F.N. 005-1204



Moral Hazard Report

1.	Proposal No S.A
2.	Name of Proposer
3.	Name of Life Assured(If Different from the Proposer)
4.	Are you related to the Proposer ——> Yes/No
5.	Apparent age of the Life Assured
6.	Are you satisfied about his / her identity
7.	What is his / her built
8.	Does he / she look healthy Yes/No
9.	What is his / her profession (with details)
10.	i) What is the income stated by him / her
	ii) Are you satisfied about it? ——> Yes/No
11.	Your comments on other things which you consider material for considering his / her
	proposal
	•••••••••••••••••••••••••••••••••••••••
12.	Do you recommend acceptance of the proposal for the S.A. mentioned above ? —> Yes/No
	Place (Signature)
	Date Name
	Designation