

LIFE INSURANCE CORPORATION OF INDIA
DIVISIONAL OFFICE::NELLORE

MHR by Dev Officer ABM(S)/ BM to be given in case of Physically Handicapped Life

Name Of Proposer: _____ Proposal No: _____ BO code: _____

- 1) Have you personally seen the life to assured? :
- 2) Are you related to him? :
- 3) Does he/she have any physical deformity, impaired sight or hearing, physical impairment or mental retardation? :
- 4) Do you have any knowledge of his/her having suffered from illness or injury or undergone any operation, hospitalisation or medical investigation? :
- 5) In case of Physical Impairment:
 - a) How many limbs are affected? Give details:
 - b) What is the cause of deformity?
 - i) Congenital (By Birth)
 - ii) Due to accident
 - iii) Due to Diseases
- 6) Whether he/she is full time employee or engaged in business?
- 7) Exact nature of duties of the life proposed and details of his/her occupation :
- 8) How many hours per day does he/she devote to work? :
- 9) Have you visited the place of his/her work? :
- 10) Are you satisfied that he/she is having earned income? :
- 11) What is his/her approximate yearly income? :
- 12) Do you think he/she is capable of taking sufficient precautions to avoid accidents?

Place

Date:

Signature of DO/ABM/BM

Design:

Code/SR No: