中国太平 **CHINA TAIPING**

中国太平保险（新加坡）有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

BiZTrenZ EMPLOYEE BENEFITS PACKAGE PROPOSAL FORM

Intermediary's Name:	Intermediary's Code:

IMPORTANT

1. Statement Pursuant to Section 25(5) of the Insurance Act (Cap. 142), Singapore: You are to disclose in this Proposal Form fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder (the "Policy") may be void.
2. **Your Personal Data Is Important To Us.** This is an application for an insurance product provided by China Taiping Insurance (Singapore) Pte. Ltd. ("CTPIS" or "Company"). We will use all information provided in this form to assess your application for our insurance product and services. Before you provide any information in this form, please read our Privacy Policy which is made available on our website at www.sg.cntaiping.com/en/privacypolicy
3. 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 us or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

1 Particulars of the Proposer

Company Name	Company Registration Number

Address

Country: Postal Code:

Contact Numbers

Office No. (Mandatory):	Mobile No. (Mandatory):	Email Address (Mandatory):

Nature of Business

2 Period of Insurance

From [D D] / [M M] / [Y Y Y Y]   To [D D] / [M M] / [Y Y Y Y]

3 Table of Benefits and Plans for Eligible Insured Persons

Plan Type	1	2	3	4	5
Group Personal Accident (Core)	S$500,000	S$300,000	S$200,000	S$100,000	S$50,000
Group Hospital & Surgical with Major Medical Benefits (Core)	**1-Bedded**	**1-Bedded**	**2-Bedded**	**4-Bedded**	**6-Bedded**
Group Outpatient - General Practitioner (GP) (Optional)	NIL Co-payment	S$5 Co-payment	-	-	-
Group Outpatient - Specialist Care (SP) (Optional)	S$1,500	S$1,000	-	-	-
Group Dental Benefit (Optional)	S$1,500	S$1,000	-	-	-

4 Basis of Coverage for Eligible Employees

Category of Employees (Manager/Executive/Clerical etc.)	Selected Plans (1, 2, 3, 4 or 5)					Dependant's Cover (refer to Dependant Code below#)	Date of Eligibility (Date of employment or upon confirmation with probationary period of no. of months)
	GPA	GHS	GP	SP	DENTAL		

Dependant's code for GHS: EO (Employee Only), ES (Employees & Spouse), EC (Employees & Children) & EF (Employees & Family)

5 | Personal Data Collection Statement

1. Consent to Privacy Policy

I / We further confirm that I / we have read and understood and hereby consent to the collection, use, disclosure and processing of my / our personal data in accordance with and agree to be bound by CTPIS Privacy Policy which is made available on our website at www.sg.cntaiping.com/en/privacypolicy, as may be amended from time to time.

I / We agree on my / our behalf and on behalf of every insured person that in addition to the release of information to any medical source, or other entity mentioned in this Proposal Form, CTPIS is authorised to collect, retain, use and / or disclose as it reasonably deems fit, any information in respect of me / us / any insured person, that is received by CTPIS to its Representatives and relevant third parties, companies within China Taiping Insurance Group, reinsurers, medical organisations, my / our Representatives, financial institutions, credit agencies, investigators, service providers (who may have to disclose my / our data to their service providers such as medical providers, reinsurers, medical evacuation agencies), judicial, regulatory, government, statutory authorities, dispute resolution parties and industry entities) whether within or outside Singapore. As far as reasonably possible, CTPIS will release such information to such parties on the understanding that the information will be kept strictly confidential and be used, disclosed and retained in accordance with relevant law.

2. Say YES to be a China Taiping SG savvy customer! – MARKETING CONSENT

I / We would like to receive first-hand information about CTPIS's products, latest promotions, financial tips and news, and I / we consent to receive such marketing updates from CTPIS and its service providers via:

○ Email   ○ Mail   ○ SMS and other phone-based messages   ○ Voice call

I / We hereby represent and warrant that I / we am / are the user(s) and / or subscriber(s) of the telephone number provided by me / us in this form or other forms submitted to CTPIS and I / we consent for CTPIS and its service providers to contact me / us. For the avoidance of doubt, where my / our telephone number is a Singapore telephone number, I / we confirm that the foregