

CLAIM FORM - PERSONAL ACCIDENT

Agency: _____ Policy No.: _____

PARTICULARS OF POLICYHOLDER

Name of Policyholder: _____

Address: _____ Postal Code (_____)

Contact Person: _____

Email: _____ Contact No.: _____
(Office) (Mobile)

PARTICULARS OF CLAIMANT

Name of Claimant: _____

NRIC / Fin No.: _____ Date of Birth: _____ Gender: Male Female

Contact No.: _____ Date of Employment: _____ Occupation: _____
(if applicable) (if applicable)

DETAILS OF ACCIDENT / INJURY

Date & Time of Accident: _____ Place of Accident: _____

How did the Accident happen?

Describe the nature of injuries sustained:

- a) Have you sustained any injury to the same part previously? Yes No
- b) Is this a work-related injury? Yes No
- c) Have you claimed or do you intend to claim from any other insurer for this illness / injury? Yes No

If yes, please state: _____

Name of Insurer(s): _____ Policy Number(s): _____

Amount of compensation: _____

NATURE OF CLAIM (WE / I ARE / AM MAKING A CLAIM UNDER THE FOLLOWING SECTIONS, PLEASE TICK THE RELEVANT)

Policy Benefits

- | | |
|--|--|
| <input type="checkbox"/> Accidental Death | <input type="checkbox"/> Cash Benefit |
| <input type="checkbox"/> Permanent Disablement | <input type="checkbox"/> Temporary Total Disablement |
| <input type="checkbox"/> Accidental Medical Expenses | <input type="checkbox"/> Temporary Partial Disablement |
| <input type="checkbox"/> Others, please specify: _____ | |

Please provide:

- a) Original medical bills and / or medical reports / memo from the attending doctor stating the nature of injury if you are treated as an outpatient
- b) Original hospital final bill and inpatient discharge summary / medical report if you are hospitalised as a result of an accident.

PAYMENT DETAILS

Cheque payee name (as shown in the bank account): _____

(A letter of Authorisation is required if payee is not employer / insured employee)

PERSONAL DATA COLLECTION STATEMENT

To evaluate, process and administer this application or transaction, it is necessarily for us to collect, use, disclose and / or process your personal data or personal information about you. Such personal data includes information collected in this form, or in any document provided, or to be provided to us by you or processed by us, or from other sources.

A. Purpose of Collection

The personal data belonging to you and your insured/s may be collected, used and disclosed for the purposes of:

1. carrying out identity checks;
2. deciding whether to insure or continue to insure you and your insured persons;
3. providing advice for product recommendation based on your profile;
4. processing any claims under your policy, including the settlement of claims and any necessary investigations relating to the claims;
5. communicating on any matters relating to the services and / or products which you are entitled to under this policy;
6. respond to your inquiries or instructions and providing ongoing services, under your policy;
7. make or obtain payments and recovering any debt owed to us;
8. detecting and preventing fraud, unlawful or improper activities;
9. conducting market research and statistical analysis;
10. coaching employees for customer service quality assurance;
11. reinsuring risks and for reinsurance administration; and
12. complying with all applicable laws, including reporting to regulatory and industry entities.

B. Disclosure of Data

The personal data belonging to you and your insured/s may be disclosed for the purposes set out in Section A above to the parties below:

1. Third party service vendors, suppliers, agents, reinsurers, or intermediaries;
2. Medical Professionals and Institutions;
3. Local or overseas service third party vendors that provide us with services such as printing, mail distribution, data storage, data entry, marketing and research, disaster recovery or emergency assistance services;
4. Debt collection agencies;
5. Dispute resolution parties;
6. Parties that assist us to investigate, administer and adjudicate claims;
7. Financial institutions;
8. Credit reference agencies;
9. Industry associations; and
10. To any regulatory, government and statutory body to comply with applicable, laws or regulation or upon their valid request.

C. Personal Data Access and Amendments

You can request access to your personal data collected by us, and to make any corrections to your personal data so as to keep it updated. We may charge you a reasonable fee for providing you with the service.

D. Withdrawal Option of the collection and use of your personal data

You may make your request to withdraw your consent, access or correct your personal data by writing to: The Data Protection Officer, EQ Insurance, 5 Maxwell Road, #17-00 Tower Block, MND Complex, Singapore 069110. Alternatively, you can email to dpo@eqinsurance.com.sg.

Neither EQ Insurance nor any of its employees shall be liable for any loss or damage suffered by you or any user as a result of any disclosure of any personal data which you have consented to us and / or any of its employees disclosing.

Altering on this "Personal data collection statement" is strictly prohibited. Any attempt to do so will be of no effect.

AUTHORISATION AND DECLARATION BY POLICYHOLDER / CLAIMANT

Me / I, hereby authorise any hospital, surgeon, medical practitioner, clinic, insurance office or other person of organisation who has attended to me for any reason, to disclose to EQ INSURANCE COMPANY LIMITED any and all information with respect to any illness or injury and to provide copies of all hospital or medical records / certifications, including earlier medical history. The information given is true and correct to the best of my knowledge and belief.

Claimant's Signature / Date

Policyholder's Signature / Date
(Affix company stamp, if applicable)