## **EFU Life Assurance Ltd.**

## **COVID-19 Questionnaire Form**



RE: PROPOSAL NO		
nis statement should be completed by the life assured	d.	
ull name: Date	of birth:	
ease answer each question and where appropriate p	rovide particulars.	
1. Do you currently have or have you had any of the		days
- Fever		۰П
- Sore throat		∘⊟
- Dry cough	Yes ☐ N	• 🗖
- Generalized body ache	Yes ☐ N	۰ロ
- Headache		∘□
- Shortness of breath		∘□
- Loss of sense of taste or smell	Yes ☐ N	o 🗌
If the answer to any of the above is yes, please provide further of symptoms, duration of symptoms, any treatment taken yet, lab t doctor/clinic/hospital.		ating
2. Have you been tested for Covid-19?	Voc□ No	_
If Yes: Date of the test:	Yes ☐ No	
Result of the test:		
☐ Covid-19 negative		
In case of a positive test, have you made a complete re	ecovery with no sequelae? Yes No	
3. Within the past 14 days have you had any contact confirmed as infected with the virus (COVID -19)?		
4. Have you been issued any notice or directive by a to self-quarantine or stay home?	ny health/state authority Yes ☐ No	
5. Are you currently residing outside your usual couhave you returned to your usual country of reside weeks?		
If yes, please provide information: Country / City / Departure	Date / Arrived Date / Planned return date.	
6. In the next three months, do you intend to travel country of residence ?  If yes, please provide information: Country / City / Date of Travel Country / City / City / City / City / City /		 • □
Declaration	The same and the s	
I hereby declare that the above answers and statements are true and contract between me and EFU Life Assurance Ltd. I confirm that I have a this form, even those that are not in my own handwriting. Further, I have and understand that this declaration forms part of my proposal based on well aware that if any information which ought to be made to the Comp. in this form, any issuance, reinstatement or alteration made in pursuaninception and all money paid in respect of premiums shall be forfeited to	checked and found correct all answers and stateme understood the declaration that I have made in thi which my policy will be issued, reinstated, or altered any is withheld, concealed or any false statement is ce of this form shall be considered null and void fr	ents in s form d. I am s given
Signature of the life assured	Date	