

QBE Group Medical Prestige

Plans specially tailored for SME
(applicable for up to 50 employees)



REGISTERED
THERAPIST

Behind the success of most organisations is a dedicated, productive and efficient workforce. Thus, it is very important to provide good employee benefits to encourage healthy staff retention and create a supportive culture.

QBE Group Medical Prestige is specifically designed to provide your company with affordable medical insurance and your staff comprehensive healthcare protection. Simply put, QBE helps protect your interests against the unexpected while you focus on growing your business.

The Product

Why QBE Group Medical Prestige?

- > Wide range of Room and Board options - including six variations of ward types from Private to Restructured hospitals.
- > Comprehensive coverage - basic Hospital and Surgery includes kidney dialysis, cancer treatment and supplementary Major Medical benefits.
- > Pre-existing conditions covered - after a 12-month waiting period, pre-existing conditions will be covered, with some exceptions due to underwriting decisions.
- > Minimal eligibility requirements - you can enrol and start coverage with 5 employees in your company.
- > Simple and cost-effective Plan - premiums are fixed and based on age-bands, enabling you to manage your budget upon enrolment, plus selecting covers is simple and straightforward.
- > Lowering premiums - you can also opt for deductibles to reduce the premium by as much as 30%.
- > Wide choice of covers - riders can be included into your main inpatient coverage.
- > Dependant coverage - there is an option to include spouses and children into the coverage.
- > 24-hour comprehensive worldwide cover

To qualify, companies must meet the following criteria:

- > Group size - minimum of 5 to maximum 50 employees.
- > Core benefit - minimum compulsory cover under this Policy is the Group Basic Hospital & Surgical Benefit.
- > Eligibility of employees - compulsory cover for ALL your full-time active at work employees OR employees under a predefined category.
- > Eligibility of employees' dependants - compulsory cover for eligible dependants of ALL employees or employees of the pre-defined category.
- > Age limits for adults - the maximum entry age is 70 and renewable until the age of 80, subject to compulsory health declaration upon age 70.
- > Age limit for children - entry age is 15 days to 18 years old, or up to 25 years old as long as the child is a full-time student at a recognised education institution.
- > Residence - for Insured persons who reside or travel to any country outside Singapore for more than 90 days during the policy period, there is no cover unless QBE has been informed and additional premium (if any) has been paid.
- > Occupational class - any job involving heavy hazards and a dangerous occupation is subject to underwriting approval, for example: operators of agricultural machinery, electrical engineers, professional athletes, onboard vessel operators, or any job involving explosives, the military or another similar occupation.



Choose your coverage (Currency in SGD)

Group Hospital & Surgical Benefit

Benefits/Plans	Plan 1/4	Plan 2/5	Plan 3/6
Hospital Type	All Hospitals or Singapore Government/ Restructured Hospitals		
Room & Board (R&B)	4 bedded	2 bedded	1 bedded
Intensive Care Unit (ICU)	3x R&B	3x R&B	3x R&B
Surgery Expenses			
Theatre Fee			
Anaesthetist Fee			
Miscellaneous Hospital Services & Supplies		As charged	
Specialist Consultation			
Post Hospitalisation Treatment			
Ambulance Fee			
In Hospital Physician Visits			
Overall Maximum Limit	25,000	30,000	35,000
Emergency Dental Treatment	500	600	800
Emergency Outpatient Treatment	2,000	2,300	2,500
Special Grant	10,000	10,000	10,000
Organ Transplant	15,000	18,000	22,000
Miscarriage	1,000	1,000	1,000
Kidney Dialysis & Chemotherapy/Radiotherapy (Limit per policy year)	10,000	15,000	20,000
20% - Coinsurance for Treatment in Singapore			
50% - Coinsurance for Treatment Overseas			
Medical Report Fee	100	100	100
Supplementary Major Medical Maximum Limit (Inclusive 20% Coinsurance)	60,000	80,000	100,000

Subjected to per disability per confinement (except for Kidney Dialysis & Chemotherapy/Radiotherapy - per policy year).

Supplementary Major Medical pays eligible expenses in excess of the Group Basic Hospital & Surgical Benefit.

Upgrade of Coverage: In the event an Insured Person is admitted to a ward and/ or a hospital type (Government Restructured Hospital or Private Hospital) that is higher than they are entitled to under their policy, QBE will only pay 60% of the eligible medical expenses subject to the maximum limit stated in the policy schedule less any deductible (if any) or if it is an overseas medical treatment.

