

# PROPOSAL FORM - EQ ENHANCED FOREIGN WORKER MEDICAL INSURANCE

## IMPORTANT NOTICE TO THE PROPOSER

PARTICULARS OF THE POLICYHOLDER (THE EMPLOYER)

Agent / Broker:

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.

Code:

Compar	ny Name:		Company Registration No.:						
			(Required to fill up Page 4 GST Declaration if company is GST registered)						
Nature	of Business:	Registered Address:							
Name o	f Subsidiary Company:	Address of Subsidiary Company:							
Contact	No. (office):	Email:							
DETAILS OF INSURANCE									
1. Period of Insurance:									
2. No. of Headcount:									
3. Plan	Туре:	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	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. If an Insured Person is not in Active Service on the date when his/her cover would otherwise become effective, the cover for the person will not become effective until after he/she has returned to active full-time work.
- 5. 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 <a href="https://www.eqinsurance.com.sg">https://www.eqinsurance.com.sg</a> (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)

TATTIOCEARD OF INCOMED WORKERS (FOR ADDITIONAL MAINLES IF NECOMED)							
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 | 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.

Policyholder Name	:						
Policy No	:						
Is the policyholder a <b>GST</b> registered company/person?   YES, <b>GST Reg.No</b> :  NO							
If "YES", as required by IRAS, please complete the declaration below:  Declaration of Entitlement to Claim Input Tax on Insurance Policy by GST							
Declaration of E			m input rax d Policyhol		ance Poi	icy by GS1	
		Registere	a Folicyflor	uers			
To : <b>EQ INSURANCE</b>	E COMPAN	Y LIMITED					
Date :							
Date :							
As a GST-registered pers	on at the ef	fective date	of the insuran		-	_	
1) Ama I blankan harrimtu	o of Dogulo	tion 20 and 1	17 of the	<u>YE</u>	<u>:S</u>	<u>NO</u>	
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Goods and Services Tax claiming the GST incurre	-	-		L	_		
* The blocked input tax		•					
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a) Medical and accident	t insurance <sub>l</sub>	premiums in	curred	ÿ	$\mathcal{Q} \in \mathcal{X}$	<b>9</b> 6	
for your staff, unless the			-	Ş	Par Cu	<u>85</u> 1	
compensation is mandat	•	-	•	Ê		Œ.	
Compensation Act (" <u>WICA</u> ") or under any collective							
agreement within the meaning of the <u>Industrial Relations Act</u> ; and							
b) Motor car insurance	premiums.						
Please click on the links of particular legislation(s)		QR code prov	vided above if	more inform	ation is req	uired on the	
Name of GST-registere	ed						
company/person:							
Name & Signature of							
Authorised Person:							
Designation of Author	ised						
Person:							
Email address and con							
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) (C	Office)	(Mobile)		Email:			
Policy Type / Policy No. / Cover N	lote No. / Invoic	e No.:		Amount to be charged:			
1.							
2							
3							
		Total In:	surance Premium:				
PERSONAL DATA COLLECTION	N STATEMENT						
				his Credit Card Authorisation Form and 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		and Child an Ciblian	Tel No.:			
Card No.	(Cardnoider must t	pe the Policyholder, Spouse, Par	ent, Child or Sibling)				
Expiry Date			cvv				
Credit Card Issuing Bank:							
<b>3</b>							
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 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.

