

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; 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.

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).

Personal Data Protection Act (PDPA) 2012

Supplementary Consent Clauses

To process, administer and/or manage your relationship, account and policy with QBE Insurance (Singapore) Pte Ltd (QBE), QBE will need to collect, use, disclose and/or process your personal data. Such personal data includes (i) information set out in this [form] and any other personal information provided by you or possessed by QBE; and (ii) your claims.

Such personal data will be collected, used, disclosed and/or processed by QBE for the purpose(s) of:

- a) considering whether to provide you with the insurance you applied for;
- b) processing your application for underwriting and insurance;
- c) administering and/or managing your relationship, account and/or policy with QBE;
- d) processing and/or dealing with any claims including the settlement of claims and any necessary investigations relating to the claims, under your policy;
- e) carrying out due diligence or other screening activities (including background checks) in accordance with legal or regulatory obligations or risk management procedures that may be required by law or that may have been put in place by QBE;
- f) carrying out your instructions or responding to any enquiries by you;
- g) dealing in any matters relating to the services and/or products you are entitled to when applying for this or other policies you applied for. This includes the disclosure of some of your personal data when mailing of correspondence, statements, invoices, reports or notices to you, as well as the disclosure of some of your personal data on the cover of envelopes/mail packages;
- h) investigating fraud, misconduct, any unlawful action or omission, whether relating to your application, your claims or any other matter relating to your policy, and whether or not there is any suspicion relating to these;
- i) compiling a claims history for the purpose of investigation and detecting fraud in present and future claims
- j) complying with applicable law in administering and managing your relationship with QBE;
- k) providing you with direct marketing communications about QBE's products and services; if you do not want to receive any direct marketing, you may withdraw your consent at any time free of charge by writing in to info.singapore@qbe.com

We may/will also be collecting from sources other than yourself, personal data about you, for one or more of the purposes described above, and using, disclosing and/or processing such personal data for one or more of those purposes.

Your personal data may/will be disclosed by QBE to its third party service providers or agents (including its lawyers/law firms), which may be situated outside of Singapore, for one or more of the purposes described above, meaning third party service providers or agents, if engaged by QBE, will be processing your personal data for QBE.

By signing below, you:

- consent to QBE collecting, using, disclosing and/or processing your personal data for the purposes described above;
- consent to QBE collecting personal data about you from sources other than yourself and using, disclosing and/or processing the same, for one or more of the purposes described above;
- consent to QBE disclosing your personal data to its third party service providers, or agents (including its lawyers/law firms), for the purposes described above; and
- consent to QBE transferring your personal data out of Singapore to its third party service providers, or agents where such third party service providers or agents are sited (whether in Singapore or outside of Singapore), for the purposes described above.

Name

Date

Signature

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

Company Stamp

Designation

Date

For Intermediary Use

Intermediary's Name

Intermediary's Code

Date (dd/mm/yyyy)