



HSBC Life (Singapore) Pte. Ltd. (Reg. No. 199903512M)  
 www.hsbc.com.sg  
 Customer Care Hotline: +65 6880 4888 Email: e-surance@hsbc.com.sg  
 Mailing address: Robinson Road Post Office P.O. BOX 1538 Singapore 903038

Pursuant to Section 25(5) of the Insurance Act Cap. 142, 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.

## Health Certificate

**NOTE: SHOULD THERE BE ANY CHANGE TO YOUR PARTICULARS, PLEASE COMPLETE THE PERSONAL PARTICULARS UPDATE FORM.**

Full Name of policyowner as shown in NRIC/Passport including alias		Policy no.	
Full Name of life insured as shown in NRIC/Passport including alias		Contact no.	(+ ) Country/Region Code
Full Name of joint life insured as shown in NRIC/Passport including alias			
Name and contact no. of Financial Planner:			

For Takaful policy, please read "certificate" for policy, "certificate holder" for policyowner, "wakil" for financial planner, "participant" for life insured, "takaful benefit" for sum insured.

**Consent to use of personal data**  
 I understand that HSBC's Data Privacy Policy (which may be found at <https://www.insurance.hsbc.com.sg/privacy-and-security/>) forms a part of the terms and conditions governing my relationship with HSBC. I consent to the collection, use and disclosure of my personal data for the purposes set out in the Data Privacy Policy.

Due to US insurance regulatory requirements, you are not to enter the US or any territory subject to US jurisdiction at the time of considering or deciding relevant matters on the insurance product, otherwise the request effected hereunder may be void.

Application for:

Lapse Reinstatement (Applicable to Growth Manager, GrowthInvest, Goal Protector and Life Goal Builder Plan only)  
 I agree to reinstate the surrender penalty using the prevailing fund prices at the point of reinstatement, AND

I enclose the cash value cheque issued to me at policy lapse, OR  
 Please cancel the cheque at your end. I enclose the stop cheque fee of \$30 for this cancellation. (The stop cheque fee will be in the policy currency).

Other Reinstatement

Change of benefits – Please submit a Policy Amendment Form

Others: Please specify \_\_\_\_\_

### PART A: INFORMATION CONCERNING THE LIFE INSURED/POLICYOWNER

	Life Insured		Policyowner or Joint Life Insured	
	Yes	No	Yes	No
Both policyowner and life insured are to answer the questions if payor benefit is applied. If the life insured is a child, please answer only the questions marked with an asterisk *.				
1 (a)* How much life insurance (including accident / critical illness) Life: is in force or pending on your life? Accident/Critical Illness:				
(b)* What is your present height and weight? Height (cm): Weight (kg):				
(c)* Has your weight changed by more than 3kg in the past 6 months? Gain / Loss of _____ kg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Are you pregnant? (Female only) No. of months _____ Have you had any complications during pregnancy? (E.g.gestational diabetes, hypertension or high blood pressure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Life Insured		Policyowner or Joint Life Insured	
	Yes	No	Yes	No
(e) Only applicable if Life / Total Permanent Disability cover is more than SGD \$2 Million Have you undergone a genetic test for Huntington's Disease? If yes, please provide the genetic test result.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Only applicable if Critical Illness cover is more than SGD \$500,000 Have you undergone a genetic test for Huntington's Disease and/or breast cancer (BRCA1 or BRCA2)? If yes, please provide the genetic test result.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Since the commencement date of this policy, have you:				
(a) Changed your occupation or job? If yes, please specify below the occupation, daily duties and employer's name, address and nature of business.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Changed your marital status?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c)* Been declined, postponed, rated up for life and other supplementary insurance, or involved in military activities, private flying, hazardous sports, races or flying other than a fare-paying passenger in a licensed passenger carrying aircraft?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 (a)* Have you in the last three years resided for more than one month in any other country/region than your present country/region of residence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b)* Have you ever received any medical advice, counselling or treatment in connection with AIDS, AIDS Related Complex or any other AIDS related condition, been told you had any of these or that you have a positive HIV blood test or in the last 3 months had any of the following symptoms for more than one week continuously: fatigue, weight loss, diarrhoea, enlarged lymph nodes or unusual skin lesions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 (a)* Have either your father, mother or any sibling suffered or died from heart disease, stroke, high blood pressure, diabetes, kidney disease, breast lump, cancer, paralysis or epilepsy before age 60? If yes, specify whom, age and give full details with dates and diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) In the last 12 months, have you smoked cigarettes? If yes, please specify below the number of cigarettes per day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Have you ever suffered from or been treated or investigated for the following:				
(a) Heart disease, stroke, high blood pressure, diabetes, kidney disease, cancer, paralysis, epilepsy or multiple sclerosis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Sugar in the urine, rheumatic fever, lung disease, ulcer, disorder of the digestive tract, mental or nervous disorder, or any other disease, disorder, defect or injury?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Disorders of the breast, irregular or painful or unusually heavy menstruation, fibroids, cysts, or any other disorders of female organ? (Female only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Abnormal pap smear test or been told to repeat pap smear within the next 6 months? (Female only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6* Since the commencement date of this policy, have you (a) been ill, (b) consulted any doctor for any reason, (c) been treated or been advised to take treatment, or (d) been absent from work for more than one week on any occasion due to sickness or accident? If yes, please give details below on the date, duration and nature of sickness or accident, the nature and results of any tests done or advices and the name and the address of physician or hospital.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7\* If any of the answers to question 1 through 6 is 'Yes', please quote the question number and provide details (including dates, duration, name and address of doctor, place of treatment and present condition). If the space below is insufficient, please provide details on a separate piece of paper.

