

PROPOSAL FORM - EQ TRAVEL COVIDSAFE

IMPORTANT NOTICE TO THE PROPOSER

1. 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.
2. No insurance is in force until this Proposal has been accepted by the Company.
3. 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 the insurance within 60 days before departing from Singapore

Agent / Broker:	Code:
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PROPOSER'S INFORMATION

Tick here if you are one of the Insured Person

If proposer is a Company/legal parent or there's more than one (1) Insured Person, please complete the table below.

Full Name of Proposer / Company:		NRIC / Passport No. / 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:

COVER REQUIRED (PLEASE TICK)

EQTravel CovidSafe - Single Trip: EQTravel (Main) covers up to 182 days and CovidSafe Extension covers up to 60 days

Period of Insurance from : _____ to _____

Choice of EQ Travel (Main) Plan:

Superior Deluxe Essential

Choice of CovidSafe Extension Plan:

Supreme Basic

Travel Destinations*:

Single Destination: _____

Multiple Destinations (you must declare all the countries you're traveling to):

*Please refer to the list of covered destinations approved by EQI via our Travel CovidSafe website (<https://www.eqinsurance.com.sg/product/detail/33>). Countries not in our approved list will not be covered under the Extension.

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

Insured Person(s) to be covered				
Insured Person	Full Name:	NRIC / Passport No. / FIN.:	Date of Birth: (dd/mm/yyyy)	Gender (M / F):
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

PERSONAL DATA COLLECTION STATEMENT

To evaluate, process and administer this application or transaction, it is necessary 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, 5 Maxwell Road, #17-00 Tower Block, MND Complex, Singapore 069110. 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.

WARRANTY & DECLARATION

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

- He / She is in good health and free from any physical impairment, infirmity, illness or recurring illness.
- He / She did not purchased the Policy after having any signs, symptoms or being diagnosed with COVID-19.
- He / She is not travelling against the advice of any doctor or for the purpose of obtaining medical treatment.
- He / She is unaware of any circumstance which is likely to lead to the cancellation, postponement or curtailment of the trip.
- He / She agrees 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.
- None of the intended persons to be insured have already left Singapore on any trip meant to be covered under the EQTravel Insurance.
- 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.
- 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.

Signature of Applicant 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.
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.