

APPLICATION FORM - EQ Travel *Lite*

IMPORTANT NOTICE TO THE PROPOSER

- 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.
- No insurance is in force until this Proposal has been accepted by the Company.
- 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.

Agent/ Broker:	Code:
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Particulars of Proposer

Name of Insured:	
Address:	Postal Code ()
Contact No.: (Home) (Office) (Mobile)	Email:
Contact Person (Authorised Officer):	
No. of Insured Persons to be covered (Name list as per attached):	

Travel Details (Please tick)

Single Trip Plan (Up to 5 days)	Departure Date:	Return Date:
	Destination:	Length of Trip (inclusive of both days):
Area of Travel: <input type="checkbox"/> Malaysia <input type="checkbox"/> Bintan Island <input type="checkbox"/> Batam Island		

Personal Data Collection Statement

I agree and consent, and if I am submitting information relating to another individual, I represent and warrant that I have the authority to provide that information to EQ Insurance, I have informed the individual about the purposes for which his/her personal information is collected, used and disclosed as well as the parties, as set out in the clauses contained below, to whom such personal information may be disclosed by EQ Insurance, and the individual agrees and consents that EQ Insurance may collect, use, disclose and process my/his/her personal information (collected in this form, or in any document provided, or to be provided to us by you or from other sources) to evaluate, process and administer this application or transaction.

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;

- 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.

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

We do hereby declare and warrant that the information given and answers to questions in this application are true and correct to the best of our knowledge and have not withheld any facts likely to influence EQ Insurance Company Limited's assessment of this application and that each and every person seeking to be insured:

- is in good health and free from any physical impairment, infirmity, illness or recurring illness.
- is not travelling against the advice of any medical practitioner or for the purpose of obtaining medical treatment.
- 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.
- has not left Singapore on any trip meant to be covered by this EQ Travel Lite Insurance.
- 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.

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

Date

Premium Payment

Premium: S\$ _____

I would like to pay my premium by:

Cash Cheque payable to "EQ Insurance Company Limited" (Bank / Cheque No.: _____)

For Official Use

Accepted by:	Date:
Agent / Broker:	Code:

EQ Insurance

Application Form – EQ Travel Lite

S/ No.	Insured Persons (Full name)	Date of Birth (dd/mm/yyyy)	NRIC/ Passport No.:
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