

## EQ FIDELITY GUARANTEE INSURANCE QUESTIONNAIRE

**NOTICE**  
Statement pursuant to Section 25(5) of The Insurance Act (Cap 142) you are to disclose in the proposal form fully and faithfully all the facts you know or ought to know otherwise the policy issued may be void.

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

Name of Proposer / Insured:	
Address:	Postal Code ( _____ )
Description of Business:	How long has the business been established?
Have there been any reported losses (whether insured or not) due to dishonesty of employees, partners or directors during the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', please provide details.	
Date:	Amount of Loss:
Circumstances:	
Has any insurer in respect of the risks to which this Proposer relates ever:	
(i) declined a proposal, refused renewal or terminated an insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii) required an increased premium or imposed special conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes' in either case, please give details	
_____	
_____	
Which of the following types of cover do you require? (Please tick only one option and answer the following relevant section)	
(i) Cover for the entire workforce	<input type="checkbox"/>
(ii) Cover for employees in selected categories of occupations only	<input type="checkbox"/>
(iii) Cover for named employees only	<input type="checkbox"/>

### A. COVER FOR ENTIRE WORKFORCE

	Category of Staff	No. of Employees	Estimated Annual Wages	Limit of Indemnity (per Employee)
1	Staff with direct responsibility for money, stock, accounts, or computer operations			
2	Other staff			

### B. COVER FOR EMPLOYEES IN SELECTED CATEGORIES OF OCCUPATIONS ONLY

	Category of Staff	Number of Employees	Limit of Indemnity
1			
2			
3			
4			

**C. COVER FOR NAMED EMPLOYEES ONLY**

	Name of Employee	Designation	Years of Service	Limit of Indemnity
1				
2				
3				
4				
5				
6				
7				

Please state the largest amount any employee is responsible at any one time.

(i) Cash: \_\_\_\_\_

(ii) Stocks: \_\_\_\_\_

(iii) Securities: \_\_\_\_\_

Do you wish to contribute towards each and every claim?  Yes  No

If 'Yes', please state amount: \_\_\_\_\_

**COMPANY SYSTEM OF CHECK**

1	Is the division of responsibilities between departments, sections and different employees well defined in respect of ordering of stocks and materials, the recording of receipt of such and authorising payment for them, so that no one person handles a transaction from beginning to end?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Is there a regular balancing of cash and stock books to reconcile with control records? If 'Yes', how often is it being carried out? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Is there a requirement of at least 2 signatories to authorise payments? If 'Yes', please give description of such authorised signatories. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Is there a requirement of dual signatories for cheques issuance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Do the employees who receive cash and cheques in the course of their duties issue pre-numbered official receipts as confirmation of the receipt.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Are all the cash and cheques received banked in daily or at the latest the next banking day? If not, please specify. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Is there an imprest system for handling of petty cash funds? If 'Yes', please specify the persons who are authorised to manage the petty cash funds. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Are bank reconciliations and check of receipt counterfoils and vouchers being carried out regularly? If 'Yes', how often is it being done? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Are all your customers given credit privileges? If not, under what circumstances will they qualify? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Is there a regular balancing and control of debtor accounts with statement sent regularly to all debtors? If 'Yes', how often is it carried out? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

11	Are there stocks (of any kind) kept for the conduct of your business? If 'Yes', please give brief description of stocks. If not, please proceed to Q16.  _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Are stock-takings frequently conducted? If 'Yes', how frequent?  Please list the persons responsible to carry out the stock-taking.  _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Is there a limit as to the amount of stocks each employee can requisite at any one time? Is 'Yes', please state the limit.  _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	Is there close supervision of storage and custody of all stocks maintained? If 'Yes', identify person(s) who keeps the stock records.  _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	Are all deliveries to and from stores properly authorised? If so, identify person(s) who has the authority.  _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are there persons in the company who are authorised to deal in securities? If so, identify person(s) who has the authority. If not, please proceed to Q20.  _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
16	Are securities independently and physically checked with the register of securities regularly? If so, how often?  _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	List the persons and their designations who are authorised to deal in securities.  _____	
17	Do transactions of such require authority of at least two authorising officials?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18	Are all securities held in the name of the Company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Is there a regular independent system of internal audit on the activities of all persons guaranteed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Is there a full external audit being carried out at least once a year?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### 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
- 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](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 WILL**

Signature of Proposer/Employer (Please endorse with company stamp)	Date
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