



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

History of Investigations 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. What was the exact reason for performing the investigations/tests?

2. What were the signs and symptoms that prompted you to go for the investigations/tests?

3. What were the tests or investigations done?
(Please state the date, results, and submit copies of the investigations report)

4. What was the diagnosis made based on the investigations/tests done?
Please provide full details or complete the relevant disorder questionnaire.

5. Are you referred to any other doctor or specialist for further investigation? Yes_____ No_____
If "Yes", please provide details including date of consultation and doctor's full name and address.

6. Are you currently or previously on any treatment/medication? Yes_____ No_____
If "Yes", please provide name of medication, dosage, frequency and date last taken.

7. Are you currently or previously on follow up? Yes_____ No_____
If "Yes", please state date of last consultation and/or next appointment.

8. Have you been fully discharged from this condition?

Yes_____ No_____

If "Yes", please state date of discharge.

9. Please provide full name and address of 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: