

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				

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 **NOT ALLOWED** to claim input tax incurred on the accident & medical insurance premium and motor car insurance premiums - as stipulated by the said Regulations.

Policyholder Name : _____

Policy No : _____

Is the policyholder a **GST** registered company/person? ☐ YES, **GST Reg.No:** _____
☐ NO

If "YES", as required by IRAS, 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 [Regulation 26 and 27](#) of the Goods and Services Tax (General) Regulations*, from claiming the GST incurred on the insurance premiums?

YES

NO

☐☐

* The blocked input tax claims under [Regulation 26 and 27](#) 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 ("[WICA](#)") or under any collective agreement within the meaning of the [Industrial Relations Act](#); and

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.

PAYMENT INSTRUCTION

Name of Policy Holder:			NRIC / FIN / UEN 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 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)
--	-------------------

FOR OFFICIAL USE

Accepted By:	Verified by:	Date:
--------------	--------------	-------

Submit your COMPLETED APPLICATION form to distribution@eqinsurance.com.sg.

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