



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.sg/1/2/miscellaneous/privacy-and-security>.

Name of life insured (full name as shown in NRIC/passport)			NRIC/passport no.
Since the date of your application and information disclosure to HSBC Insurance (Singapore) Pte. Limited dated: _____			Policy/Proposal no.
	Yes	No	If 'Yes' please provide full details in the space provided below or in an attachment.
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.	<input type="checkbox"/>	<input type="checkbox"/>	
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)?	<input type="checkbox"/>	<input type="checkbox"/>	
c. Have you used/Are you using any addictive drugs except as prescribed to you by a medical professional?	<input type="checkbox"/>	<input type="checkbox"/>	
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?	<input type="checkbox"/>	<input type="checkbox"/>	
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?	<input type="checkbox"/>	<input type="checkbox"/>	
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?	<input type="checkbox"/>	<input type="checkbox"/>	
g. Has the nature of your work or financial status changed from what was advised to us previously?	<input type="checkbox"/>	<input type="checkbox"/>	
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?	<input type="checkbox"/>	<input type="checkbox"/>	
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?	<input type="checkbox"/>	<input type="checkbox"/>	

