

Form of Declaration of Good Health

Product Name : Cashless Air Ambulance Membership Program

DECLARATION OF GOOD HEALTH

I hereby declare that:

1. I am in good health.
2. I perform all my routine activities Independently.
3. I have never had any physical defect, deformity or disability affecting my day to day activities.
4. I have never suffered and am not currently suffering from :
 - a. High Blood Pressure, Heart Attack or any other Heart Diseases;
 - b. Stroke, Paralysis in any form, or any other Cerebrovascular Diseases;
 - c. Diabetes or any other Endocrinal Diseases, Kidney Diseases;
 - d. Any chronic Liver Diseases;
 - e. Any Lung Diseases (eg. Chronic Obstructive Pulmonary Diseases, Parenchymal lung Diseases, Pulmonary Embolism etc.)
 - f. Blood Disorders, Gastro-Intestinal Diseases, or any other disorder of the bones, spine or muscle;
 - g. Any Cancer or Cancerous growth;
 - h. Any Mental or Psychiatric condition, any Gastric Disease or any disease related to central nervous system (Diseases related to Brain);
 - i. HIV/ AIDS or AIDS related complications;
5. I have never undergone nor have I been advised to undergo any major surgical procedure.
6. In the last 2 years, I have not -
 - a) been continuously hospitalized for more than 7 days (other than fractures of leg or arm).
 - b) undergone any investigations (including basic radiological and blood tests) other than normal Health Check-ups and insurance Medicals, or
 - c) had adverse result for any blood tests, X-Rays, ECG, Stress Test, Biopsies, CT Scan, MRI, Ultrasonography or 2D / 3D Echo etc.
7. I do engage or intend to engage in any business, sport or occupation or any hobby of hazardous nature.

*Disability means inability to function normally, physically or mentally

I further declare that the above statements are true and complete in every respect and that I have not withheld or omitted to give any information related, inter alia, to my health. I hereby declare that I understand the full importance of this Form, and the declaration herein, and do agree that

this Form and the declaration herein may be forwarded or divulged by BAA for any purpose thought fit by BAA, including, inter alia, for the purpose of procuring an membership program on critical illness, under Comprehensive Family/Individual Membership Program for BAA customers, from BAA. I further hereby agree and give my consent to, reliance by and use of the contents of this Declaration by BAA for examining and processing any claim that may be preferred against it, in respect of any membership program that may be provided to me under the membership program.

I further understand and acknowledge that membership program shall be as per terms and conditions detailed in the website www.Bookairambulance.com. and that BAA's decision in respect of all aspects of the referred membership program shall be final & binding.

THIS ELECTRONIC RECORD IS GENERATED BY A COMPUTER SYSTEM AND DOES NOT REQUIRE ANY PHYSICAL OR DIGITAL SIGNATURES. BY CLICKING ON THE "I ACCEPT" BUTTON ON THIS ELECTRONIC CONTRACT, YOU ARE CONSENTING TO BE BOUND BY THIS DECLARATION.