

APPLICATION FORM - GROUP PERSONAL ACCIDENT INSURANCE FOR CARE AND LEARNING CENTRE

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: _____
Name of Centre:		
Is the Company a GST registered company? <input type="checkbox"/> Yes (please indicate GST Reg. No. _____) <input type="checkbox"/> No		
Address:		Postal Code (_____)
Contact Person (Authorised Officer):		
Contact No.: (Home)	(Office)	(Mobile)
Number of Student(s) & Staff to be covered: (Name lists as per attached)		

CLAIMS EXPERIENCE [Past 3 years' details must be provided. If none, please indicate "NIL"]

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

PERSONAL DATA COLLECTION STATEMENT

To evaluate, process and administer this application or transaction, it is necessarily for us to collect, use, disclose and/or process your personal data or personal information about you. Such personal data includes information collected in this form, or in any document provided, or to be provided to us by you or from other sources.

A. Purpose of Collection

The personal data belonging to you and your insured/s may be collected, used and disclosed for the purposes of:

- carrying out identity checks;
- deciding whether to insure or continue to insure you and your insured persons;
- providing advice for product recommendation based on your profile;
- processing any claims under your policy, including the settlement of claims and any necessary investigations relating to the claims;
- communicating on any matters relating to the services and/or products which you are entitled to under this policy;
- responding to your inquiries or instructions and providing ongoing services, under your policy;
- making or obtaining payments and recovering any debt owed to us;
- detecting and preventing fraud, unlawful or improper activities;
- conducting market research and statistical analysis;
- coaching employees for customer service quality assurance;
- reinsuring risks and for reinsurance administration; and
- complying with all applicable laws, including reporting to regulatory and industry entities.

B. Disclosure of Data

The personal data belonging to you and your insured/s may be disclosed for the purposes set out in Section A above to the parties below:

- Third party service vendors, suppliers, agents, reinsurers, or intermediaries;
- Medical Professionals and Institutions;
- Local or overseas service third party vendors that provide us with services such as printing, mail distribution, data storage, data entry, marketing and research, disaster recovery or emergency assistance services;

- d. Debt collection agencies;
- e. Dispute resolution parties;
- f. Parties that assist us to investigate, administer and adjudicate claims;
- g. Financial institutions;
- h. Credit reference agencies;
- i. Industry associations; and
- j. To any regulatory, government and statutory body to comply with applicable, laws or regulation or upon their valid request.

C. Personal Data Access and Amendments

You can request access to your personal data collected by us, and to make any corrections to your personal data so as to keep it updated. We may charge you a reasonable fee for providing you with the service.

D. Marketing Option

Please indicate if you wish to receive marketing or promotional materials on our products or services via the following modes of communication. ;

☐ Telephone call ☐ Text Message ☐ Mail ☐ Email

If you do not indicate your option here, we will follow any existing option you may have indicated previously.

E. Withdrawal Option of the collection and use of your personal data

You may make your request to withdraw your consent, access or correct your personal data by writing to: The Data Protection Officer, EQ Insurance, 5 Maxwell Road, #17-00 Tower Block, MND Complex, Singapore 069110. Alternatively, you can email to dpo@eqinsurance.com.sg.

Neither EQ Insurance nor any of its employees shall be liable for any loss or damage suffered by you or any user as a result of any disclosure of any personal data which you have consented to us and/or any of its employees disclosing.

Altering on this "Personal data collection statement" is strictly prohibited. Any attempt to do so will be of no effect.

DECLARATION AND AUTHORISATION BY INSURED (MUST BE COMPLETED)

We do hereby declare and warrant that the answers / information given above in every aspect are true and correct and we have not withheld any information likely to affect the acceptance of this proposal and we agree that this application and declaration shall be the basis of contract between the Company and us and we further agree to accept the Company's policy subject to the terms, exclusions and conditions to be expressed therein, enclosed thereon or attached thereto.

Signature of Proposer

Date

Name : _____

Designation : _____

NRIC No. : _____

GROUP PERSONAL ACCIDENT FOR CARE AND LEARNING CENTRE

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.

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 [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:	