SUD Life
A joint venture of Bank of India | Union Bank of India | DAI-ICHI LIFE

STAR UNION DAI-ICHI LIFE INSURANCE CO. LTD.

Smoking/Tobacco Questionnaire – (To be filled by Applicant)

Proposal Number:
Name of the life to be Assured:
Date of birth: Male /Female:

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1. Do you or have you ever smoked any of the below mentioned

Cigarettes	Yes ☐	No ☐
Bidis	Yes ☐	No ☐
Roll-ups	Yes ☐	No ☐
Cigar	Yes ☐	No ☐
Hukka	Yes ☐	No ☐

If yes, please give details as below:
a) Kindly mention number of years of smoking ______________________________________
b) Quantity per day in numbers ______________________________________

2. Do you or have you had any past history of respiratory related disorder or problem? Yes No
If yes, kindly give all details ______________________________________

3. Do you or have you ever consumed Tobacco in any of the below mentioned forms.

Tobacco	Yes ☐	No ☐
Paan masala	Yes ☐	No ☐
Gutkha	Yes ☐	No ☐

If yes, please give details as below:
a) Kindly mention number of years of tobacco consumption ______________________________
b) Quantity of tobacco consumed in gms per day in any form______________________________

4. Have you ever quit consuming tobacco or smoking in the past or is been advised by doctor to quit same? Yes ☐ No ☐
If yes, kindly mention,
a) Since how many years ______________________________________
b) Reason for stopping ______________________________________

5. Do you have any of the following problems?

a) Pain while swallowing	Yes ☐	No ☐
b) Speech difficulties	Yes ☐	No ☐
c) Swallowing difficulties	Yes ☐	No ☐
d) Lump or ulcer in the mouth, tongue, cheek or lips	Yes ☐	No ☐
e) Mouth sores	Yes ☐	No ☐
f) Chewing problems	Yes ☐	No ☐

If yes, provide details since when ____________ ______________________________

6. Are you suffering from any illness or disease as a result of smoking, consuming tobacco drugs/narcotics? Yes ☐ No ☐

If yes give details ____

7. Are you undergoing any treatment for any of the tobacco related ailments? Yes ☐ No ☐

If yes, please give details of names of medicines and dosage ____________________________

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I hereby declare 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 agree that this form will constitute part of my application for insurance and that failure to disclose any material fact known to me may invalidate the contract.

Signature:

Date :

If signature is in vernacular or Proposer is illiterate

I hereby declare that I have read out and explained the contents of this questionnaire to the Proposer in ________________ language and that he/she had understood the same and the answers were truly and correctly recorded. I have fully explained that this forms part of the contract and if there has been any non- disclosure of material fact, the policy may be treated as null and void.

Signature of person making the declaration **Place**

Name and address

Date