



**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](http://www.insurance.hsbc.com.sg)  
Customer Care Hotline: (65) 6225 6111  
Mailing Address: Robinson Road Post Office P.O. BOX 1538 Singapore 903038

## History of Injuries 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 did the injury/incident take place? Please state the year.

\_\_\_\_\_

2. Please state the exact part(s) of the body/organ(s) injured.

\_\_\_\_\_

3. Please describe how the was injury sustained? (e.g. by accident, shot, stab, etc)

\_\_\_\_\_

4. What was the final diagnosis made by the doctor? (e.g fracture, fracture, etc)

\_\_\_\_\_

5. Did you lose consciousness during the injury/incident? Yes\_\_\_\_\_ No\_\_\_\_\_  
If "Yes", please state duration.

\_\_\_\_\_

6. What were the tests or investigations done? (e.g. X-ray, MRI, blood tests, etc)  
Please state the date, results and submit copies of the investigations report, if any.

\_\_\_\_\_

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. Are there any complications or residual disability arising from the injury? Yes\_\_\_\_\_ No\_\_\_\_\_  
Please provide details and describe the degree of the disability suffered (if any).

\_\_\_\_\_

9. Are you currently or previously on any treatment/medication? Yes\_\_\_\_\_ No\_\_\_\_\_  
If "Yes", please provide name of medication, dosage, frequency and date last taken.

\_\_\_\_\_

10. Have you ever been recommended for surgery? Yes\_\_\_\_\_ No\_\_\_\_\_
If "Yes", please state date of surgery done or planned.

11. Are you currently or previously on any follow-up? Yes\_\_\_\_\_ No\_\_\_\_\_
If "Yes", please state date of last consultation and/or next appointment.

12. Have you been fully discharged from this condition? Yes\_\_\_\_\_ No\_\_\_\_\_
If "Yes", please state date of discharge.

13. 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 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: