

## PROPOSAL FORM – EQ PERSONAL ACCIDENT

**IMPORTANT NOTICE**

1. Pursuant to Section 25(5) of the Insurance Act (Chap. 142) and any replacement thereof, you are to disclose in this Proposal Form all the facts, which you know or ought to know, otherwise the Policy issued hereunder may be void.

2. I questions in this Proposal Form must be answered before this proposal can be considered. Any questions not answered will be taken as answered in the negative. The liability of the Company does not commence on respect of this proposal until acceptance has been communicated by the Company to the Proposal or his Agent or Broker.

3. If the space provided is insufficient, please write the details on a separate sheet of paper and attach it to this Proposal Form.

Agent / Broker:	Code:	Period of Insurance: From _____ to _____
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### PROPOSER / INSURED PARTICULARS

Full Name:			Marital Status:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:					Postal Code ( _____ )	
Contact No.: (Home) _____ (Office) _____ (Mobile) _____			Email: _____			
NRIC / Passport No.:		Date of Birth: (dd/mm/yyyy)		Nationality:		Occupation:
Business / Trade:						

### DETAILS ON OCCUPATION / HOBBIES / INSURANCE HISTORY

1. Are your occupation duties (please tick)	<input type="checkbox"/> Administrative	<input type="checkbox"/> Supervisory	<input type="checkbox"/> Manual
2. Is any machinery other than hand tool used in relation to your usual work?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Do you engage in any activities or hobbies normally regarded as dangerous?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Do you have any physical defect or have suffered from illness or disease or any injury during the past five (5) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Has any insurer in connection with Accident, Sickness or Life insurance ever			
(a) Deferred or declined a proposal, refused renewal or terminated an insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
(b) Required an increased premium or imposed special conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Do you have any Accident, Medical or Life insurance with us or any other insurer(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If the answer is Yes to any of the above questions, please provide details:			
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### COVERAGE REQUIRED

Benefits	Sum Insured	Annual Premium
A. Death & Permanent Disablement (Scale II) Maximum sum insured (Please refer for intended amount exceeding limits below) Class I - S\$1,000,000 Class II - S\$1,000,000 Class III - S\$500,000	S\$	S\$
B. i) Temporary Total Disablement - TTD (up to 104 weeks) ii) Temporary Partial Disablement - TPD (up to 104 weeks) Maximum sum insured for TTD is S\$2,000 per week or up to 80% of the proposal's basic weekly salary or 1% of Benefit A whichever is lesser	S\$	S\$
C. Medical Expenses (Limit for any one accident) Maximum sum insured is S\$10,000 or 5% of Benefit A whichever is lesser	S\$	S\$
	GST	S\$
	<b>Total Annual Premium</b>	<b>S\$</b>

**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 hereby declare and warrant the answers given above in every respect are true and correct and I have not withheld any information likely to affect acceptance of this Proposal, and 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.

I enclose a cheque for S\$ \_\_\_\_\_ (including GST) payable to EQ Insurance Company Limited.

Bank / Cheque No.: \_\_\_\_\_

\_\_\_\_\_  
Signature of Proposer / Insured

\_\_\_\_\_  
Date

**PAYMENT METHOD**

Cash     Cheque crossed & payable to "EQ Insurance Company Limited" (Bank & Cheque No.: \_\_\_\_\_ )

**CREDIT CARD DETAILS (APPLICABLE TO MASTERCARD/ VISA/JCB/AMEX)**

Premium: S\$ \_\_\_\_\_ (including GST)

**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)

JCB

AMEX

Card No.   

Expiry Date      -          Security Code   

Instalment Plan (only for participating banks with total premiums exceeding S\$500)

Participating Bank:     DBS     UOB     Citibank      Instalment Period:     6 Months     12 Months

\_\_\_\_\_  
 Signature of Cardholder  
(As in Credit card)

\_\_\_\_\_  
 Date (dd/mm/yyyy)

(\* Delete where appropriate)