

**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.

## Financial Questionnaire (Personal Insurance)

**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 state purpose of insurance. Please tick whichever is applicable.
- a. Personal / Family Protection \_\_\_\_\_
  - b. Personal Loan Protection \_\_\_\_\_
  - c. Others (Please specify): \_\_\_\_\_

### Section A

1. Please provide details of income received and expenditure from all sources for the last 2 years.

Income (in SGD)			Expenditure (in SGD)		
	Last year _____	Prior year _____		Last Year _____	
Salary			Mortgage		
Bonuses			Other loan repayment		
Investment income			Rent		
Dividends			Family Expenses		
Rental Income			Insurance premiums		
Other: _____			Other: _____		
Other: _____			Other: _____		
<b>Total</b>			<b>Total</b>		

2. Please provide details of assets and liabilities.

Assets (in SGD)		Liabilities (in SGD)	
Cash and savings		Personal Loans	
Stocks and bonds		Mortgage on primary residence	
Primary Residence		Mortgage on investment property	
Investment property		Motor vehicle(s) loan	
Motor vehicle(s)		Business loan (your share)	
Business (estimate value of your share)		Other: _____	
Other: _____		Other: _____	
Other: _____		Other: _____	
<b>Total</b>		<b>Total</b>	

3. Please provide details of your dependants (if applicable):

Name of dependants	Age	Relationship

4. Do you have any existing inforced insurance coverage on your life? Yes \_\_\_ No \_\_\_  
 If "Yes", please provide details in the table below.

Company	Type of cover (Sum Insured)			Purpose of cover	Year commenced
	Life	Total & Permanent Disability	Critical Illness		

5. Do you have any current pending proposals being made to other insurance company? Yes \_\_\_ No \_\_\_  
 If "Yes", please provide details in the table below.

Company	Type of cover (Sum Insured)			Purpose of cover	Year commenced
	Life	Total & Permanent Disability	Critical Illness		

6. Has you or any business that you have been associated with ever been declared bankrupt? Yes \_\_\_ No \_\_\_  
 If "Yes", please state the year of bankruptcy and whether you are being discharged.

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7. How was the proposed sum assured calculated?

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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

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

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

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