

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.

Diving 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 type of diving do you participate in?
- | | | |
|-----------------------------|---------|--------|
| a. SCUBA diving | Yes ___ | No ___ |
| b. Skin diving | Yes ___ | No ___ |
| c. Others: (Please specify) | | |

2. Have you successfully completed a formal diving training course? Yes ___ No ___
 If "Yes", please state your diving qualifications/certifications.

3. Are you a member of a recognized diving organization? Yes ___ No ___
 If "Yes", please give name of the organisation.

4. What is the purpose of your diving activity? (e.g. construction, leisure, as instructor, etc)

5. Please provide details on your diving history and/or planned diving activities:

a. Locations

b. Usual depth

c. Maximum Depth

d. Number of dives in a year

6. Have you ever been involved in diving incidents that require medical attention? Yes ___ No ___
 If "Yes", please provide details including dates.

7. Do you participate in any of the following type of diving?

If "Yes", please provide full details including location, dates, frequency and future intentions.

a. Diving alone Yes ___ No ___

b. Dive under ice Yes ___ No ___

c. Cave or pothole diving Yes ___ No ___

d. Internal exploration of wrecks Yes ___ No ___

e. Search and rescue diving Yes ___ No ___

f. Salvage or clearance diving Yes ___ No ___

g. Using underwater explosives Yes ___ No ___

8. Please provide any additional information that you feel important.

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: _____