



### Bharti AXA Life Insurance Company Limited

Registered Office: Unit No. 1904, 19<sup>th</sup> Floor, Parinee Crescenzo, 'G' Block, Bandra Kurla Complex, BKC Road, Behind MCA Ground, Bandra East, Mumbai -400051, Maharashtra

[www.bharti-axalife.com](http://www.bharti-axalife.com) Call centre: 1800- 103- 4444 Registration Number: 130

Service address: Bharti AXA Life Insurance Company Ltd., Spectrum Tower, 3rd Floor, Malad Link Road, Malad (West), Mumbai - 400064.

#### ALCOHOL HABIT QUESTIONNAIRE

Please fill the questionnaire in BLOCK LETTERS

##### Details of the Life to be Insured

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Proposal No.: \_\_\_\_\_

I hereby agree that the statements below shall form part of my proposal for insurance and I declare that such statements together with the said proposal and declaration shall be the basis of the contract between Bharti AXA Life Insurance Company Limited and myself.

1	What are your habits as regards the consumption of alcohol? • State types of alcohol (for example beer, wine, spirits etc). • Frequency of consumption per week • Frequency of consumption per day • Units consumed per week • Units consumed per day	
2	Has your average daily and or weekly consumption been higher at any time in the past? If so, state when (dates) and give the average daily consumption at the time.	
3	Have you ever received medical or other treatment for excessive consumption of alcohol? If so, give name and address of attending doctor or clinic/institution where treatment was received.	
4	Are you taking any medication presently? If 'yes' please provide the name and dosage of medicines.	
5	Have you ever been involved in any breach of the law in connection with the use of alcohol?	
6	Please do provide additional information, if any, with regards to your alcohol consumption habits which will assist in processing your proposal.	

I authorise Bharti AXA Life Insurance Company Limited, if it so desires, to approach any doctor/general practitioner to confirm the details of my medical history.

Signature/Thumb Impression of Life to be Insured \_\_\_\_\_

Date \_\_\_\_\_

Place \_\_\_\_\_