



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

Financial Questionnaire (Personal Insurance)

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 state purpose of insurance. Please tick whichever is applicable.

- Personal / Family Protection
 Personal Loan Protection
 Others (Please specify): _____

2. Please provide details of income received and expenditure from all sources for the last 2 years.

Income (in SGD)			Expenditure (in SGD)	
	Last Year	Prior Year		Last Year
Salary			Mortgage	
Bonuses			Other loan repayment	
Investment income			Rent	
Dividends			Family Expenses	
Rental Income			Insurance premiums	
Other: _____			Other: _____	
Other: _____			Other: _____	
Total:			Total:	

3. Please provide details of assets and liabilities.

Assets (in SGD)		Liabilities (in SGD)	
Cash and savings		Personal Loans	
Stocks and bonds		Mortgage on primary residence	
Primary Residence		Mortgage on investment property	
Motor vehicle(s)		Business loan (your share)	
Investment Property		Motor Vehicle(s) loan	
Business (estimate value of your share)		Other: _____	
Other: _____		Other: _____	
Other: _____		Other: _____	
Total:		Total:	

4. Please provide details of your dependents (if applicable)

Name of dependents	Age	Relationship

5. Do you have any existing inforced insurance coverage on your life? Yes_____ No_____

If "Yes", please provide details in the table below.

Company	Type of cover (Sum Insured)			Purpose of cover	Year commenced
	Life	Total & Permanent Disability	Critical Illness		

6. Do you have any current pending proposals being made to other insurance company? Yes_____ No_____

If "Yes", please provide details in the table below.

Company	Type of cover (Sum Insured)			Purpose of cover	Year commenced
	Life	Total & Permanent Disability	Critical Illness		

7. Has you or any business that you have been associated with ever been declared bankrupt? Yes_____ No_____

If "Yes", please state the year of bankruptcy and whether you are being discharged

8. How was the proposed sum assured calculated?

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: