

9 Data Protection

Cim Life Limited is registered as Data Controller under the Data Protection Act 2004 (Act). In the performance of its business, all the personal data collected and processed (including the sensitive data) will be treated in strictest confidence. We will use our best efforts to ensure that data is accurate, complete, current and reliable for its intended use.

Supply of information in the form is mandatory. To this end, the use of personal information may include sharing the information with other persons or bodies, such as our intermediaries, other insurance companies, surveyors, investigative agents, reinsurers, actuaries, regulatory institutions, fraud and money laundering investigating institutions, whether in Mauritius or another country

The personal data provided may be used for data sharing by Cim Life Limited with other Cim Group companies to advise of, offer and supply other goods and services, for other marketing purposes in a way that is compatible with Data Protection and Privacy Policy (Privacy Policy). It will not however, be presented to a third party (unless otherwise stated in the form or required by law) without your specific authorisation to do so. This exercise excludes the sensitive data.

By signing the form, you are agreeing that your personal data may be processed in the manner hereinabove described. If at any time subsequent changes occur to your personal data or you have any enquiry relating to our Privacy Policy, you can send them in writing to our Compliance Manager.

10 Declaration by the Person whose Life is to be assured

I declare and warrant that this Personal Statement is complete and true and also that I understand and agree that this statement, together with the proposal for assurance on my life and any other related documents, shall be the basis of the proposed contract of assurance and any concealment, withholding or misstatement of material fact in answering the above questions will invalidate the assurance on my life.

Date :..... Signaturer :.....

Proposal Form

Personal Statement

This Statement forms part of the Proposal for life Assurance dated.....



1 - Proposer

| | | | |
|-----------------------------|--|--------------------------|------------------|
| Surname : | | Maiden Name : | |
| First Names : | | | |
| Title : Mr/Mrs/Ms/Dr Other: | | Sex: Male/Female | Marital Status : |
| Address : | | | |
| | | | |
| Email Address : | | | |
| Tel No Res : | | Off : | Mob : |
| Date of Birth : | | National Identity Card : | |
| Occupation : | | | |
| Proposal : Single / Joint : | | Place of Birth : | |

2 - Medical History

Do you or have you ever experienced any of the following

a) Respiratory or lung problems(e.g:Asthma, recurrent bronchitis, persistent coughs, tuberculosis, shortness of breath)? Yes No

b) Any disorder of the heart, blood vessels or circulatory system(e.g.: high blood pressure, chest pain, heart murmurs, palpitations, coronary thrombosis, tightness of chest, shortness of breath, stroke, raised cholesterol or rheumatic fever)? Yes No

c) Disease or disorder of the digestive system and /or liver(e.g: stomach ulcers, gall stones, hepatitis, rectal bleeding, gastric or duodenal ulcer, recurrent indigestion or jaundice)? Yes No

d) Any nervous or mental complaints(e.g:fits ,depression concussion, unconsciousness,anxiety, stress related disorders, persisitent headaches, epilepsy, blackouts or paralysis)? Yes No

e) Disease or disorder of the kidneys or bladder (e.g:kidney-stones, infections, blood or albumin in urine, prostritis, trouble to pass urine or veneral disease)? Yes No

f) Problems related to the breasts or reproductive organs?(e.g:If female: ovary or womb problems, miscarriages, premature labour, abortions or breasts lumps. If male:prostate or testicle problem)? Yes No

g) Any disorder or disease of skin, spine, joints, muscle, bones, limbs (e.g:backache, slipped vertebrae/disc prolapse, rheumatism, arthritis, gout or any other back or neck trouble)? Yes No

h) Diabetes, thyroid, spleen problems or blood disorders? Yes No

i) Cancer, growths or tumours of any kind? Yes No

j) Been tested for Aids or any Aids-related illness, for Hepatitis B or any other sexually transmitted disease? Yes No

k) Have you been admitted to hospital or seen a specialist in the last 5 years? Yes No

l) Any other diseases or disorder, operations, disabilities or accidents not mentioned above? Yes No

- m) *Applicable for Female:* (1) Are you currently pregnant? Yes No
 (2) Have there been any problems with previous confinements? Yes No
 (3) Have any of your children suffered from any birth defects or congenital abnormalities? Yes No
- n) Do you have any genetic disease, e.g: porphyria etc? Yes No
- o) Eye, ear, nose, or throat disorder, e.g defective vision, hearing loss, ear discharge, hoarseness? Yes No
- q) Have you ever received medical advice to reduce or discontinue liquor, drug or tobacco consumption or has there been a change in consumption? Yes No
- r) Is any future surgery planned or do you expect to seek medical advice that you are aware of now in the next eight weeks? Yes No
- s) Have you been requested to undergo any medical tests currently? Yes No
- t) Have you taken any course of sedatives, tranquilisers, or drugs for medical or other reasons? Yes No
 Please state present or past medication, dosage and reasons for use.

If any of the above questions are answered in the affirmative, please provide details below.

| Quest No | Condition | Treatment | Date of last Symptoms | Name & Address of Doctor |
|----------|-----------|-----------|-----------------------|--------------------------|
| | | | | |
| | | | | |
| | | | | |

➤ **3 - Previous Proposals**

- 3.1 Is Your Life already insured with any other insurer? Yes No
 If YES, please specify sum assured and insurance company:.....
- 3.2 Has a proposal for life, disability or accident insurance on your life ever been declined, deferred, or accepted on special terms(e.g. a premium loading etc...)? Yes No
 If YES, please provide details:.....
- 3.3 Have you completed any medicals for any other insurance company in the last 12 months? Yes No
 If YES, please provide details:.....

➤ **4 - Occupation**

Full details of Occupation:.....

Name and address of Employer:.....

.....

.....

.....

➤ **5 - Build and Habits**

- 5.1 What is your Height:.....& Weight:.....
- 5.2 Has your height & weight altered by more than 5 kg over the past 5 years Yes No
 If Yes, please provide details:.....
- 5.3 What and how much do you smoke per day?.....
- 5.4 What kind and quantity of alcoholic liquor do you consume per day/week?
- 5.5 Have you ever been charged with drunken driving? Yes No

➤ **6 - Activities**

Do you partake in any hazardous pursuit, e.g: Parachuting, hand-gliding, diving, mountaineering, private aviation etc? Yes No

If Yes, please provide details:.....

➤ **7 - Family History**

| | If Living | | If Dead | |
|----------|-----------|----------------|--------------|----------------|
| | Age | Sate of Health | Age of Death | Cause of Death |
| Father | | | | |
| Mother | | | | |
| Brother | | | | |
| Sisters | | | | |
| Children | | | | |

If not already stated, has any close blood relative had diabetes, heart disease, high blood pressure, mental illness, porphyria or any other hereditary disease? Yes No

If Yes, please state full details:.....

➤ **8 Other Circumstances**

Are there any circumstances not disclosed above which may affect the risk of an assurance on your life Yes No
 If YES, please state full particulars.....