HSBC Life (Singapore) Pte. Ltd. (Reg. No. 199903512M)
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Important note:
Under Section 25 (5) of the Insurance Act CAP 142 or any subsequent amendment thereof, 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 Declaration Form (HSBC Life Shield)

Full Name of Policyholder as shown in NRIC/Passport		**Basic Policy No**	
Full Name of Life Assured as shown in NRIC/Passport		**Rider Policy No**	
Email Address		**Contact No.**	(+) Country/ region code
Name and contact number of Financial Planner:			

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.

Please select type of request and complete the sections below

- ☐ **Reinstatement**
- ☐ **Upgrade of Shield Plan**
- ☐ **Addition of Rider**
- ☐ **Others (please specify)**

Section 1: Reinstatement (complete this section only for policy lapsed within 12 months)

1. Has there been any change in the Life Assured's health status since the policy lapsed?	☐ Yes ☐ No
2. Has the Life Assured sought any medical advice / treatment or had any medical test(s) done (other than voluntary health screening where results are normal) since the lapse date of the policy? * You do not need to inform us of minor ailments (e.g. cough, cold, fever) which you have fully recovered from.	☐ Yes ☐ No

If any of the Questions 1 or 2 is "Yes", please complete Sections 2, 3 and 4.
If all the answers are "No", please proceed to complete Section 4.

Section 2: Lifestyle Habits

1. Have you ever smoked/used any tobacco/nicotine product (e.g. cigarettes, cigar, e-cigarettes or pipes) for the past 12 months?	☐ Yes ☐ No If yes, _____sticks per day for _____ years
2. Do you consume alcohol?	☐ Yes ☐ No If yes, please state average weekly consumption: _____ can of 330ml beer _____ glass of 125ml wine _____ shot of 30ml spirits (hard liquor)

3. Have you ever used any habit forming drugs or narcotics or been treated for drug habits?	☐ Yes ☐ No If yes, please provide details (e.g. treatment, any other medical condition, any relapses/complications etc.) Substances used: Date commenced: Date ceased: Details:
Section 3: Medical and Health Information	
1. Have you had an application, reinstatement or renewal of a life or critical illness or disability, or accident or hospital insurance policy been postponed, declined, accepted at special rates or is still being considered with HSBC Life (Singapore) Pte. Ltd. or any other insurer? If yes, please provide details of the insurer and reasons.	☐ Yes ☐ No
2. Have you made or going to make any claims, including hospitalisation claims on any policy with HSBC Life (Singapore) Pte. Ltd. or any other insurer? If yes, please provide name of insurance company, name of plan, type of benefit, description of claim, date of claim and the claim amount.	☐ Yes ☐ No
3. Have you ever been informed by Ministry of Health that an extra premium of 30% has been imposed on your Medishield life insurance? If yes, please state below the medical condition(s) that was given in the CPF Medishield Life Additional Premium Letter.	☐ Yes ☐ No
4. Please provide your current height (in meters)	
5. Please provide your current weight (kilograms)	
6. Have you ever had, or been told you have, or experienced any symptoms for, or received treatment for:	
(a) Raised blood pressure, raised cholesterol, chest pain or discomfort, heart attack, heart murmur, prolapsed mitral valve or other heart valve disorders, breathlessness, irregular or fast heart rate, hole in the heart, disease or any other disorder of the heart or blood vessels?	☐ Yes ☐ No
(b) Epilepsy, fits, stroke, paralysis, weakness of limbs, persistent headache, unconsciousness, nervous breakdown, depression, autism, developmental delay, cognitive impairment or any other nervous or mental disorder?	☐ Yes ☐ No
(c) Respiratory disorders (e.g. asthma, bronchitis, pneumonia, pneumothorax or tuberculosis)?	☐ Yes ☐ No
(d) Digestive disorder which includes those of the esophagus, colon and rectum (e.g. gastritis, stomach or duodenal ulcer, blood in stool, hemorrhoids, irritable bowel syndrome, fistula in ano)?	☐ Yes ☐ No
(e) Spleen or liver or other hepatobiliary system disorders which include liver problem, hepatitis (including hepatitis B carrier), gallstone or other gallbladder problems, inflammation of pancreas?	☐ Yes ☐ No
(f) Eye, ear, nose or throat disorders (e.g. cataracts, sinus problem or rhinitis)?	☐ Yes ☐ No
(g) Urinary disorder (e.g. protein, blood or sugar in urine, kidney stones, prolapsed urinary bladder, prostate problem or urinary incontinence)?	☐ Yes ☐ No
(h) Diabetes mellitus (Type 1, Type 2 or gestational), gout, thyroid disorders or other endocrine disorders?	☐ Yes ☐ No
(i) Bone, spine, joint or muscle disorder (e.g. scoliosis, slipped disc or arthritis)?	☐ Yes ☐ No
(j) Cancer, or any abnormal growth or tumour (e.g. cyst, lump, polyp or nodule) whether cancerous or benign?	☐ Yes ☐ No

