

# Foreign Worker Medical Insurance Proposal Form

QBE Insurance (Singapore) Pte Ltd



## Important Notes

- You are required to disclose in this proposal form, fully and faithfully, all the facts which you know or ought to know, otherwise, the policy issued hereunder may be void.  
Where there is not enough space provided, please use attachment pages.
- Please complete this form by answering all questions carefully. It is important that a complete answer be given to every question including dates, where applicable, in order to avoid unnecessary delay in the processing of this application. You are advised to keep a record (including copies of letters) of all information you supplied herein.
- No liability is undertaken until our Company has accepted this application.
- Headcount basis only applies to company insuring all their employees into the plan, otherwise, please provide the names of employees that you are insuring.

## Section 1

Company Name	<input type="text"/>		
UEN	<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"/>
Plan type	<input type="checkbox"/> Jubilee	<input type="checkbox"/> Diamond	<input type="checkbox"/> Platinum <input type="checkbox"/> Classic
Outpatient plan (N.A to Classic)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Annual Premium Per Insured	<input type="text"/>		
Total no. of S Pass/WP to be insured	<input type="text"/>		

## CLAIM PAYEE DETAILS\*

Person in charge	<input type="text"/>
Email	<input type="text"/>
Bank Code	<input type="text"/>
Bank Branch	<input type="text"/>
Bank Account No.	<input type="text"/>

\*Omission of claim payee details will result in delay in claims processing.

Has there been a claim made by any of the insured members  Yes  No

If yes, please provide details of the claim(s) for the past 3 years

## Section 2

NO.	NAME (AS PER FIN/PASSPORT/WP)	FIN/PASSPORT/WP NO.	GENDER	DATE OF BIRTH
			M/F	(DD/MM/YYYY)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

Note: Please provide details of the Applicant(s) to be insured on a separate sheet if more space is required.

## Declaration

- A. We hereby declare that all the Applicants for insurance are in good health and free from any physical defects or infirmity and that the particulars/information contained herein are true and correct and we have not withheld any material information regarding the required information.
- B. We warrant that the information supplied on the Application Form are true and correct and we hereby agree that this Proposal and the Declaration shall be held as promissory and shall be the basis of the Contract between us and QBE Insurance (Singapore) Pte Ltd and we understand that any false, incorrect or misleading statement may render this insurance null and void.
- C. We understand that this Contract shall not commence until this proposal and the applicants named in the Insured Persons' Listing have been accepted in writing by QBE Insurance (Singapore) Pte Ltd.
- Important Note:** Please note that QBE Insurance (Singapore) Pte Ltd reserves the right to exclude/reject the above mentioned medical condition or impose special terms after review of the Applicant(s)' Health Declaration Form.
- D. We confirm that the terms as stated in this quotation and its attachments have been explained and accepted by QBE.
- E. We also confirm that 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.
- F. We acknowledge, declare and agree that collective consent have been obtained from each of the employees/Group Member and/or their dependants allowing the Company to collect, use, process and disclose the personal data in accordance with the PDPA and the Company's 'Privacy Policy' which we have read, understood and agreed to the same.

We have read and understood the Personal Information Collection Statement attached to this Proposal Form.

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

Yes

No

Name & Signature of Authorised Officer

Company Stamp

Designation

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](mailto: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	<input type="text"/>
Intermediary's Code	<input type="text"/>
Date (dd/mm/yyyy)	<input type="text"/>