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Great Travel Insurance Policy Proposal Form (Individual/Corporate)

STATEMENT Section 25(5)

Statement pursuant to Section 25(5) of the Insurance Act (Cap.142). You are to disclose in this proposal form fully and faithfully all the facts which you know or ought to know, otherwise you may not receive any benefit from your policy.

Note to the Applicant

- This **Proposal** Form is for the **Applicant** to complete and submit to **Great American** (together with all required information and documents) for the purpose of applying for Great Travel Insurance Policy.
- Please answer **ALL** questions fully. If there is insufficient space in this form for you to complete any of your answers, please attach a separate **signed** and **dated** sheet with your complete answer and identify the question number concerned.
- In this Proposal Form:
 - a. **“Applicant”** means the entity intended to be the insured, defined as the Insured in the Policy.
 - b. **“Great American”** means the Singapore Branch of Great American Insurance Company.
 - c. **“Policy”** means Great Travel Insurance Policy, a sample of which is available on request. For avoidance of doubt, references to the Policy shall not bind **Great American** to issue one.
 - d. The words **“Insured Person(s)”** and **“Insured”** have the same meanings as defined in the **Policy**.

Name of Intermediary _____

Account No. _____

General Information of Applicant

Name of Applicant/Company’s Name _____	Contact No. _____
Mailing Address _____	
_____	Postal Code _____
Email _____	
Nature of Business (for Corporate Policy Only) _____	
Business Registration No. _____	

Particulars of All Insured Person(s) (Applicant/Spouse/Children/Employee)

Name (As per NRIC/Passport/FIN)	Gender (M/F)	Date of Birth (DD/MM/ YYYY)	NRIC/Passport/FIN No.	Nationality	For Corporate only	
					Occupation	Zone

Selection of Plan

<input type="checkbox"/> Annual (90 days/trip)	Individual	<input type="checkbox"/> Ultimate	<input type="checkbox"/> Elite	<input type="checkbox"/> Classic
	Family	<input type="checkbox"/> Ultimate	<input type="checkbox"/> Elite	<input type="checkbox"/> Classic
<input type="checkbox"/> Single Trip (182 days/trip)	Individual	<input type="checkbox"/> Ultimate	<input type="checkbox"/> Elite	<input type="checkbox"/> Classic
	Family	<input type="checkbox"/> Ultimate	<input type="checkbox"/> Elite	<input type="checkbox"/> Classic
<input type="checkbox"/> Corporate	Group Size: _____	<input type="checkbox"/> Ultimate	<input type="checkbox"/> Elite	<input type="checkbox"/> Classic
<input type="checkbox"/> Corporate (Included leisure)	Group Size: _____	<input type="checkbox"/> Ultimate	<input type="checkbox"/> Elite	<input type="checkbox"/> Classic
Area of Travel:	<input type="checkbox"/> Zone A	<input type="checkbox"/> Zone B	<input type="checkbox"/> Zone C	
Period of Insurance (DD/MM/YY):	From _____	To _____		
Total Premium Payable (inclusive of GST): S\$ _____				

Payment Option for Individual/Family/Corporate Plan

Bank Transfer - Beneficiary Name: Great American Insurance Company
 Bank Name: DBS Bank Limited Singapore
 Bank Address: 12 Marina Boulevard,
 DBS Asia Central MBFC Tower 3,
 Singapore 018982
 SGD Account No.: 0039330324
 Swift Code: DBSSSGSG
 PayNow: UEN: T15FC0029B001



Payment Option for Individual/Family Plan only

I hereby authorize "Great American Insurance Company" to debit my credit card account as specified below.

Credit Card Type	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa
Credit Card No.	_____	
Expiry Date (MM/YYYY)	_____	
Cardholder's Name	_____	
Cardholder's Signature	_____	

WARRANTY

I hereby warrant and declare on behalf of all **Insured Person(s)** in the travelling party as follows:

- I/We hereby declare that I/we have received, read and understood, or have been advised of and understand, the contents of the brochure and any information or material relating to Great Travel Insurance Policy.
- I/We understand and agree that no insurance is in force until an Application is accepted by the Company and a Policy is issued.
- I/We are aware of and agree to abide by the Policy's terms, conditions and exclusions.

