



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

Mailing Address: Robinson Road Post Office P.O. BOX 1538 Singapore 903038

Health Declaration Statement

NOTE: SHOULD THERE BE ANY CHANGES TO YOUR PARTICULARS, PLEASE COMPLETE THE PERSONAL PARTICULARS UPDATE FORM AS ATTACHED.

Name of policyowner	Policy no.	
	NRIC / Passport no.	
	Contact no.	(+) Country Code

I/We, the undersigned, under the policy/certificate mentioned, hereby apply for reinstatement and declare that I am/we are now in good health, of temperate habit and free from all diseases and deformities. I/We further declare that since the date the original policy/certificate was issued there has been no change in my/our occupation and I/we have not suffered from any illness, bodily injury or physical impairment of any kind.

I/We agree that the reinstatement 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/certificate shall be duly approved by an authorised officer of the Company. I/We further agree that if my/our application for any reinstatement is accepted by the Company, the Incontestability and Suicide Provisions thereof shall have effect from the approval date of my/our application for reinstatement.

I/We 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.

The personal data which you are submitting 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.

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/sghi/customer-service>.

For reinstatement of Growth Manager, Growth Manager Plus and GrowthInvest, please tick to acknowledge:

- I/We agree to reinstate the surrender penalty using the prevailing fund price(s) at the point of reinstatement, AND
- I/we enclose the cash value cheque issued to me/us 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)

Date

Signature of 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)