Annexure A-CVD_03.20

SHRIRAM Life Insurance
YOUR PARTNER FOR PROSPERITY
associated with Sanlam group

COVID-19 (Coronavirus) Exposure Questionnaire

(To be filled by Life Assured only)

Name of the Life insured: _____ Proposal/Policy No: _____

Please provide the following information with as much details as possible:

		Yes	No
1.	Are you, or your immediate family members/co-habitants have been in close contact with anyone who has been quarantined or who has been diagnosed with novel coronavirus (SARS-CoV-2/COVID-19)? If yes, please provide details.	☐	☐
2.	Have you or your family members /cohabitants ever been quarantined/ kept under observation/home isolation due to a possible exposure to novel coronavirus (SARS-CoV-2/COVID-19) till date since 1.1.2020.	☐	☐
3.	Have you or your family/co-habitants been advised to be tested to rule in, or rule out, a diagnosis of or hospitalized for observation or treatment in past 2 months for respiratory symptoms for novel coronavirus (SARS- CoV-2/COVID-19)? Or, are you awaiting the result of a test which has already been submitted for the novel coronavirus (SARS-CoV-2/COVID-19)?	☐	☐
4.	Have you been tested for COVID-19? ,If yes, please provided all the reports of same till date	☐	☐
5.	Have you ever tested positive for the novel coronavirus (SARS-CoV-2/COVID-19)? If yes, provide the date of positive diagnosis & reports of same till date.	☐	☐
6.	Have you/ your Family/co-habitants experienced any symptoms of Fever, Cough, Cold, Shortness of breath, Malaise(flu-like-tiredness), Rhinorrhoea (mucus discharge from the nose), Sore throat, Gastro – Intestinal symptoms such as nausea, vomiting and/or diarrhoea. If yes, specify the details of person who experienced these (you/your family members) and provide full information.	☐	☐
7.	Are you currently in good health?	☐	☐

Please provide the details below if any of above question is answered as "Yes"

8	Travel Declaration			
8.a	Please provide your travel patterns over the last 5 months (please provide copy of all pages of passport of life assured showing entry and exit of below travel dates):			
	COUNTRY	**CITY**	**DATE ARRIVED**	**DATE DEPARTED**
8.b	Please detail your intended future travel plans for the next 6 months:			
	COUNTRY	**CITY**	**Proposed date of Travel**	**Planned duration of stay**
8.c	If you have been screened at the airport, please provide copy of report			

I confirm that the answers I have given are true to the best of my knowledge 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) contract.

Date:_____

Place: _____

_____
Signature of Life Assured