



# STATE LIFE

INSURANCE CORPORATION OF PAKISTAN  
GULF ZONE

503-SH, SAUD BIN SAQAR AT QASIMI BUILDING  
OPPOSITE TOYS 'R', SALAH-UD-DIN ROAD,  
P.O. Box. # 11278, DEIRA- DUBAI (U.A.E.)  
TELEPHONE : +971-4-2729061, 04-2729071  
FAX : 04-2729051  
E-mail: slicdxb@emirates.net.ae

DATE : .....

## DECLARATION OF GOOD HEALTH (DGH)

PROPOSAL/ POLICY NO. \_\_\_\_\_

Name : \_\_\_\_\_ Date of Birth \_\_\_\_\_

1. What illness or injury have you had since the date of your first declaration? Give detail - date, duration etc. } \_\_\_\_\_
2. What deaths have there been in your family (parents, brothers or sisters) since the date of your first declaration give age at death, cause of death, duration of illness. } \_\_\_\_\_
3. Have you ever made a proposal for assurance on your life to any company which has not been accepted at ordinary rates or under the plan and term proposed? } \_\_\_\_\_
4. Are you now in good health? } \_\_\_\_\_  
FOR FEMALES } \_\_\_\_\_
5. Are you pregnant at present ? } \_\_\_\_\_  
APPLICABLE TO CHILD LIFE } \_\_\_\_\_
6. Is your child now in good health? } \_\_\_\_\_

### 1. The undersigned do hereby declare that :

- i. The statement made herein and in my previous declarations are true and I have not concealed, withheld or reserved any information effecting the risk of assurance under this proposal/Policy.
- ii. From the date of my first Declaration till this day, I have had no illness or injury, nor there has been any change in my Personal and family history except as declared.

### 2. And I do hereby agree that :

- i. This declaration together with all Declaration made or to be made by me in respect of this proposal/Policy shall form the basis of the contract between me and The State Life Insurance Corporation of Pakistan.
- ii. If any untrue statement be contained in any of my declaration, all moneys which shall have been paid upon account of said assurance shall be forfeited to the Corporation and the assurance shall be absolutely null and void.
- iii. Any payment made by me in advance and acknowledged by the Corporation provisionally shall be treated as deposit involving no liability to the Corporation until and unless the corporation acting upon this declaration shall have adjusted the same as premium by issuance of a properly stamped receipt during my life time and good health.

I hereby authorize any Hospital. Laboratory/Physician, Surgeon or any other person who has attended me or may attend in future to give the State Life Insurance Corporation of Pakistan all knowledge and information which was thereby acquired including the history obtained and the diagnosis made.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 201  
(City) (Day) (Month)

Witness : \_\_\_\_\_

Name : \_\_\_\_\_

Address : \_\_\_\_\_