

**HSBC Insurance (Singapore) Pte. Limited.** (Reg. No. 195400150N)  
 21 Collyer Quay #02-01 Singapore 049320, Monday to Friday 9.30am to 5pm. www.insurance.hsbc.com.sg.  
 Customer Care Hotline: (65) 6225 6111 Fax: (65) 6221 2188  
 Mailing address: Robinson Road Post Office P.O. BOX 1538 Singapore 903038.

## Blood Pressure Disorder Questionnaire

**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.**

Proposal no \_\_\_\_\_  
 Name of life insured/participant \_\_\_\_\_  
 Name of policyowner/certificate holder \_\_\_\_\_  
 (if other than life insured/participant)

1. What was the diagnosis and underlying cause told by the doctor?

\_\_\_\_\_

2. Please provide the date of diagnosis and the blood pressure reading at that point of time.

\_\_\_\_\_

3. Why was your blood pressure measured at that particular time?  
 (e.g. Routine examination, due to symptoms such as headache, fever, etc)

\_\_\_\_\_

4. Have there been any tests or investigations carried out? Yes \_\_\_ No \_\_\_  
 (e.g. X-ray, ECG, blood test, etc)  
 If "Yes", please state the date, results and submit copies of the investigations report, if any.

\_\_\_\_\_

5. Are you currently or previously on any treatment/medication? Yes \_\_\_ No \_\_\_  
 If "Yes", please provide name of medication, dosage, frequency and date last taken.

\_\_\_\_\_

6. Are you currently or previously on follow up? Yes \_\_\_ No \_\_\_  
 If "Yes", please state date of last consultation and/or next appointment.

\_\_\_\_\_

7. Please provide the date and results of three latest blood pressure readings.

Date	Blood Pressure Reading
_____	_____/____/_____
_____	_____/____/_____
_____	_____/____/_____

8. For hypertension (raised blood pressure), please confirm whether any complications in relation to the below have ever been noted.

If "Yes", please provide full details.

(a) Eye problem Yes \_\_\_\_ No \_\_\_\_

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(b) Raised blood sugar / Diabetes Mellitus Yes \_\_\_\_ No \_\_\_\_

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(c) Urine abnormalities / Kidney problem Yes \_\_\_\_ No \_\_\_\_

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(d) Chest pains Yes \_\_\_\_ No \_\_\_\_

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(e) Heart problem Yes \_\_\_\_ No \_\_\_\_

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(f) Others (Please specify) Yes \_\_\_\_ No \_\_\_\_

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9. Have you ever been hospitalised due to this condition? Yes \_\_\_\_ No \_\_\_\_

If "Yes", please state the date of admission, duration of stay and full name of hospital.

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10. Please provide full name and address of the doctor whom you have consulted for this condition.

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I declare that to the best of my knowledge and belief, the information given by me is true and complete and that no material facts (i.e. facts likely to influence the assessment and acceptance of my proposal for the life insurance) have been withheld.

I agree that this form shall constitute a part of my proposal for Life Insurance with HSBC Insurance (Singapore) Pte. Limited.

\_\_\_\_\_  
Signature of life insured/participant

\_\_\_\_\_  
Signature of policyowner/certificate holder  
(if other than life insured/participant)

Date: \_\_\_\_\_

Date: \_\_\_\_\_