# **EQ** Insurance

## **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

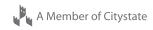
G11G1G1 11.11G GG VG11						
Main Insured Pers	son					
Full Name:			NRIC / Passport N	No.:	Date of Birth:	
Address:				Postal	Code (	
				I		_
Contact No.:	(****			Email:		
(Home)	(Office)	(Mobile)				
Insured Person 2	(For Family Application o	nly)				
Full Name:			NRIC / Passport N	No.:	Date of Birth:	
Address:				Postal	Code (	
Contact No.:				Email:		
(Home)	(Office)	(Mobile)				
Number of Accomp	anying Children to be insure	ed under Family Pla	an :			
Single Trip Plan : Each	Child must be related to at lea	ast one insured adult /	' Annual Plan : Each chi	ild must be the I	egal child of the insured adult(s).	
Type of Plan (Plea	se tick)					
Type of Cover:		Choice of Benef	t: Area of Tra		/el:	
☐ Individual	☐ Family	☐ Deluxe [	☐ Essential	☐ Asean	☐ Asia ☐ Worldwide	
Cover Required (F	Please tick)					
Single Trip Plan: ☐ (Up to 182 days)		Departure Date:		Return Date:		
		Destination:		Length of Trip (inclusive of both days):		
Annual Plan: ☐ (Up to 91 days for each trip)		Period of insurance: From		To .		
Ailliuai Fiail. 🗌 (Up	TO 91 days for each trip)	renou oi insurar			To	
Personal Data Collection Statement						
					and/or process your personal data ment 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;
- 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; d.
- 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;
- g. making or obtaining payments and recovering any debt owed to us;
- h. detecting and preventing fraud, unlawful or improper activities;
- conducting market research and statistical analysis; i.
- coaching employees for customer service quality assurance;
- k. reinsuring risks and for reinsurance administration; and
- complying with all applicable laws, including reporting to regulatory and industry entities.



# EQ Insurance

#### **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 rece	ive marketing or promotional mate	erials 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 op-	otion you may have indic	cated 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.

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.

### **Warranty & Declaration**

(\* Delete where appropriate)

Each and every person seeking to be insured warrants and declares that:

Signature of Applicant on behalf of all person(s) to be insured

- He/She is in good health and free from any physical impairment, infirmity, illness or recurring illness.
- He/She is not travelling against the advice of any medical practitioner or for the purpose of obtaining medical treatment.
- He/She is unaware of any circumstance which is likely to lead to the cancellation or curtailment of the journey.
- He/She agrees to accept the terms, limitations, exclusions, conditions, clauses and warranties contained in the Policy and as modified or
  extended and agree that this application, declaration and any other information provided shall form the basis of the contract.
- . None of the intended persons to be insured have already left Singapore on any trip meant to be covered by this EQ Travel Insurance.
- The information given and answers to questions in this application are true and correct to the best of his/her knowledge and have not withheld
  any facts likely to influence EQ Insurance Company Limited's assessment of this application.
- He/She understands this application will be subjected to the approval and acceptance by EQ Insurance Company Limited and that the premium
  has to be fully paid and received by EQ insurance Company Limited before cover can be effected.

Date

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 / MasterCa	rd* Name on Credit Card:	_ Tel No.:			
□ JCB	(Cardholder must be the Policyholder, Spouse, Parent, Child or Sibling)				
☐ AMEX	Card No.				
	Expiry Date Security Code				

For Official Use			
Accepted by:	Date:		
Agent / Broker:	Code:		

Signature of Cardholder

(As in Credit card)

Date (dd/mm/yyyy)