

**LIFE INSURANCE CORPORATION OF INDIA**  
(Established by the Life Insurance Corporation Act 1956)

\_\_\_\_\_DIVISION

confidential Report of the : Agent authorised to complete F.No.3251/5122  
Development Officer/ABM(S) /BM / Sr.B.M./A.D.M ( S) / M.M

**INSTRUCTIONS:**

1. Before completion of the report the reporting official should satisfy himself regarding the identity of the proposer. He should meet him , preferably at his residence before completing the report.The reporting official should make detailed independent enquiries about the life to be assured's health and habits in addition to reporting on his financial status. It should be borne in mind that the desicion of the LIC will be largely influenced by this report.
2. This report must be completed immediately after the enquiries are made:

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\_1. Full Name of the proposer.....Age.... years.  
Full Name of the life to be assured.....Age.... years.  
Occupation:Exacat nature of  
duties/Business.....Sum proposed.....  
Full Address.....  
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2. a. Are you satisfied about the identity a.....  
of the life proposed ?
  - b. By whom were you introduced to the b.....  
Proposer/Life to be insured?
  - c. Give marks of his/her identification c.....
  - d. Total previous insurance in force-Sum d.....  
Assured
  - e. Do you feel that total insurance  
added to the present proposal is  
reasonable in relation to income? e.....

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\_3. What is you assesment about the  
general health of the  
Life proposed

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4. What is proposers yearly income from
- (i) Employment i. Rs.....per annum
  - (ii) Business or professsion ii. Rs.....per annum
  - (iii) Other sources(to be specified) iii. Rs.....per annum
  - (iv) H U F if any iv. Rs.....per annum
  - (v) State income of the life to be assured if assured is different from the proposer. v. Rs.....per annum
  - (vi) State which document relating to income were verified. Remarks such as told by party/agent Etc" will not be accepted. vi.....
- Give detailed and accurate information about the nature & source of income.
- (vii) a. Is he/she Income-tax Assessee? vii.a.Yes /No
  - b. What is the I.Tax P.A No. b.P.A.No. GIR No. c.GIR No.
  - (viii) Are other members of the family insured? viii.....
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5. Does the life proposed look older ?
- a. if so, by how many years? a.....
  - b. what is the educational qualification of the life to be assured? b.....
  - c. What is the geneal state of health of the life to be assured? C.....
  - d. Is his general appearance healthy? d.....
  - e. Has he any physical deformity , impaired sight or hearing, amputation of limb(s) mental backwardness or any other impairment? e.....
  - f. Does your enquiry indicate of his having any illness or injury or undergone any operation or hospitalisation or medical investigation in the past ? if so,give details f.....

g. Is there anything in the Life to be Assured's occupation, financial social position, personal habits or any other circumstances which might add to the risk? g.....

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6. Are you satisfied that no previous Policy of the proposer/Life assured Has lapsed within last 3 years?

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Question No.7 to be answered if the proposal is under Non-medical scheme.

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7. Give below weight and physical measurements:  
See note below:

i.Exact height(without shoes)	i.....cms
ii.Exact weight (with thin clothes on)	ii.....kgs
iii.Girth of abdomen at level of navel	iii.....cms
iv.Girth of Chest at nipple on	
a.Expiration	a.....cms
b.inspiration	b.....cms

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NOTE:Height, Weight and Girths of Chest and Abdomen should be found by measurement only.

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8. a. Was the proponent ever prosecuted or are there any prosecutions against him pending? a.....

b. Do you consider the acceptance of the proposal is in order and recommend it as such? b.....

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I hereby declare that the foregoing statements are true and correct to the best of my knowledge and belief.

**signature**

Place:.....

Date:.....

Name (BlockLetters).....

Designation.....

Address.....

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Agency Code No. and Club Membership, if any:.....

CERTIFICATE

It is certified that the Agent Shri/Smt.....  
Code No..... is authorized to fill up this form.

HOD / SALES.