

APPLICATION FORM - EQ BIZ CARE TRAVEL

IMPORTANT NOTICE TO THE PROPOSER

Under Section 25(5) of the Insurance Act (Cap. 142), or any subsequent amendments thereof, you must disclose in this application form, fully and faithfully, all the facts which you know or ought to know in respect of the risk proposed; otherwise the policy issued hereunder may be void.

Agent/ Broker:	Code:
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PROPOSAL'S INFORMATION

Name of Company:	UEN:
Address:	Postal Code ()
Contact Person:	
Phone no.:	Email:
Total number of Travellers:	Period of Insurance:

NAMED BASIS

(PLEASE COMPLETE BELOW INFORMATION, TO ATTACH A SEPARATE SHEET IF THE SPACE PROVIDED IS INSUFFICIENT)

No	Name of Employee (As in NRIC/ Passport)	NRIC no/ Passport No.	Date of Birth	Nationality	City & Country of Residence*	Designation/ Classification	Plan Type			Covered Area		Leisure Extension	Premium (SGD)
							1	2	3	Regional	Int'l		

* Please contact your Servicer if insured member is not based in Singapore.

HEADCOUNT BASIS (MINIMUM 5 HEADCOUNT, PLEASE COMPLETE BELOW INFORMATION)

No	Number of Headcount	City & Country of Residence*	Nationality	Designation/ Classification	Plan Type			Covered Area		Leisure Extension	Premium (SGD)
					1	2	3	Regional	Int'l		

* Please contact your Servicer if insured member is not based in Singapore.

CLAIM DECLARATION

- ☐ I / We declare that there were no claims for the last 3 years.
- ☐ I / We declare that there were claims made in the last 3 years (please provide claim details below).

DECLARATION

1. I / We agree that this application form, information and declaration will form the basis of the contract of insurance and is subject to all terms and conditions in the travel policy.
2. I / We hereby declare that the information given and answers to questions in this application are true and correct to the best of his/her knowledge and have not withheld any facts likely to influence EQ Insurance Company Limited's assessment of this application.
3. I / We are not travelling against the advice of any medical practitioner or for the purpose of obtaining medical treatment.
4. I / We agree to accept the terms, limitations, exclusions, conditions, clauses and warranties contained in the Policy and as modified or extended and agree that this application, declaration and any other information provided shall form the basis of the contract.
5. I / We understand that this application will be subjected to the approval and acceptance by EQ Insurance Company Limited.

Signature of Authorised Officer & Company Stamp

Name: _____

Designation: _____

Date: _____

Signature of Intermediary

Name: _____

Contact No.: _____

IMPORTANT NOTE

1. Subject to minimum premium of SGD 500 per policy.
2. Aggregate Limit per event is up to S\$10,000,000.
3. Headcount basis - Minimum 5 headcount. No sharing of headcount is allowed.
4. Applicable for standard Class 1 & 2 risk occupation only (exclude on board vessel, offshore and unscheduled flight risks).
5. 25% Premium Loading for "Pure leisure trip extension". Cover shall be arranged on named basis only.

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;
- Debt collection agencies;
- Dispute resolution parties;
- Parties that assist us to investigate, administer and adjudicate claims;
- Financial institutions;
- Credit reference agencies;
- Industry associations; and
- 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, 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.