Expenses incurred overseas will be based on the equivalent Room & Board charges in Singapore General Hospital.

Outpatient General Practitioner Panel Benefit

Benefits (1 visit per day)	Plan 1	Plan 2
Panel General Practitioner Clinics (Covers Basic Diagnostic Tests)	As Charged	As Charged
Panel TCM (Covers Consultation Fees only)	As Charged	As Charged
Non-Panel General Practitioner Clinics (Covers Basic Diagnostic Tests)#	30	30
Non-Panel General Practitioner Clinics Overseas (Covers Basic Diagnostic Tests)#	25	25
Polyclinics	As Charged	As Charged
Accident & Emergency#	100	100
Co-payment (SGD)	Nil	5
Annual Limit	3,000	1,500

Outpatient Specialist Benefit

Benefits/ Plans (Referral from any General Practitioner)	Plan 1	Plan 2
Specialist Consultation (Limit per policy year)	1,000	500
Includes Diagnostic Tests (X-Ray and Laboratory Tests), MRI/CT/PET Scans	Yes	Yes

Dental Benefit

Benefits/ Plans (Covers ages 3 to 65 years old)	DE1	DE2	DE3
D1* Basic Treatments	800	750	1000
D2* Gum Treatments	150	150	200
D3* Preventive Treatments (2 visit)	50	75	75
D4 Complex Treatments	300	375	500
D5 Dentures	700	900	1000
D6 Restorative Treatments	300	375	500
Annual Overall Limit	1800	2250	3000

To find out more or get a quote, feel free to email us: anh.sg@qbe.com

Notes:

Minimum group size of 5 Members (excluding Dependants) is applicable for all riders.
 Co-payment applicable to items indicated with #
 Employees and their eligible dependants will be placed in the same plan.
 Dental benefit for minimum age of 3 and maximum 65.
 * Only benefits D1, D2, D3 are subject to 20% deductible on each claim payable.

Description of Cover

Group basic Hospital & Surgical benefits

Room and Board - Reimburses the daily charges for room and board accommodation, general nursing services and meals for each day of hospital confinement as a registered bed-paying patient in a hospital for up to a maximum of 120 days.

Intensive Care Unit - Reimburses charges for an intensive care unit, provided it is certified medically necessary by the attending physician or surgeon, up to the daily maximum as per schedule for a period not exceeding 30 days (inclusive in the maximum 120 days under Room and Board benefit).

Surgery Expenses, Theatre Fee and Anaesthetist Fee - Reimburses fees charged by the surgeon including Anaesthetist fee and Theatre fee for the operation up to Overall Maximum Limit. This includes all normal post-surgical care up to 120 days after operation. Surgeon fees shall also include fees charged by a second physician or surgeon who may be consulted prior to hospitalisation of the insured for a surgical operation.

Miscellaneous Hospital Services & Supplies - Reimburses charges for pre-hospitalisation diagnostic tests within 120 days preceding confinement and when pertaining to the disability on account of which confinement was required and for charges incurred during a hospital confinement for medically necessary hospital supplies and services. This includes prescribed medicines, dressing, rental of appliances, implants, treatment fees, therapy fees, laboratory fees, X-rays, blood transfusions, oxygen and its administration.

Specialist Consultation Fees - Reimburses consultation fees charged by a specialist in connection with a disability requiring confinement in a hospital within 120 days provided such consultation has been recommended in writing by the attending physician.

Post-Hospitalisation Treatment - Reimburses expenses incurred for follow-up treatment by the same physician up to a period of 120 days immediately following a discharge.

Ambulance Fee - Reimburses charges made by a hospital or organisation providing ambulance services for transporting the Insured to a hospital when medically necessary.

In-hospital physician's visit - Reimburses fees charged by a physician for visiting a bed-paying patient up to maximum 120 days.

Emergency Dental Treatment - Reimburses expenses incurred as a result of an accidental injury occurring to wholly sound natural teeth, provided treatment takes place within 60 days of the accident causing the injury and in a legally registered dental clinic or hospital.

Emergency Outpatient Treatment - Reimburses expenses incurred as a result of an accidental injury for treatment as an outpatient at any registered clinic or hospital within 60 days of the accident causing the injury. If the injury is treated by a registered Chinese bone-setter, charges up to maximum of S\$300 are covered.

