



## Alcohol Usage Questionnaire

PROPOSED LIFE: _____ PROPOSAL NO.: _____	
AGE: _____ NRIC NO.: _____	
SEX / JANTINA: <input type="checkbox"/> MALE / LELAKI <input type="checkbox"/> FEMALE / PEREMPUAN	
This questionnaire will form part of the application. If any questions below are answered "Yes", please supply full details below including dates and names of doctors and institutions where applicable.	
1.	At what age did you first start consuming alcohol? _____ years
2.	Please state the current amount and type of alcohol consumed per week _____
3.	What were your past habits as regards the consumption of alcohol? (Please state type of alcoholic liquor consumed and amount per week if different from current consumption.) _____ _____
4.	Have you ever been advised to reduce or discontinue your alcohol intake? <input type="checkbox"/> No <input type="checkbox"/> Yes – please provide details _____
5.	Have you ever been referred for counseling or treatment, or required hospitalisation related to your alcohol consumption? <input type="checkbox"/> No <input type="checkbox"/> Yes – please provide details _____  Have you ever attended Alcoholics Anonymous? <input type="checkbox"/> No <input type="checkbox"/> Yes – please provide details _____
6.	Have you ever received medical treatment for excessive consumption of alcohol, e.g. Antabuse? <input type="checkbox"/> No <input type="checkbox"/> Yes – please provide details _____
7.	Have you had any blood or other tests related to your alcohol consumption? <input type="checkbox"/> No <input type="checkbox"/> Yes – please provide details _____
8.	Have you consulted a doctor or received medical advice or treatment within the past with reference to liver disease, heart disease or blackouts? <input type="checkbox"/> No <input type="checkbox"/> Yes – please provide details _____
9.	Have you ever been involved in any breach of the law, including traffic offences, in connection with the use of alcohol? <input type="checkbox"/> No <input type="checkbox"/> Yes – please provide details _____

10	<p>How long have you been in your present employment?</p> <input type="checkbox"/> More than 5 years <input type="checkbox"/> Less than 5 years, please give details of previous occupations <hr/>
11.	<p>Please state any further relevant particulars which may have a bearing on any past or present increase in alcohol consumption, e.g. domestic or business upset.</p> <hr/> <hr/>
<p>I declare that the answers I have given are, to the best of my knowledge, true and I have not withheld any material information that may influence the assessment of acceptance of this proposal. I agree that this form will constitute part of my proposal for life assurance and that failure to disclose any material fact known to me may invalidate the contract.</p> <p>Name: _____ Signature: _____  NRIC No: _____ Date: _____</p>	

NB/AlcoholUsageQuestionnaireLifeAssured/V1.0/2020