IndiaFirstLife

ALCOHOL CONSUMPTION QUESTIONNAIRE

Application No: | | | | | | | | | | |

Name of life to be assured: | | | F | I | R | S | T | | | | | | | | | | | | | | | | | | | | L | A | S | T | | | | |

[Please tick (v) wherever applicable]

1. Do you consume Alcohol in any of the following forms?

	YES	NO
■ Wine	☐	☐
■ Beer	☐	☐
■ Whisky / Gin / Rum / Vodka (Please tick whichever is applicable)	☐	☐
■ Any other: (Please specify)	☐	☐

2. Details of past and present levels of consumption.
   [1 Unit is equal to half a pint of beer (300 ml), one glass of wine (125 ml), one measure of spirit (30 ml)]

   Past: No of Units: | | No of Years: | |

   Present: No of Units: | | No of Years: | |

3. Please mention the years since consumption? | |

4. Have you undergone any investigations, particularly any liver enzyme, S.proteins (Albumin & Globulin) or alcohol marker tests?DD ☐ ☐
   If yes, Please provide the copies of the same.

5. Were you ever been hospitalized for alcohol related disease? ☐ ☐
   If yes, please provide the details.

   | |

   | |

6. Have you made any attempt to give up the Alcohol consumption habit? ☐ ☐
   If Yes, with what results?

   | |

   | |

7. If given up completely, since when? | |

Ideclare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application. I hereby agree that the forgoing questions and answers shall form part of the proposal for insurance made by me to the Company.

Date: | D | D | M | M | Y | Y | Y | Y |

Place: | |

Signature of the Life to be assured/Proposer

IndiaFirst Life Insurance Company Ltd.,
12th and 13th Floor, North [C] Wing, Tower 4, Nesco IT Park, Nesco Center,
Western Express Highway, Goregaon (East), Mumbai – 400063,
CIN: U66010MH2008PLC183679.

Tel: +91 22 6165 8700 **Fax:** +91 22 6857 0600 **Toll Free:** 1800-209-8700

E-mail: customer.first@indiafirstlife.com **Website:** www.indiafirstlife.com