HSBC Life (Singapore) Pte. Ltd. (Reg. No. 199903512M)
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Respiratory Disorder 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 diagnosis and underlying cause told by the doctor?

_____

2. When your condition was first diagnosed?

_____

3. Pertaining to the above mentioned condition, please provide details on the following:

(a) Date of last attack/symptom:

_____

(b) Frequency of attack/symptom you had in the last three years:

_____

(c) Average duration of each attack/symptom:

_____

(d) Are the attacks becoming more frequent or more severe:

_____

(e) Please describe and provide full details of your symptoms: (e.g. Coughing, wheezing, shortness of breath, chest tightness or any other symptoms)

_____

4. In what circumstances is an attack brought on? (e.g. Exercise, stress or allergy, fever, other respiratory problem like pneumonia, etc)

_____

5. Are you currently or previously on any medication or other treatment for this condition? Yes_____ No_____

If "Yes", please provide full details in the table below.

Type	Name of Medication	Dosage	Frequency	Data last taken
Inhaled Steroid				
Oral Steroid				
Bronchodilator				
Others				

6. Have there been any tests or investigations carried out? Yes_____ No_____

(E.g. Pulmonary function tests, x-ray, etc.)

If "Yes", please provide full details in the table below and submit reports, if any.

Name of test or investigation	Location	Date	Results

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 absent from work/school due to this condition? Yes_____ No_____

If "Yes", please provide details:

(a) Dates absent & Duration: _____

_____

_____

(b) Date of last consultation: _____

(c) Date of next appointment: _____

9. Have you been fully discharged from this condition? Yes_____ No_____

If "Yes", please state date of discharge.

_____

10. 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 Life (Singapore) Pte. Ltd.

The personal data which you have submitted is being collected for the purposes stated in the HSBC Life's Data Privacy Policy. For more information on how we manage your personal data, please visit https://www.insurance.hsbc.com.sg/privacy-and-security.

Signature of Life Insured

Date:

Signature of Policyowner (if other than Life Insured)

Date: