

PROPOSAL FORM - PLEASURE CRAFT INSURANCE

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, otherwise the policy issued hereunder may be void.

PARTICULARS OF OWNER / INSURED

Name of registered owner:		
NRIC/Passport no./Company registration no.:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth: (dd/mm/yyyy)	Nationality:	Business/Occupation:
Contact No.: (Home) (Office) (Mobile)	Email:	
Address:		Postal Code ()
No. of years of boating experience:		
Powered pleasure craft driving licence (or other relevant licence) obtained on:		
Name of skipper (if different from registered owner):		
Relationship to registered owner:		No. of years of boating experience:
Have you/skipper been refused or cancelled insurance:		If yes, please provide details:
Any other person who will sail the vessel?		If yes, please provide details:
Any accidents/claims made in the last 5 years?		If yes, please provide details:

PARTICULARS OF THE VESSEL TO BE INSURED

Name of vessel:		Vessel's licence expiry date:
Country of registration:		Registration no.:
Vessel type, model and brand: Yacht/Cabin Cruiser/Jet Ski/Speed Boat/Sail Boat/Catamaran/Inflatable Boat/Others *		Material of hull:
Place of manufacture:		Date of manufacture:
Dimension:	Gross tonnage:	Horsepower:
Passenger capacity:	Date of purchase:	Purchase price:
Engine make/Model/Serial no.:		
No. of engine(s):	Engine power (KW):	Fuel used: Petrol / Diesel *
Inboard/Outboard/Others:		Maximum designed speed (knots):
Mooring type: Marina berth/Pontoon/Alongside/Forte & Aft/Swinging mooring/Ashore in Compound/ Trailer/Cradle/Tender to parent craft/Dry stack *		Mooring Place:
Vessel's cruising/navigation area (eg countries, waters and islands):		
Will vessel be used for racing? : Yes/No *	If yes, please provide details:	
Is vessel used solely for private pleasure purposes? : Yes/No *	If no, please provide details:	

PROPOSED SUM INSURED AND COVER REQUIRED

Period of insurance: From _____ To _____	
Total sum insured (Vessel and vessel parts): S\$/US\$ * _____ <i>(Based on market value at the time policy is incepted or its recent purchase price)</i>	Cover: Institute Yacht Clauses (1/11/85) <i>(subject full quotation to be furnished)</i>
Third party liability: S\$/US\$ * _____ any one accident/occurrence <i>(Minimum requirement of the Maritime & Port Authority of Singapore: S\$25,000.00)</i>	Cover: Clause 11 of Institute Yacht Clauses (1/11/85) <i>(subject full quotation to be furnished)</i>

ADDITIONAL SKIPPERS / PERSONS OPERATING THE VESSEL

Name of skipper/person	Age	Years of boating experience	Details of accidents/claims for last 5 years

PERSONAL DATA COLLECTION STATEMENT

To evaluate, process and administer this application or transaction, it is necessary for us to collect, use, disclose and/or process your personal data or personal information about you. Such personal data includes information collected in this form, or in any document provided, or to be provided to us by you or from other sources.

A. Purpose of Collection

The personal data belonging to you and your insured/s may be collected, used and disclosed for the purposes of:

- carrying out identity checks;
- deciding whether to insure or continue to insure you and your insured persons;
- providing advice for product recommendation based on your profile;
- processing any claims under your policy, including the settlement of claims and any necessary investigations relating to the claims;
- communicating on any matters relating to the services and/or products which you are entitled to under this policy;
- responding to your inquiries or instructions and providing ongoing services, under your policy;
- making or obtaining payments and recovering any debt owed to us;
- detecting and preventing fraud, unlawful or improper activities;
- conducting market research and statistical analysis;
- coaching employees for customer service quality assurance;
- reinsuring risks and for reinsurance administration; and
- complying with all applicable laws, including reporting to regulatory and industry entities.

