



Rastriya Beema Sansthan

Central Office: Ramshahpath, Kathmandu, Nepal

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(Established according to Rastriya Beema Sansthan Act, 2025)

PERSONAL MEDICAL STATEMENT

(To be completed by the person whose life is to be assured)

(Please write clearly and initial any alterations and do not use correcting fluid)

Details of Life Insurance Proposer						
1.	a) Full Name:	a)				
	b) Address:	b)				
2.	a) What is your height ?	a) Feet Inchs				
	b) What is your weight ?	b)Kgs				
3.	a) Do you take alcoholic drinks ?	a) Yes / No If Yes, state quantity				
	b) Do you smoke ?	b) Yes / No If Yes, state quantity				
	c) Do you use or have you ever used narcotic drugs ?	c) Yes / No If Yes, state quantity				
4.	Family History	Alive		Dead		
		Present Age	State of Health	Age of Death	Precise Cause of Death	Year of Death
	Mother					
	Father					
	Brother(s)					
	Sister(s)					
	Husband/Wife					
	Children					
5.	a) Has any of your relations, living or dead, suffered from insanity, epilepsy, gout, asthma, tuberculosis, cancer, leprosy, diabetes, hemophilia or any other hereditary disease ? If so, give details.			a)		
	b) Have you lived during the last three years with any persons suffering from tuberculosis, leprosy or any other infectious disease ? If so, give details.			If yes, please give details of date(s) duration(s) result(s) doctors names and address and where applicable, hospital reference numbers. b)		

Cont...

6.	Have you ever had or been told that you have had:	
	a) Giddiness, fits, neurasthenia, neuralgia, paralysis, insanity, nervous breakdown or any other disease of the brain or the nervous system ?	a)
	b) Persistent cough, asthma, pneumonia, pleurisy, spitting of blood, tuberculosis or any other infection of lungs ?	b)
	c) Pain in chest, breathlessness, palpitation, or any disease of the heart or high blood pressure ?	c)
	d) Sprue, jaundice, anemia, piles, dysentery, cholera, abdominal pain. Appendicitis or any disease of the stomach, liver, spleen or intestines ?	d)
	e) Any skin disease ?	e)
	f) Hernia, hydrocele, varicocele, fistula or varicose veins	f)
	g) Any infection of kidney or bladder, dropsy, rheumatism gout, gonorrhoea, syphilis or any other venereal disease ?	g)
	h) Cancer or Leprosy ?	h)
	i) Any disease of the ear, nose, throat or eyes, including defective sight or hearing ? In case of discharge: water, blood or pus from the ear, state when it was last noticed ?	i)
	j) Malaria, typhoid, influenza, kala-zar, filariasis or any other fever lasting a week ?	j)
	k) Smallpox ?	k)
	l) Blood, pus, albumin or sugar in the urine ?	l)
	m) Any diagnostic test such as x-ray examination, electrocardiogram or blood test ?	m)
n) Any operations, accident or severe injury,, any mutilation, or amputation, any hospital treatment or medical attention for an illness or accident not mentioned above ? If yes, please attach the related reports.	n)	
7.	Have you ever been counselled or medically advised in connection with HIV (AIDS) or had an AIDS blood test ? If so, please give details of that result.	

DECLARATION

I declare that the answer to the above questions are true and complete and that I have not withheld or concealed any fact or circumstances required to assess the risk of an assurance on my life.

I agree that this personal medical statement together with any answer to the questions on the separate proposal form of life assurance shall be the basis of the contract between me and Rastriya Beema Sansthan.

Life Insurance Proposer's:

Signature:

Date: