Manulife

ALCOHOL CONSUMPTION QUESTIONNAIRE

WARNING: STATEMENT PURSUANT TO SECTION 25(5) OF THE INSURANCE ACT (CHAPTER 142): YOU ARE TO DISCLOSE IN RESPECT OF THIS APPLICATION, FULLY AND FAITHFULLY ALL FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE THE POLICY MAY BE VOID

Name of Proposed Life Insured: _____ **NRIC:** _____
(To be completed by parent/guardian if the life insured is below 18 years old)

Policy Number: _____

1. Have you ever consumed alcoholic beverages? ☐ Yes ☐ No

2. Do you presently consume alcoholic beverages? ☐ Yes ☐ No
If **yes,** please indicate:

		Beer	Wine	Liquor	Date last consumed
Quantity	Daily				
	Weekly				
	Monthly				

3. Did you ever drink substantially more than at present? ☐ Yes ☐ No
Dates from _____ to _____
If **yes**, please indicate:

		Beer	Wine	Liquor	Date last consumed at this level
Quantity	Daily				
	Weekly				
	Monthly				

Why did you change your drinking habits? _____

4. Do you ever have 4 or more drinks at one occasion? ☐ Yes ☐ No
If **yes**, please provide details (number of drinks, how often, date of last time):_____

5. Has any doctor or other medical practitioner, family member or close friend advised you to reduce or stop your alcohol consumption? ☐ Yes ☐ No

If **yes**, please indicate:
☐ Medical practitioner details: _____
☐ Family member details: _____
☐ Close friend details: _____

6. Have you ever consulted a doctor, received treatment or professional advice or been treated at an emergency room or urgent care center or been hospitalized because of your alcohol use? ☐ Yes ☐ No

If **yes**, indicate name and addresses of any doctor, hospital or treatment centre and date.
_____

7. Have you ever attended Alcoholics Anonymous (AA) or other recovery group meetings? ☐ Yes ☐ No
If **yes**, provide dates: _____

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8. Are you presently taking, or have you ever taken or been prescribed Antabuse or any other medication to control your drinking? ☐Yes ☐No
If **yes**, provide details: _____

9. Have you ever been arrested for driving under the influence of alcohol? ☐Yes ☐No
If **yes**, provide details: _____

10. Has excessive use of alcohol ever interfered with your occupational duties? ☐Yes ☐No
If **yes**, provide details: _____

11. Are you now alcohol free? ☐Yes ☐No
If **yes**, state when consumption ceased: _____

12. Within the last 10 years have you used amphetamines, barbiturates, cannabis (marijuana), cocaine, hallucinogens opiates or any prescription drug except in accordance physician's instructions? ☐Yes ☐No

If **yes**, please provide details: _____

13. Have you ever sought medical treatment because of drug usage? ☐Yes ☐No
If **yes**, please provide details: _____

14. Have you ever been treated at a medical facility, emergency room or urgent care center as a result of drug use? ☐Yes ☐No
If **yes**, indicate name and addresses hospital or treatment centre and date.

_____

15. Please add any additional information which you feel is important.

_____

Please attach copies of all available investigation reports to this questionnaire.

If a material fact is not disclosed in this Application, any policy issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the Financial Adviser Representative but was not included in the Application. Please check to ensure you are fully satisfied with the information declared in this Application.

_____ _____
Signature of Life Insured/Owner Date

If you wish to understand the list of purposes for which your personal data may be used or disclosed, you may refer to the Statement of Personal Data Protection located at our website (www.manulife.com.sg)

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