

Declaration and Authorisation

I/ we, the policyholder confirm that the information I/ we have provided is my/ our personal data. If personal data of third parties is provided (e.g. information of insured person(s), dependents, payees and/ or employees) to ERGO, I/ we represent and warrant to ERGO that prior consents have been obtained from each of the third parties to provide such information.

By providing this information I/ we understand, acknowledge and consent that :

- (1) The declarations and disclosures herein are true and shall form the basis of the contract of insurance.
- (2) ERGO Insurance Pte. Ltd. (ERGO) may/ will collect, use, disclose and/ or process my/ our personal data for the purpose of enabling ERGO to provide me with services required of an insurance provider, such as evaluating, processing, administering, and/ or managing my/ our relationship and policies with ERGO and for the purposes stated in ERGO's Personal Data Protection Policy;
- (3) ERGO may/ will also collect personal data about me/ us from sources other than my/ our self for one or more of the above Purposes, and thereafter using, disclosing and/ or processing such personal data accordingly
- (4) ERGO may/ will disclose my/ our personal data to third parties, including but not limited to its affiliates, representatives, agents, service providers, and lawyers/ law firms, whether located within or outside Singapore, for one or more of the mentioned purposes, as such third party if engaged by ERGO, would be processing my/ our personal data for one or more of the above purposes;
- (5) The personal data protection clauses herein are not exhaustive. I/ we have read, understood and accept the terms of ERGO's Personal Data Protection Policy found at <http://www.ergo.com.sg/pdpa>;
- (6) 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 this insurance product.

Name of the Proposer	Signature of Proposer & Company Stamp
Designation	

Intermediary details

Name	<input type="text"/>	Code	<input type="text"/>
Telephone	<input type="text"/>	Email	<input type="text"/> @ <input type="text"/>

Important Notes

- (1) A minimum of 2 employees are required to enrol for the plan.
- (2) Please note that all policies, renewal certificates, endorsement for policies carry a Premium Warranty Clause which requires the premium to be paid in full within 60 days or period of cover whichever is shorter, failing which, there would be no liability under the policy, renewal certificate, cover note and endorsements etc.
- (3) No insurance is in force until this application is accepted by the Company.
- (4) Policy is subjected to aggregate limit of \$10,000,000 per conveyance or the actual aggregate limit per conveyance (based on number of Insured Persons), whichever is lower on the date of Accident.
- (5) Maximum length of each business trip is 182 days.
- (6) This plan is applicable for standard class 1&2 risk occupation only.

Neither this proposal form nor the brochure is a contract of insurance. However, your declarations or disclosures shall form the basis of the contract of insurance. The specific terms, conditions and exclusions applicable to this insurance are set out in the policy, a copy of which is available upon request.

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