

## PROPOSAL FORM - EQ HOMEGUARD

**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:	Period of insurance: From _____ To _____
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### PROPOSER'S PARTICULARS

Full Name:	Marital Status:	Age:	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):	Occupation:	

### DETAILS OF YOUR HOME

Location of Risk (if different from above):	Postal Code ( )
Type of Dwelling: <input type="checkbox"/> HDB <input type="checkbox"/> Apartment <input type="checkbox"/> Condominium <input type="checkbox"/> Terrace <input type="checkbox"/> Semi-detached <input type="checkbox"/> Detached <input type="checkbox"/> Others, please specify: _____	
Is the Building: <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Tenant Occupied <input type="checkbox"/> Others, please specify: _____	
Mortgagee (Bank or Finance Company): _____	

### PART I. CHOICE OF PLAN / COVERAGE

For HDB Apartments, Condominium and Landed Private Property, where insurances for the Building are already arranged through HDB Fire Insurance Scheme, the Management Corporations or under Mortgage, you do not need to take up additional coverage for the building.

Section	Coverage	Sum Insured (Up to)		
		Silver	Gold	Platinum
1.	Building (to be declared)	Optional		
2.	Renovation / Improvements	S\$50,000	S\$100,000	S\$200,000
3.	Contents: - Accidental Death or Theft of dog	S\$25,000	S\$50,000	S\$75,000
		S\$500	S\$500	S\$500
4.	Valuables (to be declared)	Optional		
5.	Worldwide Personal & Family Liability	S\$500,000	S\$750,000	S\$1,000,000
6.	Family Worldwide Accidental Protection	S\$10,000 each person up to S\$50,000 in the aggregate		
7.	Emergency Home Assistance	Yes	Yes	Yes
<b>Annual Premium (Inclusive of GST)</b>		<input type="checkbox"/> S\$112.35	<input type="checkbox"/> S\$214.00	<input type="checkbox"/> S\$315.65

For Flexible / Additional or Optional Coverage (please specify the amount to be insured)

Coverage	Sum Insured (S\$)	Premium Rate (Inclusive of GST)	Annual Premium (S\$)
1. Building		S\$3.745 per S\$10,000 sum insured	
2. Renovation / Improvements		S\$3.745 per S\$10,000 sum insured	
3. Contents:		S\$26.75 per S\$10,000 sum insured	
4. Valuables & Jewellery - Total value should not exceed 50% of contents sum insured - Coverage is anywhere within Singapore	A) Unspecified Items*	S\$107.00 per S\$10,000 sum insured	
	B) Specified Items**		

### PART I. PREMIUM

(a) Basic Plan Premium: S\$ _____	(b) Flexible / Additional or Optional Cover: S\$ _____	Total Premium Payable: S\$ _____ (a + b)
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Minimum premium payable is S\$53.50 (Inclusive of GST).  
For flexible plan, enjoy FREE Family Worldwide Accidental Protection, Emergency Home Assistance and S\$500,000 sum insured for Worldwide Personal & Family Liability, if you take up 2 Sections from Section 1 to 4 and premium payable is S\$112.35 (Inclusive of GST) and above.

\*Value of any one article not exceeding S\$1,000. \*\*Please provide a list of articles and the respective sum insured to be insured.

**GENERAL INFORMATION**

i. Have you suffered any losses (whether insured or uninsured) under any of the covers provided under the Policy?  Yes  No

ii. Has your proposal or renewal for home insurance ever been declined, withdrawn or required to impose special terms?  Yes  No

If "Yes", please give details: \_\_\_\_\_

**PREMIUM PAYMENT**

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

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: \_\_\_\_\_ Tel No.: \_\_\_\_\_

JCB *(Cardholder must be the Policyholder, Spouse, Parent, Child or Sibling)*

AMEX

Card No.

Expiry Date   -     Security Code

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

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

(\* Delete where appropriate)

**NOTES**

- This insurance is for the Building constructed of brick, stone and concrete, roofed with tiles, slates or concrete.
- The sum insured for Sections 1, 2, 3 & 4 for Building and Renovations/ Improvements must be based on Reinstatement Cost and for Contents/ Valuables on Replacement Costs, without allowance for wear, tear and depreciation, otherwise any claim settlement will be proportionately reduced.
- Valuables insured under Section 3 (Contents) are subject to maximum S\$1,000 per item, and total value of valuables is not to exceed one third of sum insured thereof.
- An excess of S\$100 is applicable for all claims arising from accidental damage.
- If you have made any claim in the last three years, please advise us in writing with details of the claim.
- \*You will enjoy a 10% loyalty discount if you continue to insure with us on 1st renewal and subsequent 2 renewals, and there were no claims during the preceding year(s).

**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;
- Debt collection agencies;
- Dispute resolution parties;
- 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](mailto: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

\_\_\_\_\_  
Date

**FOR OFFICIAL USE**

Accepted by:	Date:
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