

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.

Foreigner 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. Where is your current permanent place of residence?

2. When did you arrive in Singapore?

3. How long do you intend to stay in Singapore?

4. What is your official residence/travel status in Singapore? Please tick whichever is applicable and provide the expiry date of the relevant pass.

- | | | | |
|----------------------|----------------------|-------|--|
| a. Employment Pass | (expiry date: _____) | _____ | |
| b. Dependant's Pass | (expiry date: _____) | _____ | |
| c. Student's Pass | (expiry date: _____) | _____ | |
| d. Social Visit Pass | (expiry date: _____) | _____ | |
| e. Others | (expiry date: _____) | _____ | |

(Please specify): _____

5. Please provide reason(s) for applying a S\$ policy.

6. Do you have any of the following based in Singapore?
 If "Yes", please provide details and state value.

a. Bank Account Yes ___ No ___

b. Property Yes ___ No ___

c. Business Yes ___ No ___

d. Investment e.g. shares Yes ___ No ___

e. Others (Please specify): _____ Yes ___ No ___

7. Do you have any family members based in Singapore? Yes ___ No ___
If "Yes", please provide details.

Name of family member	Relationship	Nationality and/or residence/travel status in Singapore

8. Please provide details on places of residence and occupation over the last 5 years.

Period (MM/YY)		Country	City	Occupation
From	To			

9. Please provide details of your next destination or any future travel plans in the next 2 years.

Country	City	Estimated length of stay	Purpose

10. What do you intend to do with this S\$ policy when you leave Singapore?

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: _____