



**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](http://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.

**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. 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>.

### ALL FIELDS ARE MANDATORY

#### 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 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.

#### \* New Residential Address

  
  
  


Postal Code  Country

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

#### \* Mailing Address

(If different from residential address)

  
  
  


Postal Code  Country

#### Please update Mailing Address for:

ALL my policies with HSBC Insurance (Singapore) Pte Limited  Only the above policies

#### AND (where you are also a customer of HSBC Bank (Singapore) Limited)

ALL my accounts, products & services with HSBC Bank (Singapore) Limited  My Credit Card account only

(For Joint-AND account(s), signatures of ALL account holders are required)

**Change of Name**

**Note:** Please submit a copy of Deed Poll / NRIC / Passport as proof of change

Salutation  Mr  Mrs  Madam  Ms  Others \_\_\_\_\_

Last Name / Surname

First / Given Name

**Change of NRIC / Passport number / Nationality**

**Note:** Please submit a copy of Deed Poll / NRIC / Passport 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.

Identification Type  NRIC  Passport  Malaysian IC

New NRIC / Passport No  Passport Expiry Date (DDMMYYYY)

Country of Birth

Multiple Nationalities  Yes  No

Nationality 1  Nationality 2

Nationality 3

**Change of Contact Detail (s)**

Mobile No Country  Area Code & Telephone

Home No Country  Area Code & Telephone

Office No Country  Area Code & Telephone

E-mail Address

**Change of Employment Details**

Self Employed  Sole Proprietor  Business Owner  Not Employed

Employed  Key Controller  Employee  Homemaker  Retired  Student (Course End Date: \_\_\_\_\_)

Job Title  Employer / Business Name

Nature of Business / Industry Type

Work Address

Postal Code  Country

Length of Employment  Year(s)  Month(s) Annual Income (SGD)

**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 (DDMMYYYY)