

APPLICATION 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.

MAIN INSURED PERSON

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

INSURED PERSON 2 (FOR FAMILY APPLICATION ONLY)

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

Number of Accompanying Children to be insured under Family Plan : _____

Single Trip Plan : Each Child must be related to at least one 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	Choice of Benefit: <input type="checkbox"/> Deluxe <input type="checkbox"/> Essential	Area of Travel: <input type="checkbox"/> Asean <input type="checkbox"/> Asia <input type="checkbox"/> Worldwide
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COVER REQUIRED (PLEASE TICK)

Single Trip Plan: <input type="checkbox"/> (Up to 182 days)	Departure Date:	Return Date:
	Destination:	Length of Trip (inclusive of both days):
Annual Plan: <input type="checkbox"/> (Up to 91 days for each trip)	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;

