

Alcohol Questionnaire

INSTRUCTIONS FOR FILLING UP THE FORM:-

1. This form is to be filled by the **Proposer** himself/herself in BLOCK LETTERS in black or blue ink.
2. Please tick a box thus where appropriate.
3. Please strike out parts, which are not applicable and write 'N.A.'. Strokes of the pen, dots and dashes will not be accepted as replies.
4. Form filling person must affix his/her full signature for any cancellation/correction/alteration.
5. Form filling person must affix his/her full signature on each page / side of the form.

(This statement should be completed by the person to be assured.)

Application Number: Date:

Proposal Number:

Life Assured's Name:

Proposer:

Date of Birth : _____

Please answer each question and where appropriate provide particulars.

1. At what Age did you first Consume Alcohol :- _____

2. a) Do you consume alcohol everyday? :- Yes / No
b) what is the frequency and quantity? :- Number of times ____ /day Quantity: _____/Week

3. Do you consume alcohol in any of the following form?
• Wine
• Beer
• Whisky/Gin/Rum/Vodka/spirit (please tick whichever is applicable)
• Any other : (please specify) :- _____

4. a) Has your average daily consumption been higher at any time in past? :- Yes / No
b) If 'Yes', state when and specify the average consumption :- _____

5. a) Have you had any blood or other tests related to your alcohol consumption? :- Yes / No
b) If 'Yes', please specify name of test and result :- _____

6. a) Have you ever received any medical or other treatment for excessive consumption / attempt to give up the habit? :- Yes / No
b) If so, give name and address of attending doctor or clinic/institution where treatment was received.

Name of Dr. / Hospital	Address	Date of Last Consult

I hereby declare that the above answers and statement are true and complete and agree that this questionnaire together with the proposal dated _____ shall form part of the contract between me and the company.

Place : _____

Signature of Life Assured

Date : _____

Signature of witness (with Name and place)

Please enclose self attested copy of all past & present medical records including Investigation reports.