

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.

Cyst/Growth/Tumour 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. Please provide details on the following:
 (a) Date of onset:

(b) Location of the cyst/growth/tumour:

(c) Number of cyst(s)/growth(s)/tumour(s) when first detected?

(d) Any increase in number and/or size of cyst(s)/growth(s)/tumour(s) over the years? Yes ___ No ___
 If "Yes", please provide details.

2. What was the diagnosis told by the doctor?

3. Have there been any tests or investigations carried out? Yes ___ No ___
 (e.g. Ultrasound, Fine Needle Aspiration, Biopsy, etc)
 If "Yes", please state the date, results and submit copies of the investigations report, if any.

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

5. Have you ever been recommended to remove the cyst(s)/growth(s)/tumour(s)? Yes ___ No ___
 If "Yes", please provide details:

| Date of Surgery | Number of cyst(s)/lump(s) removed | Nature (e.g. benign or malignant) |
|-----------------|-----------------------------------|-----------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

6. Was/Were the cyst(s)/growth(s)/tumour(s) COMPLETELY removed? Yes ____ No ____
If "Yes", please submit copy of histology report with latest ultrasound/CT scan report.
If "No", please state date of surgery scheduled (if any) and state whether they are benign or malignant.
Please submit copy of histology report (if any) with latest ultrasound/CT scan report.

7. Has there been any recurrence since your last cyst/growth/tumour removal surgery? Yes ____ No ____
If "Yes", please provide full details.

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

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

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: _____