EQ Insurance

CLAIM FORM - FOREIGN WORKER MEDICAL INSURANCE

Agency: _____ Policy No.: _____

Please note:

1. The acceptance of this form is NOT an admission of liability on the part of the Company.
2. All original final bills, certificates, supporting documents should be provided to substantiate your claim.

Particulars of Insured Employer

Name of of Insured Employer:	
Address: Postal Code ( )	
Email:	Contact No.: (Home) (Office) (Mobile)

Particulars of Insured Worker

Name of Insured Worker:		
Passport/Work Permit No. :	Date of Birth:	Sex: ☐ Male ☐ Female

Claim

A. HOSPITALISATION

Date of Hospitalisation: From _____ to _____

B. OTHER INCURRED MEDICAL OR SURGICAL EXPENSES

Nature of Claim: _____ Amount Incurred: _____

Details of Illness or Injury

Nature of illness or injury: _____

_____

_____

_____

Date symptoms first commenced :	Date condition was first treated:

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:

a. carrying out identity checks;
b. deciding whether to insure or continue to insure you and your insured persons;
c. providing advice for product recommendation based on your profile;
d. processing any claims under your policy, including the settlement of claims and any necessary investigations relating to the claims;
e. communicating on any matters relating to the services and/or products which you are entitled to under this policy;
f. responding to your inquiries or instructions and providing ongoing services, under your policy;
g. making or obtaining payments and recovering any debt owed to us;
h. detecting and preventing fraud, unlawful or improper activities;
i. conducting market research and statistical analysis;
j. coaching employees for customer service quality assurance;
k. reinsuring risks and for reinsurance administration; and
l. complying with all applicable laws, including reporting to regulatory and industry entities.

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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:

a. Third party service vendors, suppliers, agents, reinsurers, or intermediaries;
b. Medical Professionals and Institutions;
c. 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;
d. Debt collection agencies;
e. Dispute resolution parties;
f. Parties that assist us to investigate, administer and adjudicate claims;
g. Financial institutions;
h. Credit reference agencies;
i. Industry associations; and
j. 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 Insured Worker

I, _____ hereby authorise any hospital, surgeon, medical practitioner, clinic, insurance office or other person or 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.

_____ Insured Worker's Signature / Date

_____ Insured Employer's Signature / Date
(Affix company stamp, if applicable)