



# L I C

INTERNATIONAL

شركة التامين على الحياة (العالمية) ش.م.ب (مقفلة)  
Life Insurance Corporation (International) B.S.C.(C)

رأس المال المدفوع : ١٠,٠٠٠,٠٠٠ دينار بحريني س.ت: ٢١٦٠٦  
بناية علي الوزان، شارع الخليفة، ص.ب: ٥٨٤، المنامة،  
مملكة البحرين، هاتف: ١٧٢١٠٦١٠ +٩٧٣، فاكس: ١٧٢١١٥٧٧ +٩٧٣

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## Addendum to proposal under Asha Deep Plan

Proposal No. \_\_\_\_\_

Full Name of the Life Proposed : \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_

### PART - A

The definitions of the diseases covered under the policy and their exclusions are given hereunder, which proposer must understand and give his / her consent at the end of this addendum :

#### (i) Cancer (malignant) :

It is the presence of uncontrolled growth and spread of malignant cells. The definition 'Cancer' includes leukaemia, lymphoma (s) and Hodgkin's disease.

#### Exclusions :

This excludes non-invasive carcinoma(s) in situ, localised non-invasive tumour(s) revealing early malignant changes and tumour(s) in presence of HIV infection or AIDS; any skin cancer excepting malignant melanoma(s) are also to be excluded.

#### (ii) Paralytic Stroke :

(Cerebro-Vascular accidents): Death of a portion of the brain due to vascular causes such as (a) Haemorrhage (cerebral) (b) Thrombosis (cerebral) (c) Embolus (cerebral) causing total permanent disability of two or more limbs persisting for 3 months after the illness.

#### Exclusions:

- i) Transient/Ischaemic attacks
- ii) Stroke-like syndrome resulting from
  - (a) Head injury;
  - (b) Intracranial space occupying lesions like abscess, traumatic haemorrhage and tumour;
  - (c) Tuberculous meningitis, pyogenic meningitis and meningococcal meningitis.

#### (iii) Renal Failure:

It is the final renal failure stage due to chronic irreversible failure of both the kidneys. It must be well documented. The life assured must produce evidence of undergoing regular haemodialysis and other relevant laboratory investigations and doctor's certification.

#### (iv) Coronary artery disease where By-pass surgery has been actually done

Undergoing of By-pass surgery on the advice of a consultant cardiologist to correct narrowing or blockage of one or more coronary arteries.

#### Exclusions:

Non-surgical techniques such as the use of either balloon or laser via a catheter introduced through the arterial system are excluded.

Nature of evidence required to establish eligibility for benefits under this plan will be as stipulated by the company. The date of eligibility of claim will be the date of communication of eligibility by the company.

**PART-B**

**ADDITIONAL PERSONAL HISTORY**

(Answer 'Yes' or 'No')

- 1) Are you suffering from or have you ever suffered from :
- a) Heart Ailment \_\_\_\_\_
  - b) Low/ High Blood Pressure \_\_\_\_\_
  - c) Cancer \_\_\_\_\_
  - d) Renal Failure or Kidney diseases \_\_\_\_\_
  - e) Diabetes \_\_\_\_\_
  - f) Paralytic Stroke \_\_\_\_\_
- 2) **Have you ever consulted (Answer Yes/No)** If 'yes' give full the details including date and duration of treatment
- a physician for
- a) Heart Ailment \_\_\_\_\_
  - b) Low/High Blood Pressure \_\_\_\_\_
  - c) Cancer \_\_\_\_\_
  - d) Renal failure or Kidney diseases \_\_\_\_\_
  - e) Diabetes \_\_\_\_\_
  - f) Paralytic Stroke \_\_\_\_\_
- 3) In case you are a smoker or tobacco user in any form or consume alcohol, give full details such as nature quantity and frequency including previous habits if discontinued.

Details of previous insurance under Asha Deep Plan

Policy No.                      DOC                      TERM                      S.A.                      Annual Premium

**DECLARATION**

I, ..... do hereby declare that I fully understand the definitions as given above and also declare that the foregoing statements and answers have been given by me after fully understanding the questions and the same are true and complete in every particular and that I have not withheld any information and I also hereby agree and declare that these statements and this declaration along with my proposal for insurance shall be the basis of the contract of assurance between me and LIC (Int'l) E.C., Bahrain and that if any untrue averments be contained therein the said contract shall be absolutely null and void and all moneys which shall have been paid in respect thereof shall stand forfeited to the Company.

Dated at ..... on the ..... day of .....200

Signature of Witness .....

Name .....

Occupation & Address .....

.....

\_\_\_\_\_  
Signature of the Proposer

If in this form the answers to the questions and/or signature of the proposer are given in vernacular, then the proposer should declare in his own handwriting above his signature that all questions were explained to him and that his replies were given after fully and properly understanding the same. In such event, the following declaration should be made by the persons filling in the form:

Name in full .....

Occupation .....

Address .....

.....

.....

I hereby declare that I have fully explained the above question to the proposer and I have truthfully recorded the answers given by the proposer.

\_\_\_\_\_  
Signature