

PROPOSAL FORM - FOREIGN WORKER MEDICAL INSURANCE APPLICATION FORM

IMPORTANT NOTICE TO THE PROPOSER
Statement pursuant to Section 25(5) of the Insurance Act (Cap.142) (or any subsequent amendments thereof) -
You are to 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 hereafter may be void.

Agent / Broker	Code
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PARTICULARS OF PROPOSER:

Company Name:	Company Registration No.:
Nature of Business:	Registered Address:
Name of Subsidiary Company: (if Applicable)	Address of Subsidiary Company: (If differs from Main address)

DETAILS OF INSURANCE

1. Period of Insurance:	
2. No. of Headcount:	
3. Plan Type:	Optional Benefit:

CLAIMS EXPERIENCE

Period of Insurance:	Total Claim Amount (S\$):
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PARTICULARS OF INSURED WORKERS

Particular of Insured Workers: Complete below with full name, Fin no./WP no., DOB (Alternatively, you may provide the latest CPF levy statement)
***Only applicable to S-Pass & WP holders**

S/No.	Name	Date of Birth	WP or S Pass No.
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

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.

DECLARATION

I do hereby declare and warrant that the answers / information given above in every respect are true and correct and I have not withheld any information likely to affect the acceptance of this proposal and I agree that this Proposal & Declaration shall be the basis of the Contract between the Company and myself and I further agree to accept the Company's Policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto.

 Signature of Proposer
 Name:
 Designation:
 NRIC No.:

 Date

