

PROPOSAL FORM - EQ TRAVEL LITE

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.

Agent / Broker:	Code:
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PROPOSER'S INFORMATION

☐ Tick here if you are one of the Insured Person

If proposer is a Company/legal parent or there's more than one (1) Insured Person, please complete the table on page 3.

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

TRAVEL DETAILS

Single Trip Plan: (Up to 5 days)	Departure Date:	Return Date:
Travel destination: <input type="checkbox"/> Malaysia <input type="checkbox"/> Bintan Island <input type="checkbox"/> Batam Island		

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 did not purchase the Policy after having any signs, symptoms or being diagnosed with COVID-19.
- He / She is not travelling against the advice of any doctor or for the purpose of obtaining medical treatment.
- None of the intended person to be insured have already left Singapore on any trip meant to be covered under this travel Insurance.
- There is no awareness of any circumstance which is likely to lead to a claim under this policy at the point of this application.
- All statements and answers in this application together with any required questionnaire 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.
- He / She understands this application will be subjected to the approval and acceptance by EQ Insurance Company Limited and that the premium has to be fully paid and received by EQ insurance Company Limited before cover can be effected.
- 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 Applicant on behalf of all person(s) to be insured

Date

FOR OFFICIAL USE

Accepted by:	Date:
Agent / Broker:	Code:

APPLICATION FORM – EQ TRAVEL LITE

S/ No.	Insured Persons (Full name)	Gender (M/F)	Date of Birth (dd/mm/yyyy)	NRIC / FIN :
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EQ Insurance Company Limited

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reg no. 1978-00490-N

