

QBE Group Medical Prestige Application Form

QBE Insurance (Singapore) Pte Ltd



Important Notes

- Under Section 25(5) of the Insurance Act Cap 142 or any subsequent amendment thereof, you are to disclose in this Application form, fully and faithfully, all facts which you know or ought to know; otherwise, the policy issued may be void.
- Please complete this form by carefully answering all questions. It is important a complete answer be given to every question, including dates where applicable to avoid unnecessary delays in the processing of this application. You are advised to keep a record (including copies of letters) of all information you supplied.
- No liability is undertaken until our Company has accepted this application.

Section A : Particulars Of Group Policyholder

Company Name	<input type="text"/>		
Company Address	<input type="text"/>		
Current Insurer	<input type="text"/>	Nature of Business	<input type="text"/>
Email	<input type="text"/>		
Contact Person	<input type="text"/>		
Contact No.	(O) <input type="text"/>	(H) <input type="text"/>	
	(HP) <input type="text"/>	(Fax) <input type="text"/>	
Period of insurance:	From: <input type="text"/>	To: <input type="text"/>	

ELIGIBILITY Employee only Employees plus Dependants

1. Each full-time employee will be eligible for insurance:

- upon the Effective Date of the Policy.
- upon completion of ____ months of continuous service.

2. Each future full-time employee shall be eligible for insurance:

- upon the Effective Date of the Policy.
- upon completion of ____ months of continuous service.

Important Notes:

1. In Section B, please indicate the category of employees to be insured, e.g. Management, Executive, Other Staff.
2. Eligible dependants include spouse, unemployed child aged 15 days to 25 years of age.
3. A dependant's cover will be the same as the employee's coverage. Once inception, it will apply to all eligible employees in the same category.
4. Headcount basis only applies to a company insuring all their employees into the plan with headcount above 15 pax; otherwise, please provide the names of employees you are insuring. Please be advised any under-declaration of headcount will result in a forfeiture of coverage.
5. Completion of Health Declaration Form is required for group size 15 and below for new business inception and subsequent addition of Members (Name-Basis Policy)

Section B : Basis Of Coverage

Category of Employee	Number of Applicants			Basic Medical Cover		GP panel	Specialist	Dental rider
	EE	SP	CH	Plan	Deductible	Plan	Plan	Plan

Important:

QBE will require additional and separate details of of hospitalization for applicants who have been hospitalized in the last 3 years. Please take note any non-disclosures will result in a forfeiture of coverage.

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/LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

Declaration of Product Summary

I/We confirm the terms as stated in this quotation and its attachments have been explained and accepted by us.

I/We also confirm the Plan applied for had not been in whole or in part terminated by another insurer due to non-payment of the premium in the last 12 months.

I/We warrant the information supplied in this application is true and correct and I/We hereby agree this Proposal and the Declaration will be held as promissory and shall be the basis of the contract between the Policyholder and the Insurer and we understand any false, incorrect or misleading statement may render this insurance null and void.

Name & Signature of Authorised Officer

Designation

Date

Company Stamp

Declaration

I/We have read and understood the Personal Information Collection Statement attached to this Application Form.

I/We would like to receive information about goods and services of QBE SG or their affiliates via email and/or phone.

Yes

No

Signature & Company stamp:

Date:

Personal Information Collection Statement

In relation to the personal data collected by QBE Insurance (Singapore) Pte. Ltd. ("QBE SG"), I/We agree and acknowledge that:

- a) the personal data requested is necessary for QBE SG to process your application for insurance or claim and any such data not provided may mean this application or claim cannot be processed;
- b) the personal data collected in this form may be used by QBE SG for the purposes stated in its Privacy Policy found at <https://www.qbe.com/sg/privacy-policy>. These include underwriting and administering the insurance policy being applied for (including obtaining reinsurance, underwriting renewals, claim processing, investigation, payment and subrogation and any related purposes);
- c) QBE SG may transfer the personal data to the following classes of persons (whether based in Singapore or overseas) for the purposes identified in (b) above:
 - i. third parties providing services related to the administration of my/our policy (including reinsurance);
 - ii. financial institutions for the purpose of processing this application and obtaining policy payments;
 - iii. in the event of a claim, loss adjustors, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers;
 - iv. another member of the QBE group (for all of the purposes stated in (b)) in any country; or
 - v. other parties referred to in QBE's Privacy Policy for the purposes stated therein;
- d) I/We may gain access to, or request correction of my/our personal data (in both cases, subject to a reasonable fee), via email or post at:

QBE Insurance (Singapore) Pte. Ltd.
Address: 1 Wallich Street, #35-01, Guoco Tower, Singapore 078881
Email: info.sing@qbe.com
- e) that where I/We are providing personal data on behalf of another person to QBE SG, I/We have obtained consent from the other person who have agreed that their personal data will be released to QBE SG in accordance with paragraphs (a), (b) and (c) above.

For Intermediary Use

Intermediary's Name

Intermediary's Code

Date (dd/mm/yyyy)