

PROPOSAL FORM- EQ HEALTHSAVER

IMPORTANT NOTICE TO THE PROPOSER

Statement pursuant to Section 25(5) of the Insurance Act (Cap.142) (or any subsequent amendments thereof) - You are to disclose in this Proposal Form, fully and faithfully, all the facts which you know or ought to know in respect of the risk proposed, otherwise the policy issued hereafter may be void.

Agent/Broker:	Code:
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PARTICULARS OF THE POLICYHOLDER (AS THE EMPLOYER)

Company Name:	Company Registration No.: [Required to fill up Page 2 GST Declaration if company is GST registered]
Nature of Business:	Registered Address:
Email:	Contact No. (Office):

COVERAGE REQUIRED

Period of Insurance: 1 Year From _____	(DD/MM/YYYY)
Plan Type:	Optional Benefit:

CLAIMS EXPERIENCE

[Past 3 years' details must be provided.]

Period of Insurance	Claim Details/Breakdown	No. of Claims	Total Claim Amount (\$\$)

PARTICULARS OF THE INSURED PERSONS (You may provide us the member listing separately if the fields below aren't sufficient.)

Full Name (as per IC)	NRIC No. / FIN	Gender	Date of Birth	Occupation

DECLARATION

We declare and warrant that:

- All statements and answers in this application together with any required questionnaires or document are full, complete, true, and correct and that no information or material has been withheld to affect acceptance of this application.
- This application shall form the basis of the contract between EQ Insurance and myself/ourselves and for corporate policy, on behalf of the individuals under this policy, and agree to accept the Company's policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto, I/we understand that if any of the information is not full or complete or true or correct, the Policy issued hereunder may be void and I/we may receive nothing from the policy.
- There is no awareness of any circumstance which is likely to lead to a claim under this policy at the point of this application.
- I/We have agreed and consented (in case of corporate policy, I/we represent the same from the individuals in relation to this policy) that EQ Insurance may collect, use, disclose and/or process my/our personal data and disclose such relevant information to EQ Insurance's group companies, business partners, intermediaries, third party service providers, reinsurers, legal process participants and their advisers, governmental/regulatory authorities, industry associations, courts and other alternative dispute resolution forums, for the purposes and uses described in EQ Insurance's Personal Data Protection Statement at <https://www.eqinsurance.com.sg> (including the provision of the protection, services related to the insurance application, screening activities in accordance with legal/regulatory obligations/risk management procedures)

Signature of Authorised Officer & Company Stamp

Name: _____

Designation: _____

Date: _____

EQ Insurance Company Limited

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reg no. 1978-00490-N