

HSBC Insurance (Singapore) Pte. Limited
 10 Eunos Road 8, #11-01 Singapore Post Centre (South Lobby), Singapore 408600
 Tel: (65) 6225 6111 Fax: (65) 6221 2188
 Web site: www.insurance.hsbc.com.sg
 Company registration no. 195400150N

**Supplementary Proposal Form
 (for new business only)**

Proposal no.	
Date of proposal	
Advisor's/Wakil's name	
Advisor's/Wakil's no.	

WARNING: Statement Pursuant to Section 25(5) of the Insurance Act, you are to disclose in this form, fully and faithfully, all the facts which you know or ought to know, otherwise the request effected hereunder may be void.

Name of life insured/participant

NRIC/passport no.

Name of policyowner/certificate holder (if different from life insured/participant)

NRIC/passport no.

Please complete in block letters only where changes are required.

Where indicated, the following information supersedes the information declared in the above-mentioned proposal form. (The following details are to be completed only where changes are required)

Details of plan and supplementary benefits

Sum insured/benefit amount

Premium/contribution amount

Please indicate section and paragraph number of the proposal and provide details of changes and/or additional information:

Declaration

This supplementary proposal and the proposal forms are to be read as one document and shall be referred to as "the proposal" in this declaration. I/We declared that to the best of my/our knowledge and belief, the information given by me/us to the Company or to its Medical Examiner is true and complete and that no material facts (i.e. facts likely to influence the assessment and acceptance of the proposal) have been withheld. Furthermore, I am/we are not an undischarged bankrupt(s).

I/We agree to inform the Company if there is any change in the state of health, occupation or activity of the Life Insured/Participant and Policyowner/Certificate Holder between the date of the proposal or medical examination and the issue of my/our policy. On the receiving this information, the Company is entitled to accept or reject my/our proposal.

I/We agree and authorise the Company to use and disclose any information collected or held (contained in the proposal or otherwise obtained) to enable the Company, its associated individuals/organisations or independent third parties, within or outside Singapore, to provide advice or information concerning products or services which the company believes may be of interest to me/us or to communicate with me/us for any purposes.

I/We declare that I/we have received a copy of "Your Guide to Life Insurance"; "Product Summary"; "Fund Summary" (if applicable); and "Benefit Illustration", the contents of which has been explained to me/us to my/our satisfaction.

Signature of life insured/participant

Date:

Signature of policyowner/certificate holder (if different from life insured/participant)

Date: