



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

Supplementary Proposal Form (for New Business only)

Proposal no.	
Advisor's name	
Advisor's no.	

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.

Name of Life Insured

NRIC/passport no.

Name of Policyowner (if different from life insured)

NRIC/passport no.

Please complete in block letters only where changes are required.

Where indicated, the following information supersedes the information declared in the above-mentioned proposal form. (The following details are to be completed only where changes are required)

Details of plan and supplementary benefits	Sum insured/benefit amount	Premium/contribution amount

Please indicate section and paragraph number of the proposal and provide details of changes and/or additional information:

Declaration

This supplementary proposal and the proposal forms are to be read as one document and shall be referred to as "the proposal" in this declaration. I/We declare that to the best of my/our knowledge and belief, the information given by me/us to the Company or to its Medical Examiner is true and complete and that no material facts (i.e. facts likely to influence the assessment and acceptance of the proposal) have been withheld. Furthermore, I am/we are not an undischarged bankrupt(s).

I/We agree to inform the Company if there is any change in the state of health, occupation or activity of the Life Insured/Participant and Policyowner/Certificate Holder between the date of the proposal or medical examination and the issue of my/our policy. On the receiving this information, the Company is entitled to accept or reject my/our proposal.

I/We declare that I/we have received a copy of "Your Guide to Life Insurance"; "Product Summary"; "Fund Summary" (if applicable); and "Policy Illustration", the contents of which have been explained to me/us to my/our satisfaction.

I understand that the personal data which I am submitting is being collected for the purposes stated in the HSBC Data Protection Policy, a copy of which can be found at <http://www.hsbc.com.sg/1/2/miscellaneous/privacy-and-security>

Signature of Life Insured

Date:

Signature of Policyowner (if different from Life Insured)

Date: