

SMOKING QUESTIONNAIRE

(To be completed by the life to be assured)

Proposal number /Application number	
. Do you consume tobacco in any of the following forms	s?
a) Tobacco chewing	☐ Yes ☐ No
If Yes, nos of packets /day	
b) Smoking	☐ Yes ☐ No
If yes, nos /day since yrs	
 Cigarettes If yes, number smoked per day. 	☐ Yes ☐ No
nos cigarettes/day since yrs	
Bidi If yes, number smoked per day	☐ Yes ☐ No
nos Bidis/day since yrs	
Pipe nos times /day since yrs	∐ Yes No
• Cigar	☐ Yes ☐ No
nos cigars /day since yrs	□ 163 □ 140
Any other form Please specify the quantitysinceyrs	☐ Yes ☐ No
c) Snuff	☐ Yes ☐ No
If yes, number of times used per day since yrs	
State the year of starting the habit?	
. Have you made any attempt to give up the habit?	
. If so with what results?	
. If given up completely, since when?	
. Do you have smoking related persistant cough , whee	zing or hoarseness of voice?
. Have any ECG, chest X-ray been done if yes please att	tach a copy?
. Have you ever suffered from TB/Bronchitis/asthma/br	reathlessness, please attach relevant medical reports if any.
declare that the answers I have given are, to the best of nat may influence the assessment or acceptance of this a	my knowledge, true and that I have not withheld any material information application.
hereby agree that the forgoing questions and answers sh	hall form part of the proposal for insurance made by me to the Company.
ace:	
ate:	
AUG.	Signature of the Life to be Assured / Proposer