



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

Musculoskeletal 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 diagnosis and underlying cause told by the doctor?

2. When was your condition was first diagnosed?

3. Which part of the body affected?

4. Have there been any tests or investigations carried out? Yes _____ No _____
(e.g. x-ray, CT scan, etc)

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

5. Pertaining to the symptoms experienced, please provide details on the following:

a) Description of the symptoms:

b) Severity of the symptoms:

c) Frequency of episodes/attacks in a year:

d) Date of last episode/attack:

e) Average duration of incapacity caused by each episode/attack:

f) Number of days off work:

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. 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 been recommended for surgery? Yes _____ No _____
If "Yes", please state date of surgery done or planned.

9. Are you currently or previously on follow up? Yes _____ No _____
If "Yes", please state date of last consultation and/or next appointment.

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

11. 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: