

PROPOSAL FORM - EQ TRAVELSAFE

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 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 hereunder may be void.
- No insurance is in force until this Proposal has been accepted by the Company.
- Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the policy is issued to an individual; or (b) within the period specified in the Premium Warranty applied to the policy in all instances, failing which there will be no liability under this cover.

You can only purchase this insurance within 182 days before departing from Singapore.

Agent / Broker:	Code:
-----------------	-------

POLICYHOLDER'S INFORMATION

☐ Tick here if you are one of the Traveller

Full Name of Proposer / Company:		NRIC / FIN / Business Reg No.:
Address:	Postal Code ()	Date of Birth: (dd/mm/yyyy)
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Contact No.:	Email:

TYPE OF PLAN (PLEASE TICK)

Type of Cover: <input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Group	Choice of Benefit: <input type="checkbox"/> Ultimate <input type="checkbox"/> Executive <input type="checkbox"/> Basic Optional Cover: <input type="checkbox"/> Covid-19 Extension	Area of Travel: <input type="checkbox"/> Zone A* <input type="checkbox"/> Zone B <input type="checkbox"/> Zone C *Not applicable for Annual Plan
--	---	--

COVER REQUIRED (PLEASE TICK)

<input type="checkbox"/> Single Trip Plan (Up to 182 days) Period of Insurance from _____ to _____	Depart from Singapore on:	Arrive in Singapore on:
<input type="checkbox"/> Annual Plan (Up to 91 days for each trip) Period of Insurance from _____ to _____		

PLEASE COMPLETE THIS TABLE IF INSURED PERSON IS MORE THAN ONE(1)

Insured Person(s) to be covered				
Insured Person	Full Name:	NRIC / FIN.:	Date of Birth: (dd/mm/yyyy)	Gender (M / F):
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

If more space is required, kindly continue to fill up on a blank new sheet.

WARRANTY & DECLARATION

Each and every person seeking to be insured warrants and declares that:

1. He / She is in good health and free from any physical impairment, infirmity, illness or recurring illness.
2. He / She did not purchase the Policy after having any signs, symptoms or being diagnosed with COVID-19.
3. He / She is not travelling against the advice of any doctor or for the purpose of obtaining medical treatment.
4. None of the intended person to be insured have already left Singapore on any trip meant to be covered under this travel Insurance.
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. 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.
7. 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.
8. He / She understands this application will be subjected to the approval and acceptance by EQ Insurance Company Limited and that the premium has to be fully paid and received by EQ insurance Company Limited before cover can be effected.
9. 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 Policyholder on behalf of all person(s) to be insured

Date

FOR OFFICIAL USE

Accepted by:

Date:

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:
PolicyType / 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	<i>(Cardholder must be the Policyholder, Spouse, Parent, Child or Sibling)</i>	
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)
--	-------------------

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