



IME Life Insurance CO. LTD.

Registered Office: Panipokhari, Kathmandu - 3
Central Office: Kathmandu-29, Lainchaur, Kathmandu

.....**Branch Office**

Moral Hazard Report

1. Proposal No.: Sum Assured: Rs.

2. Name of Proposer:

3. Name of Life to be Assured:
(If Different from the Proposer)

4. Are you related to Proposer: Yes/No
(If yes, please disclose relationship):

5. Apparent age of the Life to be Assured:

6. Are you satisfied about his/her identity:

7. Height (As physically appeared):

8. What is his/her built: **Under Weight/Medium/Over Weight**

9. Does he/she look healthy: **Yes/No**

10. Place of Meet:

11. Date of Meet:

12. Time of Meet:

13. What is his/her Profession (with details)
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14. i) What is the income stated by him/her:

ii) Are you satisfied about it? **Yes/No**

15. Your comments on the matters, which you consider material for considering his/her proposal:
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16. Do you recommend acceptance of the proposal for the S.A. mentioned above? **Yes/No**

Place:

Signature:

Date:

Name:

Designation: