

Life Insurance

Aditya Birla Sun Life Insurance Company Ltd.



**ADITYA BIRLA
CAPITAL**

PROTECTING INVESTING FINANCING ADVISING

Smoking Questionnaire

Any alterations/corrections made in the form need to be signed by the policy owner. Please use a separate request form for each policy.

Application/Policy Number:

1. Smoking Details:

- a. Number of Cigar/Cigarette/Beedi consumed per day.
- b. Number of years since smoking:
- c. Have you ever quit smoking in the past? Yes No If yes:
- Since how many years
 - Reason for stopping
- d. Have you ever sought or been given medical advice to reduce or abstain from smoking? Yes No
- If yes, please give the details _____

2. Tobacco Consumption details:

- a. Kind of tobacco consumed (Pipe/Pan masala/Kahini/Ghutkha)
- b. Number of years since consuming tobacco
- c. Number of tobacco pouches consumed or quantity consumed (in gm) per day.
- d. Have you ever quit consuming tobacco in the past? Yes No If yes,
- Since how many years
 - Reason for stopping
- e. Have you ever sought or been given medical advice or reduce or abstain from smoking? Yes No
- If yes, please give the details _____

3. Treating Doctor details:

Name of the Doctor: _____

Address: _____

Telephone Number (R/O):

Mobile Number:

Declaration

I confirm that all the information, answers provided by me are true and correct and that I have not withheld any material information that may influence the assessment or acceptance of this application. I/We agree to inform ABSLI in writing of any change in my/our circumstances between the date of this application and issue of Policy contract. I agree that this form will constitute part of my application for insurance(s) and that failure to disclose any material fact known to me may invalidate my insurance(s). ABSLI reserves the right to call upon additional documents. I hereby provide my consent to receive call from Aditya Birla Sun Life Insurance Company Limited (ABSLI) or its authorized Service Providers in connection with any matter related to my above Policy.

Date:

Place: _____

Signature of Life Insured _____

Aditya Birla Sun Life Insurance Company Limited
(Formerly known as Birla Sun Life Insurance Company Limited)
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Life Insurance

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