



HSBC Insurance (Singapore) Pte. Limited (Reg. No. 195400150N)
9 Battery Road #12-01 MYP Centre Singapore 049910 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

Back Pain Questionnaire

WARNING: Statement Pursuant to Section 25(5) of the Insurance Act, 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.

Proposal no. : _____
Name of Life Insured : _____
Name of Policyowner : _____
(if other than Life Insured)

1. What was the diagnosis and underlying cause told by the doctor?

2. Please state the exact location of pain and radiation of the pain (if any).

3. Pertaining to the pain experienced, please provide details on the following:

(a) (i) Date of first episode and last episode:

(ii) Frequency of episode in a year:

(iii) Average duration of each episode:

(b) How does the pain normally manifest itself? If the pain occur in relation to any activities or a specific action, please provide full description.

4. Do you still participate in sports? Yes_____ No_____

If "Yes", please state the extent of involvement.

5. Are there any complications or functional capacity limitations including ability to work or lifestyle? Yes_____ No_____

If "Yes", to what extent has it limits your occupational or lifestyle activities?

6. Have there been any tests or investigations carried out? Yes_____ No_____ (E.g. MRI, X ray, CT-scan, etc.)
If "Yes", please state the date, results and submit copies of the investigations report, if any.

7. Are you currently or previously on any treatment/medication? Yes_____ No_____
If "Yes", please provide name of medication, dosage, frequency and date last taken.

8. Are you currently or previously on physiotherapy? Yes_____ No_____
If "Yes", please state duration of physiotherapy required and date of last/next session.

9. Have you ever been hospitalized due to this condition? Yes_____ No_____
If "Yes", please state the date of admission, duration of stay and full name of hospital.

10. Have you ever been recommended for surgery? Yes_____ No_____
If "Yes", please state date of surgery done or planned.

11. Are you currently or previously on follow up? Yes_____ No_____
If "Yes", please state date of last consultation and/or next appointment.

12. Please provide full name and address of the doctor whom you have consulted for this condition.

I declare that to the best of my knowledge and belief, the information given by me is true and complete and that no material facts (i.e. facts likely to influence the assessment and acceptance of my proposal for the life insurance) have been withheld.

I agree that this form shall constitute a part of my proposal for Life Insurance with HSBC Insurance (Singapore) Pte. Limited.

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>.

Signature of Life Insured

Date:

Signature of Policyowner (if other than Life Insured)

Date: