

**HSBC Insurance (Singapore) Pte. Limited.** (Reg. No. 195400150N)  
21 Collyer Quay #02-01 Singapore 049320, Monday to Friday 9.30am to 5pm. [www.insurance.hsbc.com.sg](http://www.insurance.hsbc.com.sg).  
Customer Care Hotline: (65) 6225 6111 Fax: (65) 6221 2188  
Mailing address: Robinson Road Post Office P.O. BOX 1538 Singapore 903038.

## Respiratory Disorders 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/participant : \_\_\_\_\_  
Name of policyowner/certificate holder : \_\_\_\_\_  
(if other than life insured/participant)

1. What was the exact diagnosis and underlying cause told by the doctor?  
\_\_\_\_\_
2. When was your condition 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? (e.g. Pulmonary function tests/spirometry, peak flow, Chest X-ray, etc) Yes \_\_\_ No \_\_\_

If "Yes", please provide full details in the table below and submit copies of the investigations report, if any.

\*\*Note: If you use a peak flow meter and record the results, please quote your lowest and highest readings in the last three months.\*\*

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 dates and duration of absence.

9. Are you currently or previously on follow up? Yes \_\_\_ No \_\_\_

If "Yes", please state date of last consultation and/or next appointment.

10. Have you fully recovered from this condition? Yes \_\_\_ No \_\_\_

If "Yes", please state date of recovery.

11. 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.

\_\_\_\_\_  
Signature of life insured/participant

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of policyowner/certificate holder  
(if other than life insured/participant)

Date: \_\_\_\_\_