



# SADHARAN BIMA CORPORATION

HEAD OFFICE :

SADHARAN BIMA BHABAN  
33, DILKUSHA COMMERCIAL AREA  
DHAKA-1000, BANGLADESH

## PROPOSAL FORM FOR DREAD DISEASES POLICY

1. NAME OF THE PROPOSER / INSURED :
2. ADDRESS (IN FULL) :
3. SEX : MALE / FEMALE
4. PROFESSION / OCCUPATION :
5. AGE / DATE OF BIRTH :
6. PERIOD OF INSURANCE : From \_\_\_\_\_ To \_\_\_\_\_
7. NAME, ADDRESS AND REGN. NO. OF YOUR MEDICAL PRACTITIONER :
8. DETAILS OF ANY OTHER INSURANCE (POLICY NO., OFFICE., TYPE) IF ANY :
9. ARE YOU IN GOOD HEALTH AND FREE FROM ANY OF THE FOLLOWING
  1. STROKE :
  2. CANCER :
  3. KIDNEY FAILURE :
  4. MULTIPLE SCLEROSIS :
  5. ANY OTHER DISEASE AFFECTING (A) KIDNEYS (B) LUNGS (C) PANCREAS :
10. HAVE YOU EVER SUFFERED FROM ANY OF THE AILMENTS LISTED IN QUESTION 9 ABOVE. IF SO PLEASE GIVE DETAILS.
11. IF YOU HAVE SUFFERED FROM ANY AILMENT / DISEASE IN THE PAST 12 MONTHS. PLEASE GIVE DETAILS :
12. ANY OTHER FACTS AFFECTING THE PROPOSAL :

I HEREBY DECLARE AND WARRANT THAT THE ABOVE STATEMENTS ARE TRUE AND COMPLETE. I AGREE THAT THIS PROPOSAL SHALL FORM THE BASIS OF THE CONTRACT SHOULD THE INSURANCE BE EFFECTED. IF AFTER THE INSURANCE IS EFFECTED IT IS FOUND THAT THE STATEMENT OF ANSWERS OR PARTICULARS STATED IN THE PROPOSAL FORM AND ITS QUESTIONNAIRES ARE INCORRECT OR UNTRUE IN ANY RESPECT, THE INSURANCE COMPANY SHALL INCUR NO LIABILITY UNDER THE INSURANCE.

I AM WILLING TO ACCEPT THE COVERAGE SUBJECT TO THE TERMS, CONDITIONS AND EXCEPTIONS PRESCRIBED BY THE INSURANCE COMPANY IN THE POLICY.

PLACE

DATE

SIGNATURE