

## 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) & Teachers 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 (S\$):

### DECLARATION

I/We declare and warrant that:

1. This is a personal accident policy and benefits will only be payable when an Accident occurs.
2. There is no intention to reside outside of Singapore for more than 90 days.
3. All statements and answers in this application together with any required questionnaire or document are full, complete, true and correct and that no information or material has been withheld to affect acceptance of this application.
4. 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.
5. There is no awareness of any circumstance which is likely to lead to a claim under this policy at the point of this application.
6. 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

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

NRIC No. : \_\_\_\_\_



**IMPORTANT NOTICE ON GST FOR MEDICAL, ACCIDENT & MOTOR CAR INSURANCE**

(Effective for policies commencing 1<sup>st</sup> 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:	