IndiaFirstLife

DRIVING QUESTIONNAIRE

Application No: _____

Full name of life to be assured: _____

1. Please mention which of the below vehicle which you Drive

Truck/ Lorry	Yes ☐	No ☐
Bus	Yes ☐	No ☐
Tempo	Yes ☐	No ☐
Car	Yes ☐	No ☐
Others (Please mention Details)	Yes ☐	No ☐

_____

2. Please mention the approx no of hours spent in driving per day _____
3. Please mention the approx distance travelled per day _____
4. Do you carry any hazardous good Yes ☐ No ☐
   (If yes please mention details of goods carried)

_____

5. Do you consume alcohol, tobacco or any narcotic drugs Yes ☐ No ☐
6. Has your health ever been effected ever by the nature of the work you do Yes ☐ No ☐
   (If yes please state the health problem faced by you) _____

_____

7. What is your usual route of travel; please give full details (All places traveled).

_____

I hereby agree that the forgoing questions and answers shall form part of the proposal for insurance made by me to the Company.

Date: _____

Place: _____

Signature of Life to be assured / Proposer: