

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.

History of Injuries 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 did the injury/incident take place? Please state the year.

2. Please state the exact part(s) of the body/organ(s) injured.

3. How was the injury sustained? (e.g. Injured by accident, shot, stab, etc)?

4. How did the doctor define the injury (e.g. sprained, fractured, cuts, etc)?

5. Did you lose consciousness during the injury/incident? Yes ___ No ___
If "Yes", please state the duration.

6. Have there been any tests or investigations carried out? Yes ___ No ___
(e.g. X-ray, CT scan, MRI, blood test, etc)
If "Yes", please state the date, results and submit copies of the investigations report, if any.

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.

8. Are there any complications or residual disability arising from the injury? Yes ___ No ___
Please provide details and describe the degree of the disability suffered (if any).

9. Are you currently or previously on any treatment/medication? Yes ___ No ___
If "Yes", please provide name of medication, dosage, frequency and date last taken.

10. Have you ever been recommended for surgery? Yes ____ No ____
If "Yes", please state date of surgery done or planned.

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

12. Have you fully recovered from this condition? Yes ____ No ____
If "Yes", please state date of recovery.

13. Please provide full name and address of the 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: _____