(k) Blood disorder (e.g. anaemia, haemophilia, thalassaemiaor systemic lupus erythematosus)?	☐ Yes ☐ No
(l) Physical impairments or problems, or congenital or hereditary disorders (e.g. speech impairment, autism or attention deficit hyperactivity disorder)?	☐ Yes ☐ No
(m) HIV infection or sexually transmitted diseases?	☐ Yes ☐ No
(n) Any skin disorders (e.g. eczema, dermatitis etc)?	☐ Yes ☐ No
(o) Any illness, disorder, abnormalities or recurrence symptoms, which are not mentioned above?	☐ Yes ☐ No
(p) Any injuries that are recurrent or have continued for more than one month, which are not mentioned above?	☐ Yes ☐ No
(q) In the past 12 months, have you experienced any symptoms for more than 7 days (e.g. feeling giddy, breathless, abnormal growth/enlargement, persistent fever, diarrhea, bodily discomfort or pain) or recurring symptoms?	☐ Yes ☐ No
(r) In the past 12 months, have you had any weight gain or weight loss?	☐ Yes ☐ No If answered yes, please provide the weight gained/lost in kilograms and the reason for such change.
7. Have you ever had, or been told, that you snore loudly in your sleep with choking episodes and/ or experienced sleepiness during your waking hours; and have you been treated for or been told to get treatment for any sleep disorders such as sleep apnea, snoring, or have undergone any sleep study test?	☐ Yes ☐ No
8. Have you undergone any gender/sex reassignment surgery; and/or any kinds of cosmetic/aesthetic or reconstructive surgery?	☐ Yes ☐ No
9. Are you currently receiving any medical treatment, or do you intend to seek or have been advised to seek medical treatment for any health problems or are you waiting for results of any tests/ investigations?	☐ Yes ☐ No
10. In the PAST FIVE YEARS, have you had any tests done such as X-ray, ultrasound, CT scan, biopsy, electrocardiogram (ECG), blood or urine test?	☐ Yes ☐ No If yes, please provide details below and submit copy of report (if available).
11. Do you have a regular doctor?	☐ Yes ☐ No If yes, please provide the name of doctor and name and address of clinic.
12. For female applicants only (For age 10 and above) (a) Are you currently pregnant?	☐ Yes ☐ No If yes, please state the current gestational week ___
(b) Is there any incidence(s) of pregnancy complications or pregnancy-related conditions (e.g. gestational diabetes, miscarriage or ectopic pregnancy) in your prior pregnancy(ies)?	☐ Yes ☐ No
(c) Have you had or received any treatment for or plan to be treated for any disease or disorder of the breast including breast lump, cysts, fibroadenoma, fibrocystic disease, nipple changes or discharge, mammary dysplasia, Paget's disease of the nipple or breast, carcinoma in situ, cancer or growth?	☐ Yes ☐ No
(d) Have you had or received any treatment for or plan to be treated for any disease or disorder of the cervix uteri, uterus or ovaries including ovarian cysts, fibroids or endometriosis, abnormal uterine or vaginal bleeding, abnormal enlargement of the abdomen, carcinoma in situ or cancer?	☐ Yes ☐ No

(e) Have you had an abnormal mammogram, PAP smear, pelvis ultrasound, breast ultrasound, cone biopsy, colposcopy, or other gynaecological test; or have you ever been advised for further follow-up on (or to repeat) any one of these tests within a 6 month or 12 month period?	☐ Yes ☐ No If yes, please provide reports, date of test done, and results. What is the future management?

If Questions 1 and 3 is "Yes", please provide details in the space below.

If any of the Question 6 to 12 is "Yes", please:

- specify the question number.
- declare the exact name of the condition (i.e. exact diagnosis), symptoms experienced, treatment, type of test(s) done, results, date of diagnosis, date of next and last follow up, and name and address of the attending physician.
- submit a copy of all tests/investigation reports available (e.g. full set of child health booklet, blood & urine test, histology, scan reports, scope reports etc.)

