

HSBC Life (Singapore) Pte. Ltd. (Reg. No. 199903512M)
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Breast Lump / Cyst 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. Please provide details on the following:

(a) Date of onset:

(b) Location of the lump/cyst (e.g. left breast, right breast, both breasts):

(c) Number of cyst(s)/lump(s) when first detected?

(d) Any increase in number and/or size of cyst(s)/lump(s) over the years? Yes_____ No_____

If "Yes", please provide further details.

2. What was the diagnosis told by the doctor?

3. Have there been any tests or investigations carried out? Yes_____ No_____

(E.g. Ultrasound, Mammogram, Fine Needle Aspiration, Biopsy, etc)

If "Yes", please state the date, results and submit copies of the investigations report, if any)

4. Are you currently or previously on any treatment/medication? Yes_____ No_____

(E.g. Radiotherapy, Chemotherapy, hormone replacement, etc.)

If "Yes", please provide name of medication, dosage, frequency and date last taken

5. Have you ever been recommended to remove the cyst(s)/lump(s)? Yes_____ No_____
If "Yes", please provide details:

Table with 3 columns: Date of Surgery, Number of cyst(s)/lump(s) removed, Nature (e.g. benign or malignant). It contains three rows of blank lines for data entry.

6. Was/Were the cyst(s)/lump(s) totally removed? Yes_____ No_____
If "Yes", please submit copy of histology report with latest breast ultrasound report.
If "No", please state date of surgery scheduled (if any) and state whether they are benign or malignant. Please submit copy of histology report (if any) with latest breast ultrasound report.

7. Has there been any recurrence since your last cyst/lump removal surgery? Yes_____ No_____
If "Yes", please provide full details.

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

9. 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 Life (Singapore) Pte. Ltd.

The personal data which you have submitted is being collected for the purposes stated in the HSBC Life's Data Privacy Policy. For more information on how we manage your personal data, please visit https://www.insurance.hsbc.com.sg/privacy-and-security.

Signature of Life Insured

Date:

Signature of Policyowner (if other than Life Insured)

Date: