

# Travel Prestige Proposal Form

QBE Insurance (Singapore) Pte Ltd



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.

## Details of The Proposer

Name	<input type="text"/>		
Address	<input type="text"/>		
Email	<input type="text"/>		
Occupation	<input type="text"/>	Tel:	<input type="text"/>
Period of insurance:	From: <input type="text"/>	To:	<input type="text"/>

## Details of The Traveller(s)

NAME OF INSURED PERSON (S)	NRIC/FIN./PP NO.	DATE OF BIRTH	RELATIONSHIP TO PROPOSER
1.			
2.			
3.			
4.			
5.			
6.			

## Selected Coverage, Pls Tick (✓)

Policy Type :  Single Trip or  Annual Plan

Plan Selected :  Super or  Standard

Individual or  Family

Destination :  Asia Pacific or  Worldwide

Total Premium Payable (No GST required) S\$

### Important Notes

- The Insured Person must be domiciled in Singapore.
- No refund is allowed for 'Single Trip' Plan once the certificate has been issued.
- Cash / Cheque / Credit Card payment must accompany this proposal.
- No insurance is in force until this application has been accepted by QBE.
- Each Insured Person may purchase the QBE Travel Prestige Insurance only once for each trip.

### Declaration

I/We hereby declare the statements and particulars given by me/us in this proposal form are true and nothing materially affecting the risks to be insured has been concealed by me/us. I/We also declared I am/we are not travelling contrary to the advice of a Medical Practitioner, or for the purpose of obtaining medical treatment. The Insured Person(s) is/are currently in good health, free from any physical impairment, infirmity, disability or deformity.

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

I/We would like to receive information about goods and services of QBE SG  Yes  No or their affiliates via email and/or phone.

Signature of Applicant:  
(for and on behalf of person(s) to be insured)

Date:

### Payment Options (Please ✓ your choice of credit card)

Cheque No.

MASTERCARD  VISA Card No.

Expiry date:  CVV

Cardholder's Name:

Signature:

### 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](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

## 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.