



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

Thyroid 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 exact diagnosis and underlying cause told by the doctor?

2. Please state the date of diagnosis and the date of recurrences/relapses (if any).

3. Have there been any blood tests, biopsy or investigations carried out? Yes _____ No _____
If "Yes", please state the date, results and submit copies of the reports, if any.

4. Do you presently experience any signs and symptoms? Yes _____ No _____
(e.g. palpitation, weight loss, sweaty palms, hand tremor, lethargic, etc)
If "Yes", please provide details.

5. Are you currently or previously on any treatments/medications? Yes _____ No _____
If "Yes", please provide name of medication, dosage, frequency and date last taken.

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

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

8. Have you been fully discharged from this condition?
If "Yes", please state date of discharged.

Yes _____ No _____

9. 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: