

PROPOSAL FORM- EQ HEALTHSAVER

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:
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PARTICULARS OF THE POLICYHOLDER (AS THE EMPLOYER)

Company Name:	Company Registration No.: [Required to fill up Page 2 GST Declaration if company is GST registered]
Nature of Business:	Registered Address:
Email:	Contact No. (Office):

COVERAGE REQUIRED

Period of Insurance: 1 Year From _____ (DD/MM/YYYY)
Plan Type: _____ Optional Benefit: _____

CLAIMS EXPERIENCE

[Past 3 years' details must be provided.]

Period of Insurance	Claim Details/Breakdown	No. of Claims	Total Claim Amount (\$\$)

PARTICULARS OF THE INSURED PERSONS (You may provide us the member listing separately if the fields below aren't sufficient.)

Full Name (as per IC)	NRIC No. / FIN	Gender	Date of Birth	Occupation

DECLARATION

We declare and warrant that:

- 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.
- 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.
- There is no awareness of any circumstance which is likely to lead to a claim under this policy at the point of this application.
- 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 Authorised Officer & Company Stamp

Name: _____

Designation: _____

Date: _____

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 **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:	

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.:	(Office)	(Mobile)	Email:
Policy Type / 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)
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FOR OFFICIAL USE

Accepted By:	Verified by:	Date:
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Submit your COMPLETED APPLICATION form to distribution@eqinsurance.com.sg.

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