

PROPOSAL FORM – EQ PROTECTOR

IMPORTANT NOTICE

- 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.
- 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.
- This is not a Medisave-approved Policy and you may not use Medisave to pay the premium for this Policy.

Agent / Broker:	Code:
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PARTICULARS OF MAIN INSURED / POLICYHOLDER

Full Name:	Marital Status:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address:	Postal Code ()	
Contact No.:	Email:	
NRIC / FIN No.:	Date of Birth: (dd/mm/yyyy)	Nationality:
Occupation: <input type="checkbox"/> Administrative Related to Profession, Managerial, Administrative, Clerical <input type="checkbox"/> Supervisory Related to Supervisory nature, Outdoors and do not use tools or machinery though occasional manual work is involved <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the GST Registration No.?

PARTICULARS OF PERSON(S) TO BE INSURED

[Details of spouse and children are required if they are to be included in the cover]

Relation	Full Name	NRIC / FIN No.:	Date of Birth (dd/mm/yyyy)	Gender	Occupation
Spouse					
Child 1					
Child 2					
Child 3					
Child 4					

CHOICE OF PLAN / COVERAGE

[Note: The choice should be based on the Insured Person's annual income. The Accidental Death & Permanent Disablement's Sum Insured shall be 7x or less than the annual income]

Period of Insurance: 1 Year From _____ (DD/MM/YYYY)				
Plan	Titanium	Platinum	Gold	Silver
Main Insured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse (Plan selected shall not be higher than the Main Insured's plan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child (Entitled to 20% of the benefit limit based on the parent's lowest selected plan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTIONNAIRE

Lifestyle:

1. Is any machinery other than hand tool used in relation to any of the Insured Person usual work? No Yes Please explain: _____
2. Does any of the Insured Person engage in anything hazardous in any of the their occupation, sports or any other pursuits? No Yes Please explain: _____

Health:

3. Does any of the Insured Person have any physical defects or infirmity? No Yes Please explain: _____
4. Does any of the Insured Person 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. Does any of the Insured Person 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. Has any of the Insured Person 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)

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:

- a. carrying out identity checks;
- b. deciding whether to insure or continue to insure you and your insured persons;
- c. providing advice for product recommendation based on your profile;
- d. processing any claims under your policy, including the settlement of claims and any necessary investigations relating to the claims;
- e. communicating on any matters relating to the services and/or products which you are entitled to under this policy;
- f. responding to your inquiries or instructions and providing ongoing services, under your policy;
- g. making or obtaining payments and recovering any debt owed to us;
- h. detecting and preventing fraud, unlawful or improper activities;

- i. conducting market research and statistical analysis;
- j. coaching employees for customer service quality assurance;
- k. reinsuring risks and for reinsurance administration; and
- l. 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:

- a. Third party service vendors, suppliers, agents, reinsurers, or intermediaries;
- b. Medical Professionals and Institutions;
- c. 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, 77 Robinson Road, #12-01, Robinson 77, Singapore 068896. 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

I/We declare and warrant that:

1. 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.
2. This application shall form the basis of the contract between the EQ Insurance and myself 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 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 may receive nothing from the policy.
3. This is a personal accident policy and benefits will only be payable when an Accident occurs.
4. There is no intention to reside outside of Singapore for more than 180 days.
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. In case of any claims, I/we authorise any hospital, physician or other person who has attended to us, or examined us or is authorised to maintain medical records, to disclose when requested to do so by EQ Insurance, any and all information with respect to any illness or injury, medical history or treatment. A photocopy of this authorisation shall be considered as effective and valid as the original.
7. EQ Insurance reserves the right to request for a copy of the latest medical report from me/us at my/our own expense should further medical information be required.

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).

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 reg no. 1978-00490-N

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.
3. If there is a cancellation to the policy, I fully understand that any refundable premium will be paid to the policyholder of the policy.

PAYMENT INSTRUCTION

Name of Insured:	NRIC / Passport 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 MASTERCARD/ VISA)

Premium (including GST): S\$ _____

I agree that no reversal is allowed under any circumstances whatsoever, once the payment is charged to my credit card

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

Card No.

Expiry Date - CCV

Instalment Plan (only for participating banks with total premiums exceeding S\$500)

Participating Bank: UOB Instalment Period: 6 Months 12 Months

Signature of Cardholder
(As in Credit card)

Date (dd/mm/yyyy)

(* Delete where appropriate)

FOR OFFICIAL USE

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