



**HSBC Life (Singapore) Pte. Ltd.** (Reg. No. 199903512M)  
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## Chest 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. Pertaining to the pain experienced, please provide details on the following:

(a) Date of first episode and last episode:

\_\_\_\_\_

(b) Frequency of episode in a year:

\_\_\_\_\_

(c) Average duration of each episode:

\_\_\_\_\_

2. Please state location of the pain or discomfort.

(e.g. whether in middle or on the left or right side of the chest, radiating to the left or right arm, or elsewhere)

\_\_\_\_\_

3. Please describe the nature of your chest complaints/symptoms.

(e.g. stabbing pain, numbness, burning pain, etc.).

\_\_\_\_\_

4. When does it usually occurs?

(e.g. on exertion, with exercise, excitement, after food, at rest, suddenly or at certain posture)?

\_\_\_\_\_

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

\_\_\_\_\_

6. Have there been any tests or investigations carried out? Yes\_\_\_\_\_ No\_\_\_\_\_

(E.g. Blood tests, chest x-rays, coronary angiogram, echocardiograph, electrocardiograph, stress test, 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.

(a) Trinitrates (to place under the tongue): Yes\_\_\_\_\_ No\_\_\_\_\_

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(b) Treatment to cause thinning of the blood (e.g. Warfarin, Aspirin): Yes\_\_\_\_\_ No\_\_\_\_\_

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(c) Any other drugs (Please specify): Yes\_\_\_\_\_ No\_\_\_\_\_

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8. Have you ever been hospitalised due to this condition? Yes\_\_\_\_\_ No\_\_\_\_\_

If "Yes", please state the date of admission, duration of stay and full name of hospital.

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9. Are you currently or previously on follow up? Yes\_\_\_\_\_ No\_\_\_\_\_

If "Yes", please state date of last consultation and/or next appointment.

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10. Have your working duties and/or sports/exercise ever been affected or restricted in any way? Yes\_\_\_\_\_ No\_\_\_\_\_

If "Yes", please provide details including description of restriction and durations.

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

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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>.

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Signature of Life Insured

Date:

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Signature of Policyowner (if other than Life Insured)

Date: