



## Supplementary Proposal Form COVID-19 (High Net Worth Universal Life / Whole Life)

### HSBC Insurance (Singapore) Pte. Limited

9 Battery Road #12-01 MYP Centre, Singapore 049910

Monday to Friday 9.30am to 5pm

[www.insurance.hsbc.com.sg](http://www.insurance.hsbc.com.sg)

Customer Care Hotline: (65) 6225 6111

Mailing address: Robinson Road Post Office P.O. BOX 1538 Singapore 903038

Policy Number	
Financial Consultant's Name	
Financial Consultant's Code No	

**WARNING: Failure by you to disclose fully and faithfully in this form all the facts which you know or ought to know may mean that the policy issued is void and you may receive nothing from the policy.**

**Note:** The personal data which you are submitting 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>.

Name of Life Insured	NRIC/Passport no.
Name of Policyowner (if different from Life Insured)	NRIC/Passport no.

### Confirmation of Changes and/or Additional Information

(Where indicated, the following information supersedes the information declared in the application form/supplementary proposal form submitted earlier.)

#### 1. Plan Details (please indicate currency)

Details of Plan & Supplementary Benefit	Sum Insured : Minimum Protection Cover :	Premium Amount

#### 2. Travel Declaration

Please state your Travel Pattern for the past 14 days

Country	City	Date of Arrival	Date of Departure

Please detail your intended future travel plans for the next 90 days:

Country	City	Date of Arrival	Intended Duration

### 3. Additional Health Declaration

A. Have you experienced any of the following symptoms within the past 30 days?

Low-grade fever, raised temperature, persistent cough, Malaise, Rhinorrhoea (mucus discharge from the nose), Sore throat, Gastro-intestinal symptoms such as nausea, vomiting and /or diarrhoea

☐ Yes ☐ No

If Yes, please provide details

B. In the last 3 months have you:

- a. tested positive for COVID-19, OR
- b. been in contact with an individual suspected or confirmed to have COVID-19?
- c. self-isolated with symptoms on medical advice or due to COVID-19 (excluding mandatory government orders to remain at home)?

☐ Yes ☐ No

If Yes, when was this? Please provide details

C. Are currently awaiting test results for novel coronavirus (COVID-19)?

☐ Yes ☐ No

D. If you have answered "Yes" to any of the above questions A, B, C, have you made a full recovery and returned to normal activities?

☐ Yes ☐ No ☐ Not Applicable

If Yes, when was this? Please provide details below along with copies of related reports along with this form

#### Declaration

This supplementary proposal and the proposal form are to be read as one document and shall be referred to as "the proposal" in this declaration. I/We declared 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 and Policyowner between the date of the proposal or medical examination and the issue of my/our policy. On receiving this information, the Company is entitled to accept or reject my/our proposal.

I/We agree and authorize the Company to use and disclose any information collected or held (contained in the proposal or otherwise obtained) to enable the Company, its company believes may be of interest to me/us to communicate with me/us for any purposes.

Signature of Life Insured

Date:

Signature of Policyowner (if different from Life Insured)

Date: