

PROPOSAL FORM - EQ HOMEGUARD

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 OR ALL RISKS)

For HDB Apartments, Condominium and Landed Private Property, where insurances for the Building are already arranged 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

Section	Coverage	Sum Insured (Up to)			
		Essential	Deluxe	Superior	Flexi
1.	Building - Optional Cover (Please refer below)				
2.	Renovation / Improvements	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:	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)
4.	Pedigree Pets - Accidental Death or Theft up to maximum of 3 Pedigree Pets	S\$500			
5.	Valuables - Optional Cover (Please refer below)				
6.	Worldwide Personal & Family Liability	S\$500,000	S\$750,000	S\$1,000,000	(a) S\$250,000 @ S\$16.35 or (b) S\$500,000 @ S\$27.25 or (c) S\$750,000 @ S\$43.60 or (d) S\$1,000,000 @ S\$54.50 S\$ _____
7.	Family Worldwide Accidental Protection	S\$10,000 each person up to S\$50,000 in the aggregate (Adult not exceeding 70 years old, child between 1 year to 18 years old)			
8.	Emergency Home Assistance	S\$100 per event and S\$500 in the aggregate			
(A) Basic Cover Premium (inclusive of GST)		<input type="checkbox"/> S\$54.50	<input type="checkbox"/> S\$87.20	<input type="checkbox"/> S\$141.70	<input type="checkbox"/> S\$ _____ (Remarks: Minimum Premium S\$43.60)

Optional Cover (B)			
Section	Coverage	Sum Insured	Additional Premium
1.	Building (to be declared) - Fire & Insured Perils	S\$ _____ S\$2.73 per S\$10,000 sum insured (Total sum insured not exceeding S\$2,500,000)	S\$ _____
2.	Valuables (to be declared) Total Value should not exceed 35% of the contents sum Insured whichever is lower	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) (Maximum 10 articles) Sum Insured: S\$ _____ S\$81.75 per S\$10,000 sum insured (Subject to minimum premium of S\$81.75)	S\$ _____

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

Grand Total Premium Payable (Inclusive of GST) (A) + (B) S\$ _____

ALL RISKS					
Section	Coverage	Sum Insured (Up to)			
		Essential	Deluxe	Superior	Flexi
1.	Building - Optional Cover (Please refer below)				
2.	Renovation / Improvements	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\$500,000)
3.	Contents:	S\$25,000	S\$50,000	S\$100,000	S\$32.70 per S\$10,000 sum insured S\$ _____ (Subject to maximum Sum Insured S\$500,000)
4.	Pedigree Pets - Accidental Death or Theft up to maximum of 3 Pedigree Pets	S\$500			
5.	Valuables - Optional Cover (Please refer below)				
6.	Worldwide Personal & Family Liability	S\$500,000	S\$750,000	S\$1,000,000	(a) S\$250,000 @ S\$16.35 or (b) S\$500,000 @ S\$27.25 or (c) S\$750,000 @ S\$43.60 or (d) S\$1,000,000 @ S\$54.50 S\$ _____
7.	Family Worldwide Accidental Protection	S\$10,000 each person up to S\$50,000 in the aggregate (Adult not exceeding 70 years old, child between 1 year to 18 years old)			
8.	Emergency Home Assistance	S\$100 per event and S\$500 in the aggregate			
(A) Basic Cover Premium (inclusive of GST)		<input type="checkbox"/> S\$125.35	<input type="checkbox"/> S\$179.85	<input type="checkbox"/> S\$277.95	<input type="checkbox"/> S\$ _____ (Remarks: Minimum Premium S\$54.50)

Optional Cover (B)			
Section	Coverage	Sum Insured	Additional Premium
1.	Building (to be declared) - Fire & Insured Perils	S\$ _____ S\$2.73 per S\$10,000 sum insured (Total sum insured not exceeding S\$2,500,000)	S\$ _____
2.	Valuables (to be declared) Total Value should not exceed 35% of the contents sum Insured whichever is lower	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) (Maximum 10 articles) Sum Insured: S\$ _____ S\$109 per S\$10,000 sum insured (Subject to minimum premium of S\$109)	S\$ _____

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

Grand Total Premium Payable (Inclusive of GST) (A) + (B) S\$ _____

Total Premium (Inclusive of GST): S\$ _____

*Value of any one article not exceeding S\$1,000. **Please provide a list of articles and the respective sum insured to be insured.

Section 5 : 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 Contents/ Valuables on Replacement Costs, without allowance for wear, tear and depreciation, otherwise any claim settlement will be proportionately reduced.
- Valuables insured under Section 3 (Contents) are subject to maximum S\$1,000 per item, and total value of valuables is not to exceed one third of sum insured thereof.
- An excess of S\$100 is applicable for all claims arising from accidental damage.
- 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

FOR OFFICIAL USE

Accepted by:

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.:	(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.

EQ Insurance Company Limited

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reg no. 1978-00490-N