

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.

Hepatitis 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 the condition first diagnosed?

2. What is the type of Hepatitis? (e.g. Hepatitis A, B, C, etc)

3. Have there been any test or investigations carried out? Yes ___ No ___
(e.g. Ultrasound, blood test, 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 hospitalised due to this condition? Yes ___ No ___
If "Yes", please state the date of admission, duration of stay and full name of hospital.

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

7. Please provide full name and address of 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: _____