GENERALI Central
LIFE INSURANCE

Chest Pain Questionnaire

(To be filled by the Applicant)

Name of the Life Insured	
Application Number	

Please answer each question and, wherever appropriate, provide details and attach copies of reports.

1. When did you first experience chest pain? _____
2. Please provide details of the treatment and investigation done for the chest pain: _____

   _____
3. What was the nature and severity of the pain?

   ☐ a. Very severe ☐ b. Crushing

   ☐ c. Sharp ☐ d. Stabbing

   ☐ e. Dull ache ☐ f. Vague discomfort
4. Did the pain radiate outside the chest, i.e., to the shoulders, arms, jaws or abdomen? ☐ Yes ☐ No
5. How long did the pain last? _____
6. Have you experienced any chest pain thereafter? ☐ Yes ☐ No

   If 'Yes' when? _____
7. Do you smoke? ☐ Yes ☐ No

   If 'Yes' how many cigarettes/pipes/cigars/bidis per day? _____
8. Do you suffer from or have family history of diabetes or hypertension? ☐ Yes ☐ No

   If 'Yes', please mention the treatment details and attach reports: _____
9. Have you been hospitalised for chest pain? ☐ Yes ☐ No

   If 'Yes', please provide the date/s and submit copies of all hospital records and discharge summary:

   _____

   _____

   Have you had any of the following tests conducted in the last one year?

   a. Chest X-ray ☐ Yes ☐ No

   b. ECG ☐ Yes ☐ No

   c. Stress Test (TMT) ☐ Yes ☐ No

   d. Radionuclide Test ☐ Yes ☐ No

   e. Coronary Angiography ☐ Yes ☐ No
10. Have you ever taken time off-work because of this condition? ☐ Yes ☐ No

    If 'Yes', please provide details including dates and durations: _____
11. Please provide the complete name and address of your treating physician along with copies of prescriptions: _____

    _____

    _____ Date of your last consultation: _____
12. Please provide any additional information that would help in processing your application:

    _____

    _____

*****Please submit any blood tests, urine analysis, lipid profile, ECG, TMT, Angiography or any other tests done in the last two years.

I hereby declare, and agree that the above particulars and answers are complete and true; and this questionnaire will form a part of the contract of the desired insurance on my life.

Place: _____ Date: _____ _____

Signature of the Life Insured

**Please tick (✓) wherever applicable.

Vernacular declar ation: I have explained the contents of this form and have read out the responses to the Life Insured in his/her local language. He/she has confir med that the contents are fully understood by him/her.

Name of the Declarant: _____

Address of the Declarant: _____

_____

Signatur e of the Declarant

Place: _____ Date: _____

Signatur e of the Life Insured