

## PROPOSAL FORM - EQ HOMEGUARD PLUS

### 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:	Period of insurance: From _____ To _____
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### PROPOSER'S PARTICULARS

Full Name:	Marital Status:	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:			Postal Code ( )
Contact No.: (Home) (Office) (Mobile)	Email:		
NRIC / Passport No.:	Date of Birth (dd/mm/yyyy):	Occupation:	

### DETAILS OF YOUR HOME

Location of Risk (if different from above):	Postal Code ( )
Type of Dwelling: <input type="checkbox"/> HDB <input type="checkbox"/> Apartment <input type="checkbox"/> Condominium <input type="checkbox"/> Terrace <input type="checkbox"/> Semi-detached <input type="checkbox"/> Detached <input type="checkbox"/> Others, please specify: _____	
Is the Building: <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Tenant Occupied <input type="checkbox"/> Others, please specify: _____	
Mortgagee (Bank or Finance Company): _____	

### CHOICE OF PLAN / COVERAGE (FIRE & INSURED PERILS)

For HDB Apartments, Condominium and Landed Private Property, where insurances for the Building are already arranged adequately through HDB Fire Insurance Scheme, the Management Corporations or under Mortgage, you do not need to take up additional coverage for the Building.

#### FIRE & INSURED PERILS COVER\*

Section	Coverage	Sum Insured (Up to)			
		Essential	Deluxe	Superior	Top-Up Sum Insured (Only applicable for Superior Plan)
1.	Building*	Not covered unless included			
2.	Renovation / Improvements* Service and Conservancy Charges - Sub-limit: S\$1,000	S\$25,000	S\$50,000	S\$100,000	S\$5.45 per S\$10,000 sum insured S\$ _____ (Subject to maximum Sum Insured S\$500,000)
3.	Contents* (First Loss Basis) <span style="color: red;">NEW</span> Deterioration of Food and Drink -Sub-limit: S\$500 Legal Documents - Sublimit: S\$1,500 Loss of Money - Sub-limit: S\$500 Excess: S\$100 each and every loss	S\$25,000	S\$50,000	S\$100,000	S\$6.54 per S\$10,000 sum insured S\$ _____ (Subject to maximum Sum Insured S\$200,000)
	Pedigree Pets Accidental Death or Theft caused by forcible and violent entry (Dogs and Cats only)	S\$500			
4.	Valuables*	Not covered unless included			
5.	Worldwide Personal & Family Liability	S\$500,000	S\$750,000	S\$1,000,000	(a) S\$500,000 @ S\$27.25 or (b) S\$1,000,000 @ S\$54.50 S\$ _____ (Subject to maximum Sum Insured S\$2,000,000)
6.	Family Worldwide Accidental Protection (You, your spouse or children aged between one (1) and eighteen (18) years)	S\$10,000 each person up to S\$50,000 in the aggregate			

7.	<b>Emergency Home Assistance - 24 hours Helpline</b> Locksmith Assistance, Plumbing Assistance, Electrical Assistance, Air-Conditioner Engineer Assistance, Pest Control Assistance (up to 3 events)			Included
8.	<b>Electric Vehicle Charging Equipment*</b> <b>NEW</b>			Not covered unless included
<b>(A) Basic Cover Premium (Inclusive of 9% GST)</b>		<input type="checkbox"/> S\$65.40	<input type="checkbox"/> S\$109.00	<input type="checkbox"/> S\$163.50 S\$ _____
<b>Optional Cover (B)</b>				
<b>Section</b>	<b>Coverage</b>			<b>Sum Insured (To declare for cover)</b>
<b>Additional Premium (Inclusive of 9% GST)</b>				
1.	<b>Building*</b>			S\$ _____ S\$2.725 per S\$10,000 sum insured (Total sum insured not exceeding S\$2,500,000)
4.	<b>Valuables*</b> Total Value should not exceed 35% of the contents sum Insured whichever is lower			S\$ _____ a) Unspecified Items (Value of any one article not exceeding S\$1,000) Sum Insured: S\$ _____ b) Specified Items (Please provide a list of article and respective sum insured under <b>Declaration of Specified Items</b> section below) (Maximum 10 articles) Sum Insured: S\$ _____ S\$81.75 per S\$10,000 sum insured (Subject to minimum premium of S\$81.75)
8.	<b>Electric Vehicle Charging Equipment*</b> <b>NEW</b>			S\$ _____ S\$21.80 per S\$1,000 sum insured (Total sum insured not exceeding S\$10,000)
	<b>Model:</b>	<b>Serial Number:</b>	<b>Year of Manufacture:</b>	S\$ _____

**(B) Total Optional Cover Premium (Inclusive of 9% GST)** S\$ \_\_\_\_\_

**Grand Total Premium Payable (Inclusive of 9% GST) (A) + (B)** S\$ \_\_\_\_\_

**Declaration of Specified Items** (value of any one article or pair exceeding S\$1,000)

Section 4 : Valuables		
Specified Items	Name of Article	Sum Insured (S\$)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

## GENERAL INFORMATION

i. Have you suffered any losses (whether insured or uninsured) under any of the covers provided under the Policy? ☐ Yes ☐ No

ii. Has your proposal or renewal for home insurance ever been declined, withdrawn or required to impose special terms? ☐ Yes ☐ No

If "Yes", please give details: \_\_\_\_\_

## NOTES

- This insurance is for the Building constructed of brick, stone and concrete, roofed with tiles, slates or concrete.
- The sum insured for Building and Renovations/ Improvements must be based on Reinstatement Cost and for Valuables on Replacement Costs, without allowance for wear, tear and depreciation, but not superior to or more extensive than the Insured property when new as on date of the loss, otherwise any claim settlement will be proportionately reduced.
- Contents can be insured on a first loss basis. The total sum insured for Valuables shall not exceed 35% of the overall Contents sum insured. Where any items within Valuables exceed \$1,000 per article or pair, please provide a detailed list.
- An excess of S\$100 is applicable for all claims.
- If you have made any claim in the last three years, please advise us in writing with details of the claim.

## DECLARATION

I/We declare and warrant that:

1. 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.
2. 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.
3. There is no awareness of any circumstance which is likely to lead to a claim under this policy at the point of this application.
4. 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 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.

### PAYMENT INSTRUCTION

Name of Policy Holder:			NRIC / FIN / UEN No.:
Contact No.: (Home)	(Office)	(Mobile)	Email:
Policy Type / 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 AMEX/ MASTERCARD/ VISA)

Premium (including GST): S\$ \_\_\_\_\_

<input type="checkbox"/> Visa / MasterCard*	Name on Credit Card: _____	Tel No.: _____
<input type="checkbox"/> AMEX	(Cardholder must be the Policyholder, Spouse, Parent, Child or Sibling)	
Card No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Expiry Date	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CVV <input type="text"/> <input type="text"/> <input type="text"/>
Credit Card Issuing Bank: _____		

All refunds due during policy period shall be issued to the Name of Insured. EQI shall not be held responsible or liable in anyway, should there be any dispute arising with regard to such deduction or refund.

(\* Delete where appropriate)

Signature of Cardholder (As in Credit card)	Date (dd/mm/yyyy)
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### FOR OFFICIAL USE

Accepted By:	Verified by:	Date:
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Submit your COMPLETED APPLICATION form to [distribution@eqinsurance.com.sg](mailto:distribution@eqinsurance.com.sg).

### EQ Insurance Company Limited

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