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income
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Product Type

- ☐ Affinity
- ☐ DPS
- ☐ Employee Benefit
- ☐ ElderShield
- ☐ IncomeShield
- ☐ Life Insurance

Alcohol consumption questionnaire

Details of insured

Name (as shown in NRIC or FIN)	NRIC number or FIN	Proposal number(s)

Questions for insured

1 When did you start drinking alcohol?

2 Please specify the type of alcohol and average weekly consumption in the last 6 months.

(a) ______________ can of 330ml beer

(b) ______________ glass of 125ml wine

(c) ______________ tot of 30ml spirit (for example, whiskey, gin or brandy)

3 Have you ever been advised to reduce or abstain from alcohol consumption? ☐ Yes ☐ No

If 'Yes', please provide details including reasons, type and average weekly consumption of alcohol before the reduction, the date of advice and the date you have successfully reduced alcohol consumption or stop drinking alcohol (whichever applicable).

4 Have you ever been hospitalised or referred for counselling or treatment as a result of alcohol consumption? ☐ Yes ☐ No

If 'Yes', please provide details including the date(s), duration of stay/counselling/treatment, investigation and results, treatment, advice from doctor or counsellor and name of hospital or counselling centre.

5 Have you attended a clinic or any self-help group such as "Alcoholic Anonymous" as a result of alcohol consumption? ☐ Yes ☐ No

If 'Yes', please provide details including the date(s), treatment, advice or management plan and name of clinic or support group.

6 Are you currently still on regular treatment or medical follow up (including receiving counselling) as a result of alcohol consumption? ☐ Yes ☐ No

If 'Yes', please provide the frequency of review, current treatment, date and result of last follow up.
If 'No', please provide the date of discharge.

7 Have you had any test done as a result of alcohol consumption (for example, Liver Function Test, Full Blood Count, Alcohol Markers, ultrasound, CT scan etc.)? ☐ Yes ☐ No

If 'Yes', please provide full details of type of tests done, date of tests done and results.

Details of insured

Name (as shown in NRIC or FIN)	NRIC number or FIN	Proposal number(s)

Questions for insured (continued)

8 Have you ever been diagnosed to have alcohol related illness (eg. alcoholic gastritis, liver cirrhosis etc) or have you ever had or are you now experiencing blackouts, convulsions, delirium tremors, disorientation or memory impairment, redness of nose and cheeks, high blood pressure, nails changes, digestive or liver disorder, oesophageal varices? ☐ Yes ☐ No

If 'Yes', please provide the diagnosis, date of onset, investigation and result, treatment and current status.

9 Have you ever been involved in any breach of law including traffic offences in connection with the use of alcohol? ☐ Yes ☐ No

If 'Yes', please provide details including the date(s) and nature of offence.

10 Has your mobility, work, studies or daily activities ever been affected or restricted as a result of alcohol consumption? ☐ Yes ☐ No

If 'Yes', please provide date and full details of the movement and activities that have been affected and duration off work/study (if any).

11 Please provide details regarding the doctors (including specialists) whom you have consulted or been treated for alcohol consumption.

Date/period of visit	Name of doctor	Name and address of clinic/hospital

Note: Please submit copy of medical/inpatient discharge summary/investigation/histology report(s) if available.

Declaration by the proposer and insured

I declare that the answers in this form are true, correct and complete, and I have not withheld any relevant information. I accept full responsibility for them, whether written by me or by anyone else on my behalf.

I acknowledge and agree that this form will constitute part of my application for life or health insurance, and will form the basis of the contract of insurance. If anything is untrue, incorrect or incomplete, the insurance policy will not be valid.

I confirm that there has been no change in the insured's health since the completion of the application and all additional declarations made in connection with the application.

Signature of proposer	Signature of insured (for age 16 and above)
Date (dd/mm/yyyy):	Date (dd/mm/yyyy):