**PART B: DECLARATION AND AUTHORISATION**

- I confirm that the above answers, given by me are full, complete, true and agree that they form part of the policy where these answers are, or may be, relied upon by HSBC Life (Singapore) Pte. Ltd. ("Company"). I further agree that such reinstatement, change or addition shall not be considered as effected by reason of any money paid or settlement made in payment of or on account of any premium/contribution, until this policy shall be duly approved by an authorised officer of the Company. I further agree that if my application for any reinstatement, change or addition be accepted by the Company, the Incontestability and Suicide Provisions thereof shall have effect from the approval date of my application for reinstatement, change or addition. I acknowledge that the reinstatement is subject to the Company's prevailing terms and conditions, and I/we agree that where applicable, any 'stop cheque fees' or other administrative fees in connection with the reinstatement shall be borne by me/us.
- Compliance with US laws and regulations and other laws having extra-territorial effect:
  - I/We, the Policyowner and Assignee, are not physically present in the US when executing the policy servicing request;
  - I/We are aware of and understand the policy servicing restrictions\* applicable to any and all persons residing temporarily and permanently in the US; and
  - I/We will inform HSBC Life (Singapore) Pte. Ltd. should I/we decide to reside in the US either temporarily or permanently
  - List of policy servicing restrictions is set out in our website <http://www.insurance.hsbc.com.sg/1/2/sg/hi/customer-service>

\_\_\_\_\_ Date (dd/mm/yyyy)      \_\_\_\_\_ Signature of life insured      \_\_\_\_\_ Signature of joint life insured      \_\_\_\_\_ Signature of policyowner



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## Personal Particulars Update Form

Full Name as shown in NRIC/Passport including alias \*

Policy Number \*  NRIC / Passport No \*

**\* Mandatory field to complete**

**Please complete and mail the signed form with the required documents to us.**

Please allow up to 5 business days from the date of receipt of the form and supporting documents, if any, for the changes to be effected.

**Consent to use of personal data**

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**UPDATE OF PERSONAL PARTICULARS (RA1) (Please complete where applicable)**

**Change of Address**

**Note:**

- For residential and permanent address, PO Box and C/O address is not allowed.  
If you reside in a country/region where complete legal addresses do not exist, please provide a description of the location of your property (which should include exact street/ building name, apartment/ villa number, city, country/region and the closest landmark, etc).
- For change of residential or mailing address, please submit proof of address change.
  - A copy of NRIC / Passport (with minimum 6 months' validity) which shows the address or
  - A copy of utility bills, statement / letters issued by bank / financial institution or letter from a Government department or agency issued within the last 3 months

**New Residential Address**

  
  
  


Postal Code  Country/Region

**At this Residential Address since (DDMMYYYY)**

**New Permanent Address** (For foreigners, please indicate your overseas permanent address as the permanent address)

*(If different from residential address)*

  
  
  


Postal Code  Country/Region



**Electronic (e)-Statement Service**    Opt in (Yes, I would like to receive e-statement)    Opt out (No, I prefer to receive hardcopy)

Please note:

- 1) Unless you opt-out, you will automatically be enrolled into the e-statement service if you have an email address registered with us.
- 2) Should you still prefer to receive paper statement to your mailing address, you can select opt out from e-Statement.
- 3) The e-Statement Service is currently available for all policy statements – Annual, Bonus and Monthly Statements.
- 4) We will notify you of any changes to your e-Statement option.

**Change of Employment Details**

Employment Status    Self-Employed (Sole Proprietor / Freelance)    Self-Employed (Business Owner)    Key Controller (such as CEO, CFO, COO, MD)  
 Employed Staff    Homemaker    Retired    Unemployed    Student (Course End Date: \_\_\_\_\_)

Employer / Business Name			
Nature of Business / Industry Type			
Occupation			
Job Title			
Annual Income (SGD)	Length of service	<input type="text"/> <input type="text"/> years	<input type="text"/> <input type="text"/> months
Work Address			
Postal Code	Country/Region		

**DECLARATION AND AUTHORISATION**

I confirm that the information provided in this form is correct and complete. By providing my signature, I authorise HSBC Life (Singapore) Pte. Ltd. to update my particulars according to this form and disclose my information to HSBC Bank (Singapore) Limited to update their records accordingly if I am a customer of HSBC Bank (Singapore) Limited.

Signature of Policyowner / Trustee / Life Insured

Date (DDMMYYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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