

## APPLICATION FORM - EQ Travel

### Important Notice to the Proposer

- Under Section 25(5) of the Insurance Act (Cap. 142), or any subsequent amendments thereof, you must disclose in this application form, fully and faithfully, all the facts which you know or ought to know in respect of the risk proposed; otherwise the policy issued hereunder may be void.
- No insurance is in force until this Proposal has been accepted by the Company.
- Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the policy is issued to an individual; or (b) within the period specified in the Premium Warranty applied to the policy in all instances, failing which there will be no liability under this cover.

### Main Insured Person:

Full Name:	NRIC/Passport No.:	Date of Birth:
Address:		Postal Code:
Contact No.:	Email:	
(O) (M) (H)		
Insured Person 2 (For Family Application only):		
Full Name:	NRIC/Passport No.:	Date of Birth:
Address:		Postal Code:
Contact No.:	Email:	
(O) (M) (H)		

Number of Accompanying Children to be insured under Family Plan : \_\_\_\_\_

*Single Trip Plan : Each Child must be related to at least one insured adult / Annual Plan : Each child must be the legal child of the insured adult(s).*

### Type of Plan (Please tick):

Type of cover:	Choice of Benefit:	Area of Travel:
<input type="checkbox"/> Individual <input type="checkbox"/> Family	<input type="checkbox"/> Deluxe <input type="checkbox"/> Essential	<input type="checkbox"/> Asean <input type="checkbox"/> Asia <input type="checkbox"/> Worldwide
Cover Required (Please tick):		
Single Trip Plan: <input type="checkbox"/> (Up to 182 days)	Departure Date:	Return Date:
	Destination:	Length of Trip (Inclusive of both days):
Annual Plan: <input type="checkbox"/> (Up to 91 days for each trip)	Period of Insurance From: _____ To: _____	

### Warranty & Declaration:

Each and every person seeking to be insured warrants and declares that:

- He/She is in good health and free from any physical impairment, infirmity, illness or recurring illness.
- He/She is not travelling against the advice of any medical practitioner or for the purpose of obtaining medical treatment.
- He/She is unaware of any circumstance which is likely to lead to the cancellation or curtailment of the journey.
- He/She agrees to accept the terms, limitations, exclusions, conditions, clauses and warranties contained in the Policy and as modified or extended and agree that this application, declaration and any other information provided shall form the basis of the contract.
- None of the intended persons to be insured have already left Singapore on any trip meant to be covered by this EQ Travel Insurance.
- The information given and answers to questions in this application are true and correct to the best of his/her knowledge and have not withheld any facts likely to influence EQ Insurance Company Limited's assessment of this application.
- He/She understands this application will be subject to the approval and acceptance by EQ Insurance Company Limited and the premium fully paid and received by EQ insurance Company Limited before cover can be effected.

\_\_\_\_\_  
Signature of Applicant on behalf of all person(s) to be insured

\_\_\_\_\_  
Date

Premium Payment:

Premium: S\$ \_\_\_\_\_

I would like to pay the premium by:

Cash  Cheque payable to "EQ Insurance Company Limited" Bank / Cheque No.: \_\_\_\_\_

**I agree that no reversal is allowed under any circumstances whatsoever, once the payment is charged to my credit card.**

Visa / MasterCard Name on Credit Card: \_\_\_\_\_ Tel No.: \_\_\_\_\_

*(Cardholder must be the Policyholder, Spouse, Parent, Child or Sibling)*

Card No.     -     -     -

Expiry Date   -     Security Code

\_\_\_\_\_  
Signature of Cardholder  
(As in Credit card)

\_\_\_\_\_  
Date (dd/mm/yyyy)

For Official Use:

Accepted by:

Date:

Agent / Broker:

Code:

FOLD HERE - GLUE HERE

15 Aug 2011

FOLD HERE

Postage will be paid by addressee.  
For posting in Singapore only

**BUSINESS REPLY SERVICE  
PERMIT NO. 08468**



EQ Insurance Company Limited  
22 Gemmill Lane  
Singapore 069257

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