Special Grant - Pay the policyholder or legal representative, the stated sum in the event of death of the Insured person in connection with a claim resulting from:

- a) an injury
- b) a sickness during or after treatment for such sickness at the hospital or in a day surgery ward

Organ Transplant - Reimburses the cost of surgery for the transplantation of kidneys, lungs, heart, liver, bone marrow or corneas. This does not cover the costs relating to the acquisition of organs or expenses incurred by donor.

Miscarriage - Reimburses the expenses incurred for miscarriage and ectopic pregnancy. Termination of pregnancy requested by insured person will not be payable.

Outpatient Kidney Dialysis and Cancer Treatment Benefit - Reimburses charges for kidney dialysis at a registered dialysis centre or unit and cancer treatment (chemotherapy and radiotherapy) at an outpatient department of a hospital or registered cancer treatment centre on recommendation of a registered medical practitioner.

Medical Report Fee - Reimburses the cost of obtaining any medical report required by QBE up to the amount stated in the Policy Schedule. This benefit is payable together with any other benefit.

Supplementary Major Medical Benefit - The Supplementary Major Medical Benefits pays eighty percent (80%) of the aggregate of the total Covered Eligible Expenses incurred in excess of the benefits payable under the Room & Board, ICU and As-Charged benefits under the Policy per Disability subject to the Maximum Hospitalization Limit as per benefit schedule.

Description of Cover (continued)

Group outpatient benefits

This benefit is available for minimum group size of 5 Members (excluding Dependents) and above.

- a) **Panel of Appointed Physicians/Clinics** If the Insured receives consultation at our Panel of Appointed Physicians, then the consultation, treatment and medicine prescribed will be on cash-free basis except if there is a co-payment or capping imposed. The maximum amount payable shall not exceed the daily maximum indicated in the Benefits Table.
Non-Panel Appointed Physicians/Clinics If the Insured receives consultation from any Physicians who are not in the QBE's Panel of Appointed Physicians, QBE will repay the reasonable and customary charges for the consultation, treatment and medicine prescribed up to the daily maximum limit as stated in the Benefit Table.
- b) **Polyclinic General Practitioner Consultation and Medication** If the Insured receives consultation at Polyclinics then the consultation, treatment and medicine prescribed will be reimbursed up to the overall annual limit as stated in the Benefits Table. Consultation, treatment and medicine prescribed will be on reimbursement and subject to any co payment imposed.
- c) **Limits for Specialist Outpatient** The maximum benefit amounts and the deductible (if any) as shown in the Benefits Table are for each Insured in one Policy Year.
- d) **Panel of TCM Clinics** If the Insured receives consultation at our Panel of Appointed Physicians, then the consultation (treatment/medicines are not covered) will be on cash-free basis. The maximum amount payable will not exceed the maximum limit indicated in the Benefits Table.
- e) **Emergency Treatment at A&E** If the Insured receives treatment at A&E departments of registered Hospitals in Singapore, the treatment will be reimbursed up to the number of visits per policy year as specified, regardless of doctor referral or on volunteer basis.

Dental benefit

The amount payable will not exceed the actual cost of medically necessary services provided by a dentist and the maximum liability of the company will not exceed the limit of cover less any deductible for the account of the insured.

- D1. Basic Treatments** - Reimburses charges for basic treatments, which will include X-rays required prior to the performance of dental services; treatment of abscesses, anterior or amalgam fillings, gold pins for cusp restoration, extractions; and root canal filling up to the maximum per policy year.
- D2. Gum Treatments** - Reimburses charges for gum treatments, including curettage up to the coverage limits.
- D3. Preventive Treatments** - Reimburses charges for scaling, polishing and prophylaxis up to a maximum of two visits per policy year.
- D4. Complex Treatments** - Reimburses charges for complex treatments, which include periodontal surgery, apicectomy (molars and premolars), and the surgical extraction of wisdom teeth up to a maximum per tooth.
- D5. Dentures** - Reimburses charges for dentures required due to loss of sound natural teeth, previously covered under this Policy up to the maximum per set.
- D6. Restorative Treatments** - Reimburses charges for restorative treatments to sound natural teeth, which include gold inlays, capping, crowns and bridges in plastic or porcelain fused to gold up to a maximum per tooth.

Hospitalisation and Dental benefit claims procedure

- i) Submit claim via our e-Portal claim at <https://www.qbe.com/sg/eclaims>
- ii) Proceed to Group Medical and eClaim Submission

General Practitioner benefit claims procedure

Panel of appointed physicians

- i) Download appointed claim medical app for E-Card and clinic locator. Present E-Card and NRIC/ FIN for outpatient panel visits.
- ii) Payment is required, if due to co-payment, surcharges or exceeding the coverage limit, to the Clinic. GST imposed on the co-payment, surcharges or exceeding the coverage limit will be payable by the insured.

Major policy conditions

Age Limits - For Insured whose entry age is 70 years old and below, cover will be renewable until the Insured reaches the age of 80, subject to compulsory health declaration upon age 70.

Cover for children commences from the age of 15 days to 18 years old, or up to the age of 25 years as long as the child is registered as a full-time student at a recognised educational institute.

Cancellation - Policyholder may cancel the policy at any time by notifying QBE by issuing an official letter, specifying the effective date of cancellation of the said policy.

Provided no claims have been paid or are payable under the said policy, the policyholder will be entitled to a refund of any premium paid by him/ her after the deduction of a proportionate part of the policy year for which the policy has been in force, less administration charges based on short rate table.

Eligibility - All full time employees will be eligible to join the plan. If an employee is not actively at work on the date he/ she would otherwise be eligible in accordance with the above, the eligibility date will be deferred to the first working day of active employment.

If a dependant is confined to a hospital on the date he/she is eligible for the coverage under this plan, the eligibility date will be deferred to the date the dependant is discharged from hospital.

Late Notification - New employees and dependants (if applicable) must make applications to the company within 30 days of the eligibility date the Insurer may, at its discretion, accept late applications, subject to satisfactory evidence of health.

Other Insurance - The Plan will indemnify on a proportionate basis if the application has any other insurance in force for the same injury, sickness, disease or illness.

Pre-existing condition - A medical condition that has one or more of the following characteristics at or prior to policy commencement:

- > It was foreseeable
- > It was known or suspected by you or the Member
- > It was in discussion between yourself and a medical professional
- > It was found to be responsible for signs or symptoms you were experiencing
- > It was a medical condition caused by a Pre-Existing Condition

Pre-existing conditions will be covered under the Policy for the Insured, who is a GROUP MEMBER, provided the Insured has been covered continuously for 12 months under this Policy.

Non-guaranteed premium - Premium payable for this cover is not guaranteed and may be adjusted on the policy renewal date, at the discretion of the company.

Reasonable and Customary charges - Benefits payable are limited to reasonable and customary charges for the treatment provided and to the limits of the covered plan.

Premium and Payment Warranty - The plan is subjected to a premium payment warranty clause, which requires the premium due to be paid in full within 60 days from inception date of the coverage or the effective date of each endorsement - failing which QBE will not be liable under the policy.

Where terms of the policy cannot be finalised by the 21st day from the commencement of the policy due to the absence of or inadequate policy information, QBE will proceed to issue a provisional policy based on expiring terms or terms quoted. 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.



Policy exclusions

1. Known congenital or neo-natal physical abnormalities developing within six months of birth
2. All Pre-Existing Conditions which shall mean those disabilities that commence before the commencement of cover during the first year of an Insured's Period of Insurance
3. Treatment pertaining to sexually transmitted diseases or AIDS
4. Preventive treatment or medicines and routine examinations and health checks
5. Cosmetic treatments, eyeglasses or refraction and hearing aids except as necessitated by injuries.
6. Treatment for obesity, weight reduction or improvement regardless of whether caused directly or indirectly by a medical condition; study and treatment of sleep apnoea.
7. Services provided by hospitals that are non-medical in nature
8. Dental treatments except as necessitated by injuries to sound natural teeth (unless the dental benefit has been included in the Policy).
9. Psychotic, mental or nervous disorders.
10. Care or treatment covered under a Workman's Compensation Insurance Contract
11. Pregnancy (except ectopic pregnancy), childbirth, abortion, pre-natal or post natal care and surgical, mechanical or chemical contraceptive methods of birth control or any resulting complication or treatment/tests pertaining to varicocele, infertility or impotency.
12. Treatment that arises from or is any way attributed to sex reassignment
13. Experimental drugs and chemotherapeutic agents not of proven value
14. Asbestos, in whatever form or quality, whether causes, contributed or aggravated by asbestos directly or indirectly.
15. Professional fees charged by a member of the Insured's immediate family or by a person normally residing in the household of the Insured or under his/her employment
16. Routine physical examinations, health check-ups or any other tests where there is no objective indication of impairment of normal health or any treatment of a preventive nature including vaccinations, acupuncture, or any treatment which is not medically necessary.
17. Treatment arising from any geriatric, psycho geriatric or psychiatric conditions.
18. Medical appliances and prosthetic devices
19. The use or any treatment arising from any drugs not licensed by an official governmental control agency of the country in which the drug is given, or drugs used in any circumstances other than in accordance with their licensed indications.
20. Any treatment directed towards development delay and/or learning disabilities in children
21. Specialised investigations not specified in the Schedule/ Benefits Table
22. Any expenses incurred in relation to psychological, emotional, mental or behavioural conditions.
23. Any expenses incurred in relation to birth control measures, pregnancy, infertility, post-delivery confinement, miscarriage, ligation or abortion.
24. Any expenses incurred in relation to cosmetic nature including but not limited to plastic surgery, acne, skin peeling or treatment for hair loss, and sex change operation.
25. Any expenses incurred in relation to illness or disablement arising from self-inflicted injuries, any unlawful act, misuse of drugs or alcohol.
26. Any expenses incurred in relation to counselling sessions, health food, supplements, weight management, alternative treatments, non-prescribed medication.
27. Any expenses incurred in relation to congenital anomalies, physical defects or hereditary conditions and disorders.
28. Any expenses incurred in relation to illness or disablement arising from venereal disease, HIV infection, AIDS or any illness caused by the misconduct or negligence of the Insured.
29. Any expenses incurred in relation to procurement or use of special braces, equipments, prosthetic devices or appliances including but not limited to spectacles, contact lens or artificial limbs due to medical, surgical, dental or optical reasons.
30. Any expenses, including investigations, incurred in relation to illness and disablement during or in the course of employment which constitutes a valid claim under the Workmen's Compensation Act, Singapore.

Outpatient General Practitioner and Specialist

We will not pay for charges for the following:

1. Any surcharge incurred due to visits outside the normal operating hours of the clinic
2. More than one outpatient visit per day
3. Prescription of drugs obtained without consultation
4. Chiropractic treatment, podiatry and any type of therapy including physiotherapy.
5. Kidney dialysis and cancer treatment

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).

Important Note: Please refer to the Policy Contract for the full Terms and Conditions.

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

Name of Company:

UEN:

Company Address:

Current Insurer: Nature of Business:

Email:

Contact Person

Contact no (O): (H):

(HP): (Fax):

Period of Insurance: From: To:

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:

Administration: Headcount: Named Basis:

Claim Payee Details: Payable to Policyholder: Payable to Insured Members:

Insured Name	Email	Bank Code/Name	Bank Branch Code	Bank Account No.

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 incepted, 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 with headcount above 15 pax; 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.
5. Completion of Health Declaration Form is required for group size of 15 and below for new business inception and for member who is 70 years old and above

Section B : Basis Of Coverage

Category of Employee	Number of Applicants			Basic Medical Cover		General Practitioner panel	Specialist	Dental rider
	EE	SP	CH	Plan	Deductible	Plan	Plan	Plan

Important

QBE will require additional and separate details 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).

Medical Insurance Application/Health Declaration Form

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 the facts, which you know or ought to know, otherwise the policy issued may be void.
- > Please complete this form by answering carefully all questions. It is important that a complete answer be given to every question including dates where applicable in order to avoid unnecessary delay in the processing of this application. You are advised to keep a record (including copies of letters) of all information you supplied herein.
- > No liability is undertaken until our Company has accepted this Application
- > The plan chosen for each Insured must not be higher than that chosen by The Applicant/Proposer
- > All Eligible Members of the Insured's Family must be insured under the Policy, except those members who are covered for medical insurance as part of their employment contract.
- > The Policy & its endorsements are subject to premium payment warranty (corporate) and premium before cover warranty (individual)
- > In respect of asterisked items, please elaborate further (if necessary) on a separate sheet and provide copies of results.
- > Pre-existing conditions are NOT covered under the policy unless declared and accepted by QBE Insurance (Singapore) Pte Ltd.
- > Please ensure that the height and weight of the applicants are completed

Declaration & Consent

We declare that all the information supplied above is true and correct and I hereby agree that this Application and the Declaration shall be held as promissory and shall be the basis of the Contract between me / Policyholder and QBE Insurance (Singapore) Pte Ltd and I understand that any false, incorrect or misleading statements may render this application null and void.

We hereby agree that all the Applicants for insurance are in good health and free from any physical defects or infirmity (except as stated above). I further authorise any medical source, insurance office, organisation or person to release any relevant information acquired in the course of my examination or treatment to QBE Insurance (Singapore) Pte Ltd. A photocopy of this authorisation shall be valid as the original.

We agree that collective consent have been obtained allowing QBE to collect, use, process and disclose personal data in accordance with the PDPA and QBE's Privacy Policy which we have read, understood and agreed to its contents. (Please refer to the Privacy Policy at <http://www.qbe.com.sg>)

We confirm that I have received a copy of "YOUR GUIDE TO HEALTH INSURANCE" and "PRODUCT SUMMARY" and have read and understood the contents of these two documents (Applicable to Individual and Voluntary Plans).

Name of Insurance Advisor Account Code

Signature of Applicant

.....
Date (dd/mm/yy):

Questionnaire (Applicable to all APPLICANT(S) for insurance)

Question:	Main Insured	Spouse	Child 1	Child 2
1. Do you or any of the Applicants intend to or engage in any hazardous avocations, activities, sports, or pastime?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Do you or any of Applicants reside or intend to reside in or travel to any other country outside Singapore for a period of 90 days and above?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Do you or any of the Applicants currently have Workmen Compensation plan, Medical Accident, or Life Insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Have you or any of the Applicants have had your Life, Accident and Health insurance being declined, deferred, cancelled or subject to special terms?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Have you or any of the Applicants EVER had or been told to have, been treated, or are currently undergoing observation, medical treatment, or surgical operation which has not yet been performed for any diseases or disorders:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
i) Any respiratory disorders? E.g. asthma, bronchitis, pneumonia, persistent cough, etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
ii) Any ear, nose, throat or eye(s) disorder? E.g. otitis, sinusitis, tonsillitis, retinal detachments, cataracts, etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
iii) Any brain (neurological) disorder, heart disorder, hypertension, raised cholesterol, stroke or circulatory disease? E.g. epilepsy, prolonged headache, migraine, heart murmur, palpitation, etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
iv) Any liver, pancreas, gallbladder disorders? E.g. hepatitis, cirrhosis, stones, etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
v) Any stomach, intestines, or rectal disorders? E.g. gastritis, ulcers, piles, etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
vi) Any kidney, urinary, or genital disorders? E.g. stones, urinary infection, blood/protein urine, etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
vii) Female Applicants: Any female or gynaecological disorder? E.g. endometriosis, cyst(s), fibroid(s), irregular menstruation, etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
viii) Any pain, deformity, or disorders of muscles, back, limbs, or joints? E.g. gout, arthritis, slipped disc, etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
ix) Any endocrine or blood disorders? E.g. thyroid, diabetes, anaemia, etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
x) Any cancer, tumour, cyst, or growth of any kind?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
xi) Any other illness, physical defects, congenital anomalies, injury, disability, symptoms, or recurrent complaints that may indicate a disorder not mentioned above?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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 and signature of Authorised Officer

Company Stamp

.....
Designation

.....
Date (dd/mm/yy)



Declaration

I/We have read and understood the Personal Information Collection Statement attached to this Application Form.

I/We would like to receive information about goods and services of QBE SG or their affiliates via email and/or phone:

Yes No

Signature of Proposer & Company Stamp:

Date (DD/MM/YY):

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 post or email at:

Address: **QBE Insurance (Singapore) Pte. Ltd.**
1 Wallich Street, #35-01,
Guoco Tower, Singapore 078881

Email: **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.

For Intermediary Use

Intermediary's Name:

Intermediary's Code:

Date (dd/mm/yy):

QBE Insurance (Singapore) Pte Ltd

Part of QBE Insurance Group Unique Entity No. 198401363C

1 Wallich Street, #35-01,
Guoco Tower, Singapore 078881

T: +(65) 6224 6633

QBE.com/sg