



HSBC Insurance (Singapore) Pte. Limited. (Reg. No. 195400150N)
 21 Collyer Quay #02-01 Singapore 049320, Monday to Friday 9.30 am to 5 pm. 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

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 CHANGES TO YOUR PARTICULARS, PLEASE COMPLETE THE PERSONAL PARTICULARS UPDATE FORM AS ATTACHED.

Name of policyowner		Policy no.	
Name of life insured		Contact no.	(+) Country Code
Name of joint life insured			
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.

The personal data which you have submitted is being collected for the purposes stated in the HSBC Data Protection Policy. For more information on how we manage your personal data, please visit <http://www.hsbc.com.sg/1/2/miscellaneous/privacy-and-security>.

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:

Reinstatement (Applicable to Growth Manager Plus 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"/>
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 than your present country 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"/>

<p>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.</p> <p>(b) In the last 12 months, have you smoked cigarettes? If yes, please specify below the number of cigarettes per day.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>5 Have you ever suffered from or been treated or investigated for the following:</p> <p>(a) Heart disease, stroke, high blood pressure, diabetes, kidney disease, cancer, paralysis, epilepsy or multiple sclerosis?</p> <p>(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?</p> <p>(c) Disorders of the breast, irregular or painful or unusually heavy menstruation, fibroids, cysts, or any other disorders of female organ? (Female only)</p> <p>(d) Abnormal pap smear test or been told to repeat pap smear within the next 6 months? (Female only)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>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.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>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.</p>		
<div style="border: 1px solid black; height: 200px; width: 100%;"></div>		

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 Insurance (Singapore) Pte. Limited ("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 Insurance (Singapore) 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

Name of Policyowner / Trustee / Life Insured	Policy no.	
	NRIC/Passport no.	

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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.

PART A: UPDATE OF PERSONAL PARTICULARS (RA1) (Please complete where applicable)

Change of Address

*New Residential Address _____

*New Permanent Address: _____
(if different from residential address)

New Mailing Address: _____
(if different from residential address)

Please update Mailing Address for:

ALL my policies with HSBC Insurance (Singapore) Pte. Limited
 Only the following policies _____
AND (where you are also a customer of HSBC Bank (Singapore) Limited)
 The following Accounts with HSBC Bank (Singapore) Limited:

Sole account(s) Joint-OR account(s)
 Joint-AND account(s) Credit Card(s)
 Deposits, Loans, Investment

Notes: *For residential and permanent address, PO Box and C/O address is not allowed. If you reside in a country 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 and the closest landmark, etc)
 As a precautionary measure, acknowledgement letters will be sent to both new and old mailing address.

Change of Name

Last name/Surname _____ First/Given name _____

Change of NRIC / Passport number or Nationality

New NRIC / Passport no. _____ Identification Type NRIC Passport Malaysian ID

Multiple Nationalities Yes No

Nationality 1 _____ Nationality 2 _____ Nationality 3 _____

Note: Please submit a copy of your NRIC / Passport/s as proof of change.
 Please also submit a copy of your old NRIC / Passport if your current identification document is different from that on our records..

Change of Contact Detail(s)

Mobile no. (+) _____ Country _____ Home no. (+) _____ Country _____

Office no. (+) _____ Country _____ E-mail address _____

Note: Please indicate country and area code.

Change of Occupation

New Occupation _____ Length of employment _____

Employer/Business _____ Annual Income (SGD) \$ _____

Nature of business / industry:

Money Services Business* Charities, Non-Profit Organizations, Non-Government Organizations**
 Involved in production / distribution of military products Government and State-owned Bodies
 Casino / Other types of gaming / gambling operations Others (Please specify): _____

* Examples: Companies offering services involving money/currency exchange, money transfer, cheque cashing (excluding banks)
 ** Examples: Red Cross, World Wildlife Fund, Green Peace, Salvation Army, etc

PART B: DECLARATION AND AUTHORISATION

I confirm that the information provided in this form is correct and complete. By providing my signature, I authorise HSBC Insurance (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.

Signature of Policyowner / Trustee / Life Insured

Date (DD/MM/YY)