Forte Insurance (Cambodia) Plc.
325 Mao Tse Toung Blvd., Phnom Penh, Cambodia.
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Group Insurance Health Declaration Form

Name of person to be insured (as in Passport No., Underline Surname)					Sex	Marital Status	Race
Date of Birth	Country of residence	I.D. No./Passport No.	Citizenship	Occupation	Job Description	Date of employn	Monthly Salary
Address of person to be insured				Postcode	Tel: (Home)		
Height (cm)	Weight (kg)	Any weight change over the past year? Amout of weight change:			Yes No Reasons:		

Note: If the master policy provides coverages for dependants, please also complete those questions in the box, if not, to ignore.

Spouse	Sex	Date of birth	Passport No.	Height (cm)	Weight (kg)
First child	Sex	Date of birth	Passport No.	Height (cm)	Weight (kg)
Second	Sex	Date of birth	Passport No.	Height (cm)	Weight (kg)

1 Has any of the Insured's father, mother, brother or sister suffered or died from heart disease, stroke, high blood pressure, diabetes, kidney desease, cancer, paralysis, epilepsy, mental illness or has your spouse suffered any AIDS related condition? Yes No If yes, give full details below:

LIVING			***DECEASED***		
Relationship	Age	Suffering form	Relationship	Age of Death	Date of death
Commencement date of illness			Cause of Death		

		INSURED	SPOUSE	CHILDREN
2	Has any application for or reinstatement of the Insured's life, accident, hospitalization or sickness insurance been rejected, cancelled, rated or declined on renewal?	☐YES ☐NO.	☐YES ☐NO	☐YES ☐NO
3	Is the Insured a smoker? a) If yes, how many sticks per day: & for how long b) Has the Insured smoked any cigarettes in the past 12 months?	☐YES ☐NO.	☐YES ☐NO	☐YES ☐NO
4	Has the Insured taken drugs before or does the Insured consume alcohol? If yes, state type and quantity consumed:	☐YES ☐NO.	☐YES ☐NO	☐YES ☐NO
5	Does the Insured engage in any hazardous activities, sports or pastimes? If yes, please give details.	☐YES ☐NO.	☐YES ☐NO	☐YES ☐NO
6	Does the Insured ever travel outside Phnom Penh? If yes, please state frequency. No. of times per year	☐YES ☐NO.	☐YES ☐NO	☐YES ☐NO
7	Has the Insured ever suffered or does the Insured now suffer from heart disorder, high blood pressure, chest pains, renal stones, kidney disease, diabetes, asthma, blood disorder, liver disease, hepatitis, cancer, growths or other malignancies, mental disorder, HIV infection or any other serious illnesses/ physical disabilities?	☐YES ☐NO.	☐YES ☐NO	☐YES ☐NO
8	Has the Insured ever suffered or does the insured now suffer from any disorders or any other diseases, deformities or complaints which have not been mentioned above?	☐YES ☐NO.	☐YES ☐NO	☐YES ☐NO
9	Has the Insured received any medical advice, counseling or treatment in connection with AIDS, AIDS related complex or any other AIDS related condition, been told the Insured had any of these or that the Insured had a positive HIV blood test or in the last three (3) months had any of the following symptoms for more than a week continuously: fatigue, weight loss; diarrhea, enlarge lymph nodes or unusual skin lesions?	☐YES ☐NO.	☐YES ☐NO	☐YES ☐NO
10	Is the Insured currently under observation or receiving any treatment or medication?	☐YES ☐NO.	☐YES ☐NO	☐YES ☐NO
11	Does the Insured intend to seek medical treatment in the near future?	☐YES ☐NO.	☐YES ☐NO	☐YES ☐NO
12	In the past five (5) years, has the Insured had any diagnostic test such as X-ray, electrocardiogram or blood study, illness, operation, medical advice, hospital treatment not mentioned above?	☐YES ☐NO.	☐YES ☐NO	☐YES ☐NO
13	Female: Has the Insured ever had any complication at childbirth or disorder of the breast or female organs?	☐YES ☐NO.	☐YES ☐NO	☐YES ☐NO

If the Insured answer "Yes" to any of the questions above, please provide full details. Please attach copies of medical reports of the Insured has any.

Nature of illness/disease	Commencement Date	Duration	Present Condition (i.e. type of medication, treatment, received, date of last consultaion, etc.)	Name and Address of Doctor

DUTY OF DISCLOSURE

You are required to disclose all matters, which are important to us in deciding whether to give cover to you and as to the terms of cover. We require you to advise us of any matter which is known to you and which is likely or more than normal to lead to a claim being made under the Policy. This applies whether or not we have asked a specific question about such a matter. if you fail to make full disclosure, your rights under the Policy, and in particular your rights to make a claim, may be prejudiced.

Signature of Insured: _____ **Date:** _____

Remark: Forte