

Driver – Heavy Vehicle Questionnaire

(To be filled by the Applicant)

Name of the Life Insured:	
Application Number:	

Please provide accurate answers to each question.

1. What is your exact occupation? If you are involved in more than one occupation, please state all your occupations:

2. Give a description of the vehicle you drive (Type of vehicle, model, make etc.):

3. Which type of license do you hold? Please attach a copy of your license:

4. What kind of goods do you carry?

5. Do you have a permission to carry inflammable or hazardous chemicals? If 'Yes', please provide details:

6. What is your usual route of travel? Please provide details including all places travelled:

7. Number of hours of driving per day: _____ hrs

8. Distance traveled per day: _____ km

9. Has your health ever been affected by the nature of work you do? Yes ☐ No ☐

If 'Yes', please mention the health problems you face/faced: _____

10. Do you consume alcohol, tobacco or any narcotic drugs? Yes ☐ No ☐

If 'Yes', please provide details about quantity and frequency of intake: _____

11. Please mention any other facts regarding your occupation that you consider important: _____

12. Have you ever undergone medical investigations like blood test, urine test, HIV, etc.? If 'Yes', please provide details:

I hereby declare and agree that the above particulars and answers are complete and true and this questionnaire will form part of the contract of the desired insurance on my life.

Date: _____ Place: _____

Signature of Life assured:

Vernacular declaration: I have explained the contents of this form and have read out the responses to the Life Insured in his/her local language. He/she has confirmed that the contents are fully understood by him/her.

Name of the Declarant: _____

Address of the Declarant: _____

Signature of the Declarant

Place: _____ Date: _____

Signature of the Life Insured