FALSE INFORMATION

Please note that any person who, knowingly and with intent to defraud any insurance company or other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

IMPORTANT NOTICE

This product is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for this Policy is automatic and no further action is required from the Insured. 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 the **Great American** servicing agent/broker or visit the GIA/LIA or SDIC websites (www.gia.org.sg) or (www.lia.org.sg) or (www.sdic.org.sg).

PERSONAL DATA PROTECTION

1. In order to process, evaluate, administer and/or manage any application, relationship, account and/or policy with **Great American** Insurance Company, Singapore Branch (“Great American”), Great American will necessarily need to collect, use, disclose and/or process personal data or personal information relating to you. Such personal data includes (i) information set out in this statement and any other personal information provided by you or already in the possession of Great American as previously provided by you; and (ii) your claims.
2. Such personal data will be collected, used, disclosed and/or processed by **Great American** for the purpose(s) of:
 - a. considering whether to provide the **Applicant** with the insurance under this **Proposal** including considering whether to accept any renewal request;
 - b. processing the **Applicant's** application for underwriting and insurance;
 - c. administering and/or managing the **Applicant's** relationship, account and/or policies with **Great American**;
 - d. processing and/or dealing with any claims including the settlement of claims and any necessary investigations relating to the claims, under the **Applicant's** policies;
 - e. carrying out due diligence or other screening activities (including background checks) in accordance with legal or regulatory obligations or risk management procedures that may be required by law or that may have been put in place by **Great American**;
 - f. carrying out the **Applicant's** instructions or responding to any enquiries by the **Applicant** and/or any other individuals covered in the **Applicant's** policies;
 - g. dealing in any matters relating to the services and/or products which the **Applicant** may be entitled to under the **Applicant's** policies;
 - h. investigating fraud, misconduct, any unlawful action or omission, whether relating to this application, the **Applicant's** renewal request, the **Applicant's** claims or any other matter relating to the **Applicant's** policies, and whether or not there is any suspicion of the aforementioned; and/or
 - i. Complying with applicable laws in administering and managing the **Applicant's** relationship with **Great American**.

(Collectively the “Purposes”)

3. We may/will also be collecting from sources other than yourself, personal data about you, for one or more of the above Purposes, and thereafter using, disclosing and/or processing such personal data for one or more of the above Purposes.
4. Your personal data may/will be disclosed by **Great American** to affiliates of **Great American** and third parties such as third party service providers, reinsurers or agents (including its lawyers and reinsurance brokers) (“Relevant Parties”), which may be sited outside of Singapore, for one or more of the Purposes, and such Relevant Parties would be processing such personal data for **Great American** in relation to one or more of the Purposes.
5. By signing below, you:
 - a. consent to **Great American** collecting, using, disclosing and/or processing your personal data for the Purpose as described above;
 - b. consent to **Great American** collect personal data about you from sources other than yourself and using, disclose and/or process the same, for one or more of the Purposes as described above;
 - c. consent to **Great American** disclosing your personal data to the Relevant Parties, for the Purposes as described above; and
 - d. consent to **Great American** transferring your personal data out of Singapore to the Relevant Parties, for the Purposes as described above.

The undersigned authorized officers of the **Applicant** have read and agree to the above.

DECLARATION AND SIGNATURE

The undersigned authorized principal, partner or director of the **Applicant** hereby declare that to the best of his/her knowledge and belief, the statements set forth herein and all attachments and schedules hereto are true and complete, and immediate notice will be given should any of the above information alter between the date of this **Proposal** and the proposed inception date of the **Policy**. Although the signing of this **Proposal** does not bind the undersigned on behalf of the **Applicant** or any potential **Insured** to effect insurance, the undersigned agree on behalf of all potential **Insured** that this **Proposal** and all attachments and schedules hereto and the said statements herein shall be the basis of and will be incorporated in the **Policy** should one be issued.

Signature of Applicant _____
(for and on behalf of Insured's Person)

Date _____