

**HSBC Life (Singapore) Pte. Ltd.** (Reg. No. 199903512M)  
 www.hsbc.life.com.sg  
 Customer Care Hotline: +65 6880 4888  
 Mailing address: Robinson Road Post Office P.O. BOX 1538 Singapore 903038

## Diabetes 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. When was your diabetes condition first diagnosed? (State the year or age of onset)

---

2. Are you currently or previously on any treatment/medication as per stated below?

(a) Diet control Yes\_\_\_\_\_ No\_\_\_\_\_

If "Yes", please provide detailed description.

---

(b) Oral Medication Yes\_\_\_\_\_ No\_\_\_\_\_

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

---

(c) Insulin Yes\_\_\_\_\_ No\_\_\_\_\_

If "Yes", please provide dosage, frequency and date last taken.

---

3. Do you check your urine on a regular basis? Yes\_\_\_\_\_ No\_\_\_\_\_

If "Yes", please state frequency (E.g. Daily, weekly, fortnightly, others.) and results.

---

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

(E.g. Blood test, urine test, ECG, etc.)

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

Type of test	Date of test	Result of test
Fasting Blood Glucose	_____	_____ (mmol / mg / dl)
HbA1c Test	_____	_____ (%)
Urine Feme/Microureanalysis	_____	_____ (any presence of glucose, protein?)
Others	_____	_____

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

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

---

6. Have you ever experienced any of the followings:

If "Yes", please provide further details.

(a) Eye problem Yes\_\_\_\_\_ No\_\_\_\_\_

---

(b) High blood pressure Yes\_\_\_\_\_ No\_\_\_\_\_

---

(c) Urine abnormalities/kidney problem Yes\_\_\_\_\_ No\_\_\_\_\_

---

(d) Numbness/pain of legs and feet Yes\_\_\_\_\_ No\_\_\_\_\_

---

(e) Chest pains Yes\_\_\_\_\_ No\_\_\_\_\_

---

(f) Heart problem Yes\_\_\_\_\_ No\_\_\_\_\_

---

7. 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.

---

8. Have you ever had a diabetic coma? Yes\_\_\_\_\_ No\_\_\_\_\_

If "Yes", please state the date(s) and frequency of having such coma.

---

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: