



**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

## 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 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

Signature of Policyowner (if other than life insured)

Date:

Date: