

## PROPOSAL FORM - EQ TRAVELSAFE

### 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 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 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.

**You can only purchase this insurance within 182 days before departing from Singapore.**

Agent / Broker:	Code:
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### POLICYHOLDER'S INFORMATION

Tick here if you are one of the Traveller

Full Name of Proposer / Company:		NRIC / FIN / Business Reg No.:	
Address:		Postal Code ( )	Date of Birth: (dd/mm/yyyy)
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Contact No.:	Email:	

### TYPE OF PLAN (PLEASE TICK)

Type of Cover: <input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Group	Choice of Benefit: <input type="checkbox"/> Ultimate <input type="checkbox"/> Executive <input type="checkbox"/> Basic  Optional Cover: <input type="checkbox"/> Covid-19 Extension <input type="checkbox"/> Pre-existing Medical Conditions Extension* <small>*Not applicable for Annual Plan</small>	Area of Travel: <input type="checkbox"/> Zone A* <input type="checkbox"/> Zone B <input type="checkbox"/> Zone C <small>*Not applicable for Annual Plan</small>
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### COVER REQUIRED (PLEASE TICK)

<input type="checkbox"/> Single Trip Plan (Up to 182 days) Period of Insurance from _____ to _____	Depart from Singapore on: _____ Arrive in Singapore on: _____
<input type="checkbox"/> Annual Plan (Up to 91 days for each trip) Period of Insurance from _____ to _____	

### PLEASE COMPLETE THIS TABLE IF INSURED PERSON IS MORE THAN ONE(1)

Insured Person(s) to be covered					
Insured Person	Full Name:	NRIC / FIN.:	Date of Birth: (dd/mm/yyyy)	Gender (M / F):	PEC Ext (Y / N):
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

*If more space is required, kindly continue to fill up on a blank new sheet.*

**PRE-EXISTING MEDICAL CONDITIONS (PEC) EXTENSION DECLARATION (TO COMPLETE ONLY IF SELECTED)**

Please answer the following set of questions by ticking "Yes / No" boxes.

- I/we am/are following the treating doctor(s)' advice. This includes not delaying or skipping any doctor visits, medical test, medication, treatment, or surgery.  Yes  No
- I/we do not have any medical condition or symptom which I/we have not consulted a doctor for or for which I/we am/are waiting for medical test, medical result, diagnosis, treatment, or surgery.  Yes  No
- I/we have not received treatment at hospital's Accident and Emergency Department more than once in the last 12 months.  Yes  No
- I/we have not stayed in hospital as an inpatient for more than 3 consecutive days in the last 12 months.  Yes  No
- My/our medical conditions are stable and well-controlled with no change in medication or newform of treatment, dosage, or worsening symptoms in the past 12 months.  Yes  No
- My/our treating doctor(s) has cleared me/us and state me/us fit to travel, including not having to postpone the trip for medical reasons.  Yes  No

**WARRANTY & DECLARATION**

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

1. I/We has/have received, read, or been advised and understood, the contents of the brochure and any information material relating to this insurance product. I/We agree to accept the terms, limitations, exclusions, conditions, clause 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.
2. I/We understands and agrees that this insurance is in force only if an application is accepted by EQInsurance Company Limited, premium payment received in full and a Certificate of Insurance is issued.
3. None of the intended persons to be insured have already left Singapore on any trip meant to be covered by this insurance policy.
4. The information given and answers to questions in this application together with any required questionnaire or document are full, complete, true, and correct to the best of his/her knowledge and have not withheld any facts likely to influence EQInsurance Company Limited's assessment of this application.
5. I/We am/are not purchasing the Policy after having signs, symptoms or being diagnosed with Covid-19.
6. At the time of booking the trip and when purchasing this travel policy,
  - a. the Singapore authorities, WHO(World Health Organization) or local authorities of the country he/she is travelling to have not issued any travel advisory or notice warning against non-essential travel; or
  - b. Singapore or the country he/she is travelling to must not have had their airports shut or implemented any ban of any international flights for reasons related to COVID-19.
7. I/We is/are not travelling against the advice of any doctor or for the purpose of obtaining medical treatment.
8. I/We is/are in good health and is free from any physical impairment infirmity, illness or recurring illness.
9. I/We is/are unaware of any circumstances which is likely to lead to a claim under this policy at the point of this application.
10. 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.
11. 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).

**Corporate Status and Validity of Application**

The Applicant hereby declares and warrants that it is a validly existing legal entity under the laws of Singapore (or its jurisdiction of incorporation) at the time of this application. The Applicant acknowledges that the subsistence of its legal personality is a fundamental condition for the issuance of the Policy.

In the event the Applicant is dissolved, struck off, or otherwise ceases to exist as a corporate entity prior to the issuance of the Policy, this application shall be deemed null and void. Furthermore, the Applicant agrees that should it cease to exist during the period of insurance, the Policy shall automatically terminate, and the Insurer shall not be liable for any claims occurring after the date of such dissolution.

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

\_\_\_\_\_  
Date

**FOR OFFICIAL USE**

Accepted by:

Date:

**EQ Insurance Company Limited**

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