JANASHAKTHI

JANASHAKTHI GENERAL INSURANCE LIMITED

(Company No. PB 5179)

No.55/72, Vauxhall Lane, Colombo 2, Sri Lanka. P.O.Box: 2202,

Tel:2309999 , Fax.: 2334864,7309299. E-mail: insurance@janashakthi.com

Policy No: (For Office Use)

Please complete using Block letters. Any alterations must be certified by placing the full signature.

The Company reserves the right to request additional information if required on submission of the declaration. Non-disclosure of any adverse health condition would lead to the Claim being rejected at the claim stage.

Name of the Applicant in Full :					
National Identity Card No./Passport No :					
DECLARATION OF GOOD HEALTH					
1	Have you ever been subject to any medical condition illness or injury which has already affected your health or may do so in future?	Yes	No		
2	Have you ever been advised to have an operation, X-ray or medical check up or investigation at hospital or elsewhere?				
3	Have you ever had an accident or injury requiring an overnight stay in hospital?				
4	(a) Are you at present receiving medical treatment or taking any medicines? If "Yes" please state name of medicine and dosage prescribed				
	(b) Are you contemplating to obtain medical treatment within the next three months? If "Yes" please indicate details				
5	Have you ever received or considered you to seek medical advice regarding Hepatitis, Aids or Aids related condition or any Sexually Transmitted Infections (STI)?				
6	Have you ever had any disorder of the heart, circulatory problems, high blood pressure, stroke, cholesterol, diabetes, kidney or urinary problems, any form of cancer, cyst, tumor, multiple sclerosis, arthritis, rheumatism?				
7	Have you ever had an anxiety state, depression, or any mental/ nervous or neurological disorder?				
8	Have you ever suffered from respiratory or lung trouble eg: asthma, bronchitis, persistent cough, tuberculosis?				
9	Have you ever suffered from any disorder of digestive system, gall bladder or liver etc. actual or suspected gastric or duodenal ulcer, bleeding from bowel, recurrent indigestion, hepatitis, gall stones hiatus hernia?				
10	Are you in good health now?				

If the answer to any of the question Nos. 1 to 9 is "Yes" or to 10 is "No" Please give details				
(No. 11 & 12 below to be completed by female applicants)				
11 Are you now pregnant?	Yes	No		
12 If yes, Duration of Pregnancy (weeks)				
DECLARATION				
I declare that to the best of my knowledge and belief the above statements are true and complete and that I have disclosed all material facts which would influence the assessment and acceptance of this Declaration. I				
consent to the Company seeking and obtaining from any Doctor, Clinic or Hospital, my employer/s or insurer to whom a proposal for insurance had been made, any information relating to my physical healt	any othe			
Dated at				
Signature of the Applicant				