

PROPOSAL FORM - EQ TRAVEL

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.

Agent / Broker:	Code:
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PROPOSER'S INFORMATION Tick here if you are one of the Insured Person

Full Name:	NRIC / Passport No.:	Date of Birth: (dd/mm/yyyy)
Address:		Postal Code ()
Contact No.:	Email:	

INSURED PERSON 1

Full Name:	NRIC / Passport No.:	Date of Birth: (dd/mm/yyyy)
Contact No.:		

INSURED PERSON 2

Full Name:	NRIC / Passport No.:	Date of Birth: (dd/mm/yyyy)
Contact No.:		

INSURED PERSON 3

Full Name:	NRIC / Passport No.:	Date of Birth: (dd/mm/yyyy)
Contact No.:		

INSURED PERSON 4

Full Name:	NRIC / Passport No.:	Date of Birth: (dd/mm/yyyy)
Contact No.:		

INSURED PERSON 5

Full Name:	NRIC / Passport No.:	Date of Birth: (dd/mm/yyyy)
Contact No.:		

INSURED PERSON 6

Full Name:	NRIC / Passport No.:	Date of Birth: (dd/mm/yyyy)
Contact No.:		

Single Trip Plan : Each child must be legally related to either of the two insured adult.
Annual Plan : Each child must be the legal child of the insured adult(s).

TYPE OF PLAN (PLEASE TICK)

Type of Cover: <input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Multiple Individual	Choice of Benefit: <input type="checkbox"/> Superior <input type="checkbox"/> Deluxe <input type="checkbox"/> Essential	Area of Travel: <input type="checkbox"/> *Zone A <input type="checkbox"/> Zone B <input type="checkbox"/> Zone C *(Not applicable for Annual Plan)
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COVER REQUIRED (PLEASE TICK)

<input type="checkbox"/> Single Trip Plan (Up to 182 days)	<input type="checkbox"/> Annual Plan (Up to 91 days for each trip)
Departure Date:	Return Date:
Period of Insurance from : _____ to _____	Period of Insurance from : _____ to _____

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, 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 is not travelling against the advice of any medical practitioner or for the purpose of obtaining medical treatment.
- He / She is unaware of any circumstance which is likely to lead to the cancellation or curtailment of the journey.
- 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 by this 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

PREMIUM PAYMENT

Premium: S\$ _____

I would like to pay my premium by: _____

Cash Cheque payable to "EQ Insurance Company Limited" (Bank / Cheque No.: _____)

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.: _____

JCB (Cardholder must be the Policyholder, Spouse, Parent, Child or Sibling)

AMEX

Card No.
 Expiry Date - CCV

Signature of Cardholder
(As in Credit card)

Date (dd/mm/yyyy)

(* Delete where appropriate)

FOR OFFICIAL USE

Accepted by:

Date: