

# EQ Insurance

## CLAIM FORM - GENERAL

Agency: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Please note:

The acceptance of this form is NOT an admission of liability on the part of EQ Insurance Company Limited.

### Section 1 - Particulars of Insured Person

Name of Insured:

NRIC / Passport No. :

Address:

Postal Code ( )

Email:

Contact No.:

(Home)

(Office)

(Mobile)

Business/Occupation:

Has premium been paid? ☐ Yes ☐ No

Have you other policies covering you in respect of this incident? ☐ Yes ☐ No

If yes, please furnish details:

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### Section 2 - Particulars of Loss or Damage

Date:

Time:

Location:

State clearly how the loss or damage occurred:

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Did you make a police report? ☐ Yes ☐ No

If yes, please attach a copy of the police report.

State the name of the party responsible for the loss/damage, if applicable.

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Give a description of the property insured:

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Are there any steps taken to prevent a recurrence? ☐ Yes ☐ No

If yes, please furnish details.

Is the property subject to a hire purchase or loan agreement? ☐ Yes ☐ No

If yes, please furnish details.

Have you previously sustained a loss under similar circumstances? ☐ Yes ☐ No

If yes, please furnish details.

## Section 3 – Particulars of Witnesses

### Witness 1

Name:

Address:

Email:

Contact No.:

(Home)

(Mobile)

### Witness 2

Name:

Address:

Email:

Contact No.:

(Home)

(Mobile)

## Section 4 – 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.

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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:

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](mailto: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.

## Section 5 – Declaration by Claimant

I declare that I have complied with the conditions and warranties (if any) of the Policy and in no manner deliberately caused the said loss or damages sought unjustly to benefit by an fraud or willful representation and that the information given on this form is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Claimant  
(Affix company stamp, if applicable)

Name of Claimant : \_\_\_\_\_  
Designation (if applicable) : \_\_\_\_\_  
Date : \_\_\_\_\_