

APPLICATION FORM - EQTRAVEL

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 (PLEASETICK)						
Type of Cover:	nily	Choice of Benefit: Deluxe E	ssential	Area of Travel: Asean Asia Worldwide		
COVER REQUIRED (PLEASE TICK)						
Single Trip Plant	Jp to 182 days)	Departure Date:		Return Date:		
Single inp Flan: (Of		Destination:		Length of Trip (inclusive of both days):		
Annual Plan: Ur	o 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:

- 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
- I. 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 app 	licable, 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 mak may charge you a reasonable fee for providing you with the service.	e any corrections to your personal data so as to keep it updated. We				
D. Marketing Option					
Please indicate if you wish to receive marketing or promotional materials of	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 EQ Insurance, 5 Maxwell Road, #17-00Tower Block, MND Complex, Singa					
Neither EQ Insurance nor any of its employees shall be liable for any loss any personal data which you have consented to us and / or any of its employees.					
Altering on this "Personal data collection statement" is strictly prohibited	. Any attempt to do so will be of no effect.				
WARRANTY & DECLARATION					
 He / She is in good health and free from any physical impairment, infine He / She is not travelling against the advice of any medical practitione. He / She is unaware of any circumstance which is likely to lead to the one of the description of the intended and agree that this application, declaration and any other infine intended persons to be insured have already left Singapore. The information given and answers to questions in this application are withheld any facts likely to influence EQ Insurance Company Limited's. He / She understands this application will be subjected to the approval premium has to be fully paid and received by EQ insurance Company. 	r or for the purpose of obtaining medical treatment. cancellation or curtailment of the journey. s, clauses and warranties contained in the Policy and as modified or formation provided shall form the basis of the contract. re on any trip meant to be covered by this ΕΩTravel Insurance. e true and correct to the best of his/her knowledge and have not assessment of this application. I and acceptance by ΕΩ Insurance Company Limited and that the				
DDERMI IN DAVINENT					
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: Visa / MasterCard* Name on Credit Card: Tel No.:					
JCB (Cardholder must be the Policyholder, Spouse, Parent, Child or Sibling)					
AMEX Card No.					
Expiry Date - Security	Code Code				
Signature of Cardholder	Date (dd/mm/yyyy)				
(* Delete where appropriate) (As in Credit card)					
FOR OFFICIAL USE					
Accepted by:	Date:				
Agent / Broker:	Code:				

EQ Insurance Company Limited

