

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: