Date of administration of the first dose _____ Date of administration of the second dose_____ Name of vaccine _____				
11	Have you experienced any adverse reaction post vaccination ? If yes, please share details including treatment taken for the same and date of complete recovery				
12	Have you ever tested positive for the novel corona virus (SARS-CoV-2/COVID-19) which required hospitalization/ ICU admission/put on ventilator ?				

Space for Details: _____

_____

Name of the Life Insured :_____ Signature _____
Name of the Spouse :_____ Signature _____
Date :_____ Place :_____