

# Corporate Travelon Cover Proposal Form

QBE Insurance (Singapore) Pte Ltd



Statement pursuant to Section 25(5) of the Insurance Act, Singapore, (Cap 142): You are 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. (Please complete the form in block capitals, giving full and complete details, and ticking (✓) the appropriate boxes. If space is limited, kindly attach a separate sheet.)

## Details of The Proposer

Name of Company	<input type="text"/>
UEN	<input type="text"/>
Nature Of Business/ Contact Person (Name)	<input type="text"/> Tel: <input type="text"/>
Email	<input type="text"/>
Address	<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 (DD/MM/YY)	OCCUPATION/ CLASSIFICATION	PLAN TYPE	BUSINESS /INCL. LEISURE	ANNUAL PREMIUM	DESTINATION
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

\*IF THE SPACE PROVIDED IS INSUFFICIENT, PLEASE ATTACH A SEPARATE SHEET.

Total Number of Employees	<input type="text"/>
Total number of Insured Persons	<input type="text"/>

## Claim History, Pls Tick (✓)

- I/We declare no claims for the last 3 years.
- I/We declare claims for the last 3 years.  
(Please provide claims details on a separate sheet.)

### Important Notes

- The Insured Person must be domiciled in Singapore.
- No insurance is in force until this application has been accepted by QBE.

## 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 Proposer & Company stamp:

Date:

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

Cheque No.

MASTERCARD  VISA Card No.

Expiry date:  CVV

Cardholder's Name:

Signature:

## Agent/Broker Details

Name

Code

Tel/HP

Email

## 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.