PROPOSAL FORM – EQ PERSONAL ACCIDENT

IMPORTANT NOTICE

1. *Pursuant to Section 25(5) of the Insurance Act (Chap. 142), as may be amended from time to time, you are to fully and faithfully disclose in this Application Form all facts which you know, or ought to know, failing which you may receive nothing from the policy and/or the policy issued may be void.*
2. *All questions in this Proposal Form must be answered carefully before this proposal can be considered. It is important that a complete answer be given to every question including dates where applicable in order to avoid unnecessary delay in the processing of this application. If the space provided is insufficient, please write the details on a separate sheet of paper and attach it to this Proposal Form. The liability of the Company does not commence on respect of this proposal until acceptance has been communicated by the Company to the Policyholder or his/her Agent or Broker.*
3. *This is not a Medisave-approved Policy and you may not use Medisave to pay the premium for this Policy.*

Agent / Broker:	Code:

PARTICULARS OF MAIN INSURED / POLICYHOLDER

Full Name:	Marital Status:	Gender: ☐ Male ☐ Female
Mailing Address:	Postal Code ( )	
Contact No.:	Email:	
NRIC / FIN No.:	Date of Birth: (dd/mm/yyyy)	Nationality:
Occupation: ☐ Administrative – Related to Profession, Managerial, Administrative, Clerical ☐ Supervisory – Related to Supervisory nature, Outdoors and do not use tools or machinery though occasional manual work is involved ☐ Manual – Related to non-hazardous Manual work with the use of tools and machinery	Name of Company & Job Title: Industry:	Annual Income:

DETAILS OF EMPLOYER (COMPANY) [COMPLETE THIS SECTION ONLY IF PREMIUM IS PAID BY EMPLOYER AND POLICY TO BE ISSUED TO EMPLOYER]

Name of Company:	Company Registration No.:
Mailing Address:	Nature of Business:
Person-in-charge's Name & Contact No.:	Person-in-charge's Email Address:
Is the company a GST registered business? ☐ Yes ☐ No	If yes, what is the GST Registration No.? _____

COVERAGE REQUIRED

Period of Insurance:

1 Year From _____ (DD/MM/YYYY)

Choice of Benefits	**Sum Insured / Cover**	**Premium (S$ Inclusive of GST)**
A. Death & Permanent Disablement (Scale II) Maximum sum insured: Class I – S$ 500,000 Class II – S$ 500,000 Class III – S$ 250,000	S$	S$
B. i) Temporary Total Disablement – TTD (up to 104 weeks) ii) Temporary Partial Disablement – TPD (up to 104 weeks) Maximum sum insured for TTD is S$500 per week or up to 75% of the proposal's basic weekly salary or 1% of Benefit A whichever is lesser. TPD sum insured is 50% of TTD.	S$	S$
C. Medical Expenses (Limit for any one accident) Maximum sum insured is S$10,000 or 5% of Benefit A whichever is lesser.	S$	S$
D. Daily Hospital Income – S$100 per every full 24 consecutive hours (up to 30 days)	☐ Yes ☐ No	S$
E. Mobility Aids Reimbursement – S$1,000		
NOTE: *Minimum premium is S$109.00 (inclusive of GST) per policy*	Total Annual Premium	S$

QUESTIONNAIRE

Lifestyle:

1. Is any machinery other than hand tool used in relation to your usual work? ☐ No ☐ Yes Please explain: _____

2. Do you engage in anything hazardous in your occupation, sports or any other pursuits? ☐ No ☐ Yes Please explain: _____

Health:

3. Do you have any physical defects or infirmity? ☐ No ☐ Yes Please explain: _____

4. Do you suffer from any illness or disease or sustained any injury that requires medical attention during the past five (5) years? ☐ No ☐ Yes Please explain: _____

Insurance:

5. Has any insurer in connection with Accident, Sickness or Life insurance ever

(a) Deferred or declined a proposal, refused renewal or terminated an insurance? ☐ No ☐ Yes Please explain: _____

(b) Required an increased premium or imposed special conditions? ☐ No ☐ Yes Please explain: _____

6. Do you have any other personal accident insurance? If yes, please fill up the fields below. If no, please indicate NA.

Insurer's Name	Accidental Death Sum Insured	Accidental Permanent Sum Insured	Temp. Total/Partial Disablement Sum Insured per week (if any)

7. Have you ever made a claim against any insurer in respect of injury or illness or disease during the past five (5) year? If yes, please fill up the fields below. If no, please indicate NA.

Insurer's Name	Type of Claim (Injury/Illness/Disease)	Year of Claim (YYYY)	What Benefit(s) Was Claimed? (Weekly benefit, Medical Expenses, etc)

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 180 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 understand that this Policy shall only be effective following the full annual premium payment and subject to the acceptance and approval of this application by EQ Insurance.
7. 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 Main Insured / Policyholder

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).*

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:

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$ _____

☐ Visa / MasterCard*
☐ AMEX

Name on Credit Card: _____ Tel No.: _____
(Cardholder must be the Policyholder, Spouse, Parent, Child or Sibling)

Card No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Expiry Date ☐☐ - ☐☐☐☐ CVV ☐☐☐☐

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.

_____ _____
Signature of Cardholder *(As in Credit card)* | Date (dd/mm/yyyy)

(Delete where appropriate)*

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

A Member of Citystate