B. Disclosure of Data

The personal data belonging to you and your insured/s may be disclosed for the purposes set out in Section A above to the parties below:

- Third party service vendors, suppliers, agents, reinsurers, or intermediaries;
- Medical Professionals and Institutions;
- Local or overseas service third party vendors that provide us with services such as printing, mail distribution, data storage, data entry, marketing and research, disaster recovery or emergency assistance services;
- Debt collection agencies;
- Dispute resolution parties;
- Parties that assist us to investigate, administer and adjudicate claims;
- Financial institutions;
- Credit reference agencies;
- Industry associations; and
- To any regulatory, government and statutory body to comply with applicable, laws or regulation or upon their valid request.

C. Personal Data Access and Amendments

You can request access to your personal data collected by us, and to make any corrections to your personal data so as to keep it updated. We may charge you a reasonable fee for providing you with the service.

D. Marketing Option

Please indicate if you wish to receive marketing or promotional materials on our products or services via the following modes of communication. ;

☐ Telephone call ☐ Text Message ☐ Mail ☐ Email

If you do not indicate your option here, we will follow any existing option you may have indicated previously.

E. Withdrawal Option of the collection and use of your personal data

You may make your request to withdraw your consent, access or correct your personal data by writing to: The Data Protection Officer, EQ Insurance, 77 Robinson Road, #12-01, Robinson 77, Singapore 068896. Alternatively, you can email to dpo@eqinsurance.com.sg.

Neither EQ Insurance nor any of its employees shall be liable for any loss or damage suffered by you or any user as a result of any disclosure of any personal data which you have consented to us and/or any of its employees disclosing.

Altering on this "Personal data collection statement" is strictly prohibited. Any attempt to do so will be of no effect.

DECLARATION

I/We* declare that all the information and answers given in this Proposal Form are true and all the material factors affecting the assessment of the risk have been disclosed. I/We* agree that this Proposal and Declaration shall be the basis of the contract between me/us* and EQ Insurance Company Limited and shall be deemed to be incorporated in such contract, subject to the terms and conditions prescribed and/or endorsed in EQ Insurance Company Limited's Policy. No insurance will be in force until this Proposal has been accepted by EQ Insurance Company Limited.

I/We* undertake to advise the Company of any alteration to the risks proposed and to exercise all ordinary and reasonable precautions for the safety of the property insured.

Signature of Proposer
(* Delete where appropriate)

Name of Proposer

Date

CREDIT CARD AUTHORISATION FORM

IMPORTANT NOTICE TO THE PROPOSER:

1. I hereby authorise EQ Insurance to charge my credit card (details below) for the Total Insurance Premium due.
2. I agree that no reversal is allowed under any circumstances whatsoever, once the payment is charged to my credit card.
3. If there is a cancellation to the policy, I fully understand that any refundable premium will be paid to the policyholder of the policy.

PAYMENT INSTRUCTION

Name of Insured:	NRIC / Passport No.:
Contact No.: (Home) (Office) (Mobile)	Email:
PolicyType / Policy No. / Cover Note No. / Invoice No.:	Amount to be charged:
1. _____	_____
2. _____	_____
3. _____	_____
Total Insurance Premium:	_____

PERSONAL DATA COLLECTION STATEMENT

I agree and consent that EQI may collect, use and process my personal information obtained in this Credit Card Authorisation Form and disclose such information to third party service vendors and financial institutions for the purpose of processing and making payments to EQI.

Note: Please refer to the full version of EQI's Data Privacy Policy found at <https://www.eqinsurance.com.sg/CorporatePolicies> before providing your consent.

CREDIT CARD DETAILS (APPLICABLE TO MASTERCARD/ VISA)

Premium (including GST): S\$ _____

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 - CCV

☐ Instalment Plan (only for participating banks with total premiums exceeding S\$500)

Participating Bank: ☐ UOB Instalment Period: ☐ 6 Months ☐ 12 Months

Signature of Cardholder (As in Credit card)

Date (dd/mm/yyyy)

(* Delete where appropriate)

FOR OFFICIAL USE

Accepted By:	Verified by:	Date:
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Submit your COMPLETE APPLICATION form to distribution@eqinsurance.com.sg.