

HSBC Insurance

HSBC Insurance (Singapore) Pte. Limited

10 Eunos Road 8, #11-01 Singapore Post Centre, Singapore 408600

Tel: (65) 6225 6111 Fax: (65) 6221 2188

Web site: www.insurance.hsbc.com.sg

Company registration no. 195400150N



Health Declaration Statement

Date:

Dear Policyowner/Certificate holder

We would advise that the policy/certificate has now lapsed as the premium/contribution due on the date shown has not been received within the days of grace allowed. We shall, however, be prepared to consider the revival of the policy/certificate on your paying the arrears of premium/contribution plus the current premium/contribution if due and the completion of a health declaration statement on the reverse of this notice.

Name of life insured/participant:

Payment should be made payable to HSBC Insurance (Singapore) Pte. Limited and policy/certificate number should be clearly written on the reverse side of cheque and return with the health declaration statement

Name of agent/wakil :

Unit :

Name of assignee :

Policy/Certificate number :

Commencement date :

Frequency :

Premium/Contribution due date :

Premium/Contribution amount :

Health declaration statement

I/We, the undersigned, under the policy/certificate mentioned overleaf, hereby apply for its revival and further declare that since the original policy/certificate was issued there has been no change in our occupation; that I/we are now in good health, free from all diseases, deformities and of temperate habits; that I/we have not suffered from any illness, bodily injury or physical impairment of any kind from the date the original policy/certificate was issued.

I/We, now pay to the company the arrears of premium/billable contributions with interest, if any, due thereon as provided for in general provisions upon the understanding that the policy/certificate shall not be in full force unless and until the company has consented in writing to grant its revival and I/we agree to accept the return of any payments made to the company in connection with this application should the company decline to revive the policy/certificate. I/We further agree that if our application for revival be accepted by the company, the incontestability and suicide provisions and any waiting period applicable to affected riders thereof shall have effect from the approval date of my application for revival. I/We acknowledge the right of the company to request for a medical examination at our expense if one is deemed necessary.

Dated: _____

Duly witnessed by:

Signature of life insured/participant: _____

Signature of witness:

Signature of policyowner/certificate holder: _____

Name and NRIC no. of witness

The signature on this health declaration statement should be signed in the same manner as in our records and a witness with the name & NRIC no. should be clearly indicated.

Note If you are not in the position to sign the health declaration statement, please supply the company with full written details the reason. The company will then advise whether revival can be granted or what further requirements, if any are necessary for the revival of the policy/certificate.