

PA Extra Cover Proposal Form

QBE Insurance (Singapore) Pte Ltd



Statement pursuant to Section 25 (5) of The Insurance Act (Cap 142) or any subsequent amendments thereof, you ought to disclose in this form fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void.

The Proposer

Name

Address

Contact No. (O) (H)

Nature of Business (if a company)

The Person(s) To Be Insured

	NAME	SEX	DATE OF BIRTH	NRIC/PASSPORT NO.	OCCUPATION	CLASS	PLAN
1.							
2.							
3.							

- N. B. Rows 1 - 3 above are to be used for individual or group (non-family).
For insurance on family plan, row 1 above is for the particulars of the Principal Insured Person and rows 4 - 8 free to be used for spouse and child/children

The Person(s) To Be Insured

	NAME	SEX	DATE OF BIRTH	NRIC/PASSPORT NO.	OCCUPATION	CLASS	PLAN
4.							
5.							
6.							

Period Of Insurance: From To (Both Dates Are Inclusive)

History Of Insured Person

- | | | |
|---|------------------------------|-----------------------------|
| 1. Have you any physical defects or infirmity of any kind? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Have you ever been declined or accepted on special terms for Life Accident or Sickness Insurance or has any Company ever cancelled or refused to renew your Policy or desired to amend the conditions or benefits? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Have you ever made a claim against any company for injury or sickness? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Do you have other Personal Accident, Life or Sickness insurance with QBE or any other company? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If any answer is "Yes", please provide details below:

If insufficient space above, kindly give details on separate sheet of paper and attach same.

Declaration: I/We hereby declare that the statements and particulars given by me/us in this proposal form are true and that nothing materially affecting the risks to be insured has been concealed by me/us.

Signature (Main Applicant)

Date

Account No./Name of Intermediary

Annual Premium (Excluding Prevailing Rate Of GST)

BENEFITS (S\$)	PLAN A	PLAN B	PLAN C	PLAN D	PLAN E	PLAN F
Class I Occupation	100.00	179.00	255.00	415.00	590.00	765.00
Class II Occupation	130.00	233.00	332.00	539.50	Not Available	Not Available
Class III Occupation	170.00	305.00	500.00	Not Available	Not Available	Not Available
Each Additional Child	25.00	35.00	50.00	75.00	75.00	75.00

Classification Of Occupation

- Class I:** Professions and occupations involving indoor work mainly of a sedentary (requiring much sitting) nature such as accountants, administrators, architects, auditors, bankers, clergymen, clerks, dentists, indoor sales representatives, lawyers, medical practitioners, secretaries, stockbrokers, surgeons (not veterinary) teachers.
- Class II:** Professions and occupations involving outdoor or site work or occasional manual work only when supervising workmen, such as builders (superintending), civil engineers, commercial travellers, decorators (superintending), chauffeurs, foreman, grocers, hairdressers, pharmacists, plumbers (superintending), outdoor salesmen, surveyors, tailors.
- Class III:** Profession and occupations involving manual work without machinery such as bakers, builders (not using woodworking machinery), butchers, carpenters (not using woodworking machinery), electrical engineers, farmers, fishmongers, motor or mechanical engineers, painters, plumbers, veterinary surgeons.

Excluded Occupations

Occupations that are hazardous such as those involving the use of cutting equipment, professional sports, divers, welders, military service, crew of sailing vessels or aircraft, ship repairers, construction workers, external work involving height above 60 feet, manual work involving use of cutting machinery

Premium Payable: S\$ (Inclusive Of GST)

Payment Instructions : (Please tick accordingly)

Cheque No.

MASTERCARD VISA - - -

Expiry date: -

Cardholder's Name:

Signature:

Personal Data Protection Act

To process, administer and/or manage your relationship, account and policy with QBE Insurance (Singapore) Pte Ltd (QBE), QBE will necessarily need to collect, use, disclose and/or process your personal data or personal information about you. Such personal data includes (i) information set out in this [form] and any other personal information provided by you or possessed by QBE; and (ii) your claims.

Such personal data will be collected, used, disclosed and/or processed by QBE for the purpose(s) of:

- considering whether to provide you with the insurance you applied for;
- processing your application for underwriting and insurance;
- administering and/or managing your relationship, account and/or policy with QBE;
- processing and/or dealing with any claims including the settlement of claims and any necessary investigations relating to the claims, under your policy;
- carrying out due diligence or other screening activities (including background checks) in accordance with legal or regulatory obligations or risk management procedures that may be required by law or that may have been put in place by QBE;
- carrying out your instructions or responding to any enquiries by you;
- dealing in any matters relating to the services and/or products which you are entitled to under this policy which you are applying for or have applied; (including the mailing of correspondence, statements, invoices, reports or notices to you, which could involve disclosure of certain personal data about you to bring about delivery of the same as well as on the external cover of envelopes/mail packages);
- investigating fraud, misconduct, any unlawful action or omission, whether relating to your application, your claims or any other matter relating to your policy, and whether or not there is any suspicion of the aforementioned; and/or complying with applicable law in administering and managing your relationship with QBE.

(collectively the “Purposes”)

We may/will also be collecting from sources other than yourself, personal data about you, for one or more of the above Purposes, and thereafter using, disclosing and/or processing such personal data for one or more of the above Purposes.

Your personal data may/will be disclosed by QBE to its third party service providers or agents (including its lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes, as such third party service providers or agents, if engaged by QBE, would be processing your personal data for QBE for one or more of the above Purposes.

By signing below, you:

- consent to QBE collecting, using, disclosing and/or processing your personal data for the Purposes as described above;
- consent to QBE collecting personal data about you from sources other than yourself and using, disclosing and/or processing the same, for one or more of the Purposes as described above;
- consent to QBE disclosing your personal data to its third party service providers, or agents (including its lawyers/law firms), for the Purposes as described above; and
- consent to QBE transferring your personal data out of Singapore to its third party service providers, or agents where such third party service providers or agents are sited (whether in Singapore or outside of Singapore), for the Purposes as described above.

If you have any comments or questions about our Data Protection policy, please refer to our website: www.qbe.com.sg. Alternatively, you may email us at info.sing@qbe.com.

I have read and agree to the above.

Name
NRIC No.
Date

Signature