

**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.

## Diabetes 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. When was your diabetes condition first diagnosed? (State the year or age of onset.)

\_\_\_\_\_

2. Are you currently or previously on any treatment/medication as per stated below?

(a) Diet control Yes \_\_\_ No \_\_\_

If "Yes", please provide detailed description.

\_\_\_\_\_

(b) Oral Medication Yes \_\_\_ No \_\_\_

If "Yes", please provide name of medications, dosage, frequency and date last taken.

\_\_\_\_\_

(c) Insulin Yes \_\_\_ No \_\_\_

If "Yes", please provide dosage, frequency and date last taken.

\_\_\_\_\_

3. Do you check your urine on a regular basis? Yes \_\_\_ No \_\_\_

If "Yes", please state frequency (e.g. Daily, weekly, fortnightly, others.) and results.

\_\_\_\_\_

4. Have there been any tests or investigations carried out? Yes \_\_\_ No \_\_\_

(e.g. Blood test, urine test, ECG, etc)

If "Yes", please state the date, results and submit copies of the investigations report, if any.

Type of Test	Date of Test	Result of Test
Fasting Blood Glucose	___ / ___ /20___	_____ (mmol / mg/dl)
HbA1c Test	___ / ___ /20___	_____ (%)
Urine Feme/Microureanalysis	___ / ___ /20___	_____ (any presence of glucose, protein)
Others	___ / ___ /20___	_____

5. Are you currently or previously on follow up? Yes \_\_\_ No \_\_\_

If "Yes", please state date of last consultation and/or next appointment.

\_\_\_\_\_

6. Have you ever experienced any of the followings:  
If "Yes", please provide details.

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

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(b) High blood pressure Yes \_\_\_ No \_\_\_

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

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(d) Numbness/pain of legs and feet Yes \_\_\_ No \_\_\_

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

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

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7. 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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8. Have you ever had a diabetic coma? Yes \_\_\_ No \_\_\_  
If "Yes", please state the date(s) and frequency of having such coma.

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9. 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: \_\_\_\_\_