

PROPOSAL FORM - EQ ENHANCED FOREIGN WORKER MEDICAL 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 in respect of the risk proposed, otherwise the policy issued hereafter may be void.

Agent / Broker:	Code:		
PARTICULARS OF THE POLICYHOLDER (THE EMPLOYER)			
Company Name:	Company Registration No.:		
	(Required to fill up Page 4 GST Declaration if company is GST registered)		
Nature of Business:	Registered Address:		
Name of Subsidiary Company:	Address of Subsidiary Company:		
Contact No. (office):	Email:		

DETAILS OF INSURANCE

1.	Period of Insurance:	
2.	No. of Headcount:	
3.	Plan Type:	Optional Benefit:

CLAIMS EXPERIENCE

[Past 3 years' details must be provided. Any Insured Worker with pre-existing condition of Heart Troubles, Diabetes, Cancer, or Kidney Troubles must be declared upon application.]

Period of Insurance	Claim Details / Breakdown	No of claims	Total Claim Amount (S\$):

PARTICULARS OF INSURED WORKERS

Particular of Insured Workers: Complete below with full name, Fin no./WP no., DOB (Alternatively, you may provide the latest CPF levy statement) *Only applicable to S-Pass & WP holders

S/No.	Name	Date of Birth	Pass Type (WP or S Pass)	Permit No.
1				
2				
3				
4				
5				
6				
7				
8				



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 the Policyholder (The Employer)

Name:

Date:

Policy Owners' Protection Scheme: This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact the Company or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

PARTICULARS OF INSURED WORKERS (FOR ADDITIONAL NAMES IF REQUIRED)

S/No.	Name	Date of Birth	WP or S Pass No.

EQ Insurance Company Limited

77 Robinson Road #12-01 Robinson 77 Singapore 068896 tel (65) 6223 9433 | distribution@eqinsurance.com.sg | www.eqinsurance.com.sg reg no. 1978-00490-N



IMPORTANT NOTICE ON GST FOR MEDICAL, ACCIDENT & MOTOR CAR INSURANCE (Effective for policies commencing 1st October 2021 onwards)

Regulations 26 and 27 of the GST (General) Regulations (Strictly applicable to a GST-registered Company)

- If you are a GST-registered company, please complete a "YES" answer on IRAS prescribed Declaration Form below and submit it with your confirmation instruction to commence this policy coverage with us.
- By your answering "YES", you are reaffirming your awareness that you are <u>NOT ALLOWED</u> to claim input tax incurred on the accident & medical insurance premium and motor car insurance premiums as stipulated by the said Regulations.

Applicable to Policy Type: Medical / Accident / Motor Car Insurance

GST Registered Company, please complete the declaration below:

Declaration of Entitlement to Claim Input Tax on Insurance Policy by GST Registered Policyholders

To : EQ INSURANCE COMPANY LIMITED

Date :_____

As a GST-registered person at the effective date of the insurance policy, I hereby confirm the following:

1) Am I blocked, by virtue of <u>Regulation 26 and 27</u> of the Goods and Services Tax (General) Regulations*, from claiming the GST incurred on the insurance premiums? * The blocked input tax claims under <u>Regulation 26 and 27</u> would include (but not limited to) the following:

a) **Medical and accident insurance** premiums incurred for your staff, unless the insurance or payment of compensation is mandatory under the Work Injury Compensation Act ("<u>WICA</u>") or under any collective agreement within the meaning of the <u>Industrial Relations Act</u>; and



NO

YES

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b) Motor car insurance premiums.

Please click on the links or scan the QR code provided above if more information is required on the particular legislation(s) concerned.

Name of GST-registered company/person:	
Name & Signature of	
Authorised Person:	
Designation of Authorised	
Person:	
Email address and contact	
number of Authorised Person:	



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.

PERSONAL DATA COLLECTION STATEMENT

l 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\$					
Visa / MasterCard*	Name on Credi (Cardholder must b	t Card: be the Policyholder, Spouse, Par	ent, Child or Sibling)	Tel No.:	
Card No.					
Expiry Date	-		CVV		
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)	Signat (As	ure of Cardholder s in Credit card)		Date (dd/mm/yyyy)	
FOR OFFICIAL USE					
Accepted By:		Verified by:		Date:	

Submit your COMPLETED APPLICATION form to <u>distribution@eqinsurance.com.sg</u>.

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