

HEALTH STATEMENT

DECLARATION FORM

Please complete this form using black or blue ink. Write in **BLOCK LETTERS** and tick the relevant items. If your application is incomplete it might cause a delay. Kindly ensure that you submit a fully filled form together with the signed illustration. The life assured and policy owner are required to disclose all information requested. Please retain a copy of this proposal form and other correspondences with us for your future reference.

1. Applicant Details

Applicants Name	<input type="text"/>		
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth <input type="text"/>
Your Height	<input type="text"/>		
	Weight <input type="text"/>		

2. Health Declaration

I hereby declare and certify that:

- I am currently actively at work with no health restriction due to sickness or accident. Yes No
- Have not during the past 12 months been unable to work for more than 15 days due to sickness or accident. Yes No
- Have not been hospitalized for more than 10 days during the last 12 months. Yes No

In case the applicant cannot certify the above

- I agree to the Sukoon Insurance company sending me a health questionnaire to fill in to clarify some points as I cannot certify the above questions. Yes No



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3. Declaration

I declare that I have answered all the questions in this questionnaire after clearly understanding them and that I have duly signed this form in the required places. I confirm that I have fully understood the nature of the questions and the importance of disclosing all information accurately while answering such questions. I declare that the answers given by me to all questions in the questionnaire are true and complete in every respect, and that I have not withheld any material information or suppressed any material facts. I confirm that I clearly understand that, in the case of any misstatement, misrepresentation, and/or suppression of any data and/or information, and/or if I fail to inform the Company of any changes in the information provided in this questionnaire, the Company has the right to repudiate any and all claims under any policy issued based on this questionnaire and/or, at the sole discretion of the Company, to consider any policy issued based on this questionnaire as void.

I hereby authorise Sukoon Insurance PJSC to contact me at any time and through any medium (phone, email, SMS, etc.) for the purpose of obtaining more information about this proposal form and/or for keeping me informed about their other products and/or promotional activities. I hereby also authorise my past/present employer/business associates, medical practitioner(s)/hospitals/laboratories/medical providers, insurance companies, and financial institutions to release to Sukoon Insurance PJSC all details, records, facts, and information (including medical details, KYC records, AML-CTF & FATCA details) as required by Sukoon Insurance PJSC for the assessment of risk and/or the processing of claims if, subsequently, an insurance policy is issued based on this proposal form.

This proposal form shall be a part of the insurance policy in case of its acceptance by the Company. I further unconditionally consent and authorise the Company to store, process, and/or disclose/transfer my personal information as may be required to issue, underwrite, administer, or process my proposal, policy, claims, etc. (as applicable), including but not limited to third-party administrators, medical providers, reinsurers, and service providers, whether within or outside the UAE.

Applicants Full Name

Date (dd/mm/yyyy)

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Applicant Signature

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