



Declaration of Continued Insurability

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

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.sq/1/2/miscellaneous/privacy-and-security.

To more information of now we manage your personal data, please visit http://www.nsbe.com.sg/ n/2/msecialicous/ph/acy and security.							
Na	ame of life insured (full name as shown in NRIC/passport)	NRIC/passport no.					
	nce the date of your application and information disclosure to b	Policy/Proposal no.					
dated:							
		Yes	No	If 'Yes' please provide or in an attachment.	full details in the space provided below		
a.	Have you consulted a medical professional or received any treatment for medical illness or injury (other than from minor colds, flu or sprains)? If 'Yes', please give details of nature of condition and treatment received.						
b.	Have you undergone any tests or investigation at any clinic, hospital or other medical facility (other than in relation to routine employment screening or for immigration purposes)?						
C.	Have you used/Are you using any addictive drugs except as prescribed to you by a medical professional?						
d.	Have you changed your smoking habit, such that you were previously a non-smoker but have now started smoking, or, your use of tobacco products has increased substantially from what was previously disclosed to us?						
e.	Have you consulted anyone or been tested (including selfinitiated oral fluid tests) for Human Immunodeficiency Virus, AIDS or have reason to believe you need to consult or be so tested?						
f.	Are you currently suffering from any medical complaint or injury (other than minor colds, flu and sprains) for which you intend or are due to consult a medical professional?						
g.	Has the nature of your work or financial status changed from what was advised to us previously?						
h.	Have you taken up or intend to take up, any hazardous or potentially hazardous activities such as automobile or motorcycle racing, power boat racing, skin or scuba diving, parachuting and sky diving, professional sports or flying other than as a fare paying passenger on a scheduled airline route?						
i.	Does your job nature involve working at heights (over 25 feet), working underground, handling explosives, commercial diving, armed with weapons (exclude police forces), working with or maintaining high voltage power lines and cables?						

	Yes	No	If 'Yes' please provide full details in the space provided below or in an attachment.				
j. Has any application for life, accident or health insurance on your life or any reinstatement been declined, postponed or accepted other than on normal terms?							
k. Has the amount of life, accident or medical insurance on your life been increased (or is currently proposed with another company to be increased) since the date of your original application to us?							
I. Have your travel activities changed substantially from what was advised to us previously? If 'Yes', please provide full details of destinations , length of stay and frequency of travels that have taken place over the last 12 months and your intended travels over the next 12 months.							
Space for any additional information (Please indicate to which question/section it refers to)							
I declare all statements and answers I have given above or in any attachment are full, complete and true and shall form the basis and become							
part of any Policy issued or the reinstatement of a Policy on my life. I acknowledge if any of the statement and answers given are inaccurate or any material facts have not been disclosed,							
HSBC Insurance (Singapore) Pte. Limited shall be entitled to cancel the Policy or to re-issue the Policy with modifications even after the Policy has been issued or reinstated.							
Signature of life insured Date signed (dd/mm/yyyy)							