Please note that, subject to the declaration and the medical condition(s), further requirement(s) will be requested.

13. For Child applications only (Up to age 5) Note: Child Health Booklet is compulsory for all children from 0 - 6 months old. (a) Was the Life Assured's birth weight below 2.5kg?	☐ Yes ☐ No If yes, please state the birth weight _____ kg.
(b) Was the Life Assured born before 37 weeks of pregnancy?	☐ Yes ☐ No If yes, please state the gestation week. _____ weeks.
(c) Was the duration of hospital stay after birth more than 3 days?	☐ Yes ☐ No
(d) Did the child ever suffer from/does the child currently suffer from/or being followed up or being investigated for any residual birth/delivery complications, congenital disorder/birth defect, physical impairment, mental retardation, G6PD deficiency, cerebral palsy, Down's Syndrome, prolonged jaundice, respiratory distress syndrome or any other disorder?	☐ Yes ☐ No

If any of the Question 13(a) to 13(d) is "Yes", please submit Child Health Booklet and provide details.

Section 4: DECLARATION AND AUTHORISATION (Mandatory)

I/We declare that:

1. To the best of my or our knowledge and belief that the information given by me or us to HSBC Life (Singapore) Pte. Ltd. or its Medical Examiner is true and complete and that no material facts such as facts likely to influence the assessment and acceptance of this application have been withheld. And I am or We are not an undischarged bankrupt(s) and I or We have committed no act of bankruptcy within the last twelve months or received any notification or adjudication order for bankruptcy made against me or us during that period.
2. I/We, the Life/Lives to be Assured, authorise any medical source, insurance office or organisation, to release to HSBC Life (Singapore) Pte. Ltd. and HSBC Life (Singapore) Pte. Ltd. to release to any medical source, insurance office or organisation, any relevant information concerning me or ourselves, at any time, irrespective of whether the proposal is accepted by HSBC Life (Singapore) Pte. Ltd. A photocopy of this authorisation shall be as valid as the original.
3. (a) I/We agree that payment of premium before acceptance of this application by HSBC Life (Singapore) Pte. Ltd. does not commit HSBC Life (Singapore) Pte. Ltd. to issue the policy I/we have applied for, and the said policy shall not take effect unless and until this application has been fully accepted and the full initial premium has been paid during my life or our lives and good health.
   (b) I/We agree to inform HSBC Life (Singapore) Pte. Ltd. if there is any change in the state of health, occupation or activity of the Life Assured between the date of this application or medical examination and the issue of my or our policy. On receiving this information HSBC Life (Singapore) Pte. Ltd. is entitled to accept or reject my or our application.
4. I/We confirm that (a) My Financial Profile, (b) the Product Summary and (c) Your Guide to Health Insurance have been explained to me to our satisfaction. A copy of (a) has been received.
5. I/We are aware that I/we can seek advice from a qualified Financial Planner before I/we sign this application form. Should I/we choose not to, I/we take sole responsibility to ensure that this product is appropriate to my or our financial needs and insurance objectives.
6. Should I decide not to take up the application under the standard terms offered by HSBC Life (Singapore) Pte. Ltd. or if the application is officially accepted by HSBC Life (Singapore) Pte. Ltd. and I decide to terminate the policy within 21 days from the date of receipt of the Policy Contract, then the amount refundable to me shall be determined by HSBC Life (Singapore) Pte. Ltd. after taking into account the premium(s) paid, less medical fees incurred in underwriting the policy. However, should HSBC Life (Singapore) Pte. Ltd. decline the application, then I shall be entitled to a full refund of the premium(s) paid.
7. My Financial Planner has advised me/us that all Singapore Citizens and Permanent Residents are covered by MediShield Life, regardless of my/our decision on an Integrated Shield Plan. An Integrated Shield Plan comprises two parts – a MediShield Life portion provided by the Central Provident Fund Board (CPFB) and an additional private insurance coverage portion provided by the Insurance Company. As Integrated Shield Plan premiums are higher than MediShield Life premiums, there should be sufficient monies in my/our Medisave account(s) or I/we should have enough cash to pay for MediShield Life premiums on an ongoing basis before I/we consider purchasing an Integrated Shield Plan.

If a material fact is not disclosed in this proposal, any policy issued or effected change may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the Financial Planner but was not included in the proposal. Please check to ensure that you are fully satisfied with the information declared in this proposal before signing.

Date (dd/mm/yyyy)	Signature of Life Assured (age 16 and above)	Signature of Policyholder