

ePROTECT *safety* Personal Accident Plan Application Form

STATEMENT PURSUANT TO SECTION 25(5) OF THE INSURANCE ACT (CAP 142), YOU ARE TO DISCLOSE IN THIS APPLICATION FORM FULLY AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW. OTHERWISE THE POLICY MAY BE VOID.

Proposer Particulars						
Name:					Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
NRIC / Passport No.:			Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others:			
Nationality:			Date of Birth (DD/MM/YYYY):			
Address:						
					Postal Code:	
Home Number:			Office Number:			
Mobile Number:		E-mail Address:			Occupation:	
Details of Family Members to be Insured (if applicable)						
Name	Plan	Gender	Date of Birth (dd/mm/yyyy)	NRIC / Passport No	Nationality	Occupation
Spouse :						
Child 1 :						
Child 2 :						
Child 3 :						
Child 4 :						
For additional child(ren) please provide details on a separate sheet of paper						
Period of Insurance (DD/MM/YYYY)						
From: _____ To: _____						
Selection of Plan						
Please indicate your chosen plan (All premium inclusive of 7% GST)						
Applicant	Occupational Class	Silver	Gold	Platinum		
<input type="checkbox"/> Main Applicant	<input type="checkbox"/> 1 & 2	<input type="checkbox"/> S\$150	<input type="checkbox"/> S\$320	<input type="checkbox"/> S\$590		
	<input type="checkbox"/> 3	<input type="checkbox"/> S\$280	<input type="checkbox"/> S\$600	N.A		
<input type="checkbox"/> Spouse	<input type="checkbox"/> 1 & 2	<input type="checkbox"/> S\$150	<input type="checkbox"/> S\$320	<input type="checkbox"/> S\$590		
	<input type="checkbox"/> 3	<input type="checkbox"/> S\$280	<input type="checkbox"/> S\$600	N.A		
<input type="checkbox"/> Child(ren)		<input type="checkbox"/> S\$30	<input type="checkbox"/> S\$64	<input type="checkbox"/> S\$118		
NOTE: Children's Plan Type must be same as either Parent's Plan Type.						

Total Premium (Inclusive of 7%GST)

Insured	S\$	_____
Spouse	S\$	_____
Child(ren)	S\$	_____
Total	S\$	_____

Payment Scheme

Please tick the mode of payment :

a) Cash Yearly

b) Cheque Yearly
 Payable to 'Etiqa Insurance Pte. Ltd.'

c) Interbank GIRO Yearly
 (please complete the GIRO form attached)

d) Credit Card Yearly

Authorisation of premium payment through Credit Card

Credit Card No.: VISA MasterCard Card Expiry Date (MM/YY):

/

Cardholder's Name:

I, the undersigned, hereby charge the total amount (indicated under the Total Premium Section) to my Credit Card and I authorise the bank to debit the said amount (or such other amount approved by the bank) to the Card Account. I agree that the bank has the right to reject this instruction if there are insufficient funds in my Card Account or for whatever reason without notification.

 Signature of Cardholder

For Official Use

Producer Name / Agency:		Producer Code:
Tel (Office):	Tel (Mobile):	Email:

Declarations

I/We hereby declare that the person(s) to be insured are in good health and free from physical or mental defect or infirmity or disease.
 I/We hereby declare that the person(s) are not undischarged bankrupt.
 I/We warrant that the answers given above are true and correct and I/we have not withheld any information likely to affect acceptance of this Proposal.
 I/We agree to give notice to the company of any change in health, occupation, activities or country of residence.
 I/We agree that this Proposal shall be the basis of the Contract between me/us and the Company and I/we further agree to accept the Company's policy subject to the terms exclusions and conditions expressed therein, endorsed thereon or attached thereto.
 I/ We agreed to pay the premium to the plan chosen and I/ We hereby authorize Etiqa Insurance Pte. Ltd. to charge the stated premium to the following credit card. I/ We declare that the cardholder has authorized and consented to its use.
 I/We am/are aware that there may be potential disadvantages with switching from an existing personal accident insurance policy to a new one without considering whether the switch is detrimental. A penalty may be imposed for early policy termination and the new policy may cost more or have fewer benefits at the same cost.

Data Protection

I/We expressly authorize and consent to Etiqa's officers, employees and agents disclosing, at their sole discretion, any and all information relating to me/us, including my/our personal particulars, my/our transactions and dealings and my/our policies of insurances with Etiqa, to any of the following persons, whether in Singapore or elsewhere:

- a) Etiqa's holding companies, branches, representative officers, subsidiaries, related corporations or affiliates;
- b) any of Etiqa's contractors or third party service providers or distribution partners or professional advisers or agents;
- c) any regulatory, supervisory or other authorities, court of law, tribunal or persons, in any jurisdiction, where such disclosure is required by law, regulation, judgement or order of court or order of any tribunal or as a matter of practice;
- d) any actual or potential assignee(s) or transferee(s) of any rights and obligations of Etiqa under or relating to my/our policy or policies for any purpose connected with the proposed assignment/s or transfers; and
- e) any credit bureau, insurer or financial adviser, for such purpose(s) that Etiqa in its reasonable opinion considers appropriate including but not limited to the purposes of underwriting, customer servicing, investigation of Etiqa's representatives and monitoring of undesirable sales practices.

Etiqa Insurance Singapore Privacy Policy

I wish to receive information, including marketing materials from Etiqa Insurance Pte. Ltd. from the following communication channels:

Call SMS/MMS* Fax Direct Mail E-mails All

* "SMS / MMS" means any messages, whether in sound, text, visual or other forms

For more information, kindly visit the PDPC website at: <http://www.pdpc.gov.sg>

Statement Pursuant to Section 25 (5) of the Insurance Act (CAP142) (or any subsequent amendment thereof). You are to disclose in this proposal form, fully and faithfully, all facts which you know or ought to know, otherwise the policy issued hereunder may be void.

This insurance will not be in force until the proposal has been accepted by the Company.

This document is not a contract of insurance. Please refer to the policy (which will be issued to you upon acceptance of your application and payment of the premium) for its exclusions and complete details of coverage.

Importance Notice

This insurance will not be in force until the proposal has been accepted by the Company.

This document is not a contract of insurance. Please refer to the policy (which will be issued to you upon acceptance of your application and payment of the premium) for its exclusions and complete details of coverage.

The benefits of the Policy will only be payable as a result of an accident.

 Signature of Proposer

 Date

Policy Owners' Protection Scheme

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA or SDIC websites (www.gia.org.sg or www.sdic.org.sg).

Summary of Benefits	Plan A	Plan B	Plan C
1 - Accidental Death			
Accidental Death	\$100,000	\$300,000	\$500,000
Doubled Accidental Death for travelling in a public conveyance outside Malaysia, Singapore or Brunei	\$200,000	\$600,000	\$,1000,000
2 - Permanent Disablement due to Accident			
a) Permanent Total Paralysis or complete insanity or injuries resulting in being permanently bedridden	\$100,000	\$300,000	\$500,000
b) Permanent Total Loss of sight of both eyes or use of both hands or both feet or combination of these.	\$100,000	\$300,000	\$500,000
c) Permanent Total Loss of speech.	\$100,000	\$300,000	\$500,000
d) Permanent Total Loss of hearing in both ears.	\$100,000	\$300,000	\$500,000
e) Permanent Total Loss of sight of one eye or use of one limb.	\$50,000	\$150,000	\$250,000
f) Permanent Total Loss of hearing in one ear.	\$20,000	\$60,000	\$100,000
g) Permanent Total Loss of use of a shoulder, elbow, hip, knee, ankle or wrist.	\$15,000	\$45,000	\$75,000
h) Permanent Total Loss of use or loss by amputation of:			
i) One Thumb.	\$15,000	\$45,000	\$75,000
ii) One forefinger.	\$10,000	\$30,000	\$50,000
iii) Any other finger or one big toe.	\$5,000	\$15,000	\$25,000
iv) Any other toe.	\$2,000	\$6,000	\$10,000
3 - Medical Expense Reimbursement (any one Accident)			
Inpatient/Outpatient Medical Expenses	\$2,000	\$3,000	\$4,000
Traditional Chinese Medical (TCM) Practitioner, reimburse the medical expenses incurred up to \$150 per visit and \$1,000 per Accident.			
Hopitalisation due to any 22 Infectious Diseases ; <ul style="list-style-type: none"> - Hand, foot and mouth disease (HFMD) - Dengue fever (DHF) - Avian influenza or 'bird flu' due to influenza A viral strains H5N1, H9N2, H7N7, H7N9 or H1N1 - Mumps - Rubella - Tuberculosis - Measles - Malaria - Anthrax infection - Yellow fever - Plague - Melioidosis or 'soil disease' - Rabies - Legionnaires' disease - Chikungunya - Nipah viral encephalitis - Japanese viral encephalitis - Variant Creutzfeldt-Jakob disease (vCJD) or 'mad cow disease' - Severe acute respiratory syndrome (SARS) - Middle east respiratory syndrome coronavirus (MERS-CoV) - Zika virus - Group B Streptococcus infection Type III GBS ST283 	\$1,000	\$1,500	\$2,000
4 - Hospitalization Allowance as a result of accident injury			
Hospital Allowance (up to 180 days)	\$50 per day	\$100 per day	\$200 per day
5 - Facial Reconstruction Surgery			
Surgical procedure for; <ul style="list-style-type: none"> - Facial Reconstructive Surgery, and/or - Skin Grafting due to burns, and/or - Dental Treatment 	\$1,000	\$2,000	\$5,000
6 - Bereavement Grant as a result of Accidental Death	\$3,000	\$3,000	\$3,000
7 - Mobility Expense Reimbursement	\$1,000	\$2,000	\$3,000
8 - Ambulance Fees	\$200	\$200	\$200
9 - Home/Office Modification Reimbursement	\$1,000	\$2,000	\$5,000

InterbankGiro Application Form

PART 1 : For Applicant's Completion

Date:	To: Name of Bank
Branch:	Name of Billing Organisation: Etiqa Insurance Pte. Ltd.
Insured's Name:	
NRIC No./Business Registration No.:	
<p>a) I/We hereby instruct you to process Etiqa Insurance Pte. Ltd.'s instructions to debit my/our account below as instructed and/or to debit such sum(s) as Etiqa Insurance Pte. Ltd. may notify you from time to time.</p> <p>b) You are entitled to reject Etiqa Insurance's debit instructions if my/our account does not have sufficient funds and charge me/us a fee for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.</p> <p>c) This authorisation will remain in force until revoked by me/us by written notice delivered to you. You may in your absolute discretion terminate this arrangement by written notice to me/us delivered to my/our last known recorded address.</p>	
My/Our Name(s):	My/Our Contact (Tel/Fax) Number(s):
My/Our Bank Account Number:	
My/Our Signature(s)/Thumbprint(s):	
<hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> (As in Bank's Records)	

PART 2 : For Official Use by Etiqa Insurance Pte. Ltd.

Bank	Branch	Etiqa Insurance's Account No.	Etiqa's Reference
7 3 0 2	0 0 1	0 4 0 1 - 1 0 0 5 8 1 4	

PART 3 : For Bank's Completion

Bank	Branch	Account No. to be debited

To: Etiqa Insurance Pte. Ltd.
 One Raffles Quay #22-01
 North Tower Singapore 048583

The Direct Debit Authorisation in respect of the above-mentioned account is:

- Accepted
- Rejected (please tick one of the following reasons)
- Signature(s)/Thumbprint(s) differs from the Bank's records
 - Wrong Account Number
 - Others: _____

 Name of Approving Officer Authorised Signature Date