

## Good Health Declaration For Individual Personal Accidents Insurance

Details of Applicant				
First Name				
Father's Name		***************************************		***************************************
Family Name				
Date of Rirth				
Occupation (in details)				
Medical Questionnaire (If Ye	es, please give details)			
Have you ever suffered from H disorders, or any diseases? You		Diseases, Diabetes,	Epilepsy, Cancer	, Nervous
2) Have you or will you undergo a	any surgical operation? Ye	es 🗆 No 🗆		
3) Are you now under any medic	al observation or undergo	oing any medical tr	eatment? Yes □	No □
4) Are you actually not working for	or any reason related to y	our health? Yes □	No □	
5) Have you any physical Deform	nity, any defect of hearing	or vision? Yes □	No □	
6) What is your Weight?	Kg.			
7) What is your Height	Cm.			
I, the Life to be assured, Declare that the statements in th statements made to the Medic accordance with the Lebanese C	al Examiner (if any) sha	II form the basis o	f the Insurance	
Signature (preceded by "rea	d and Approved")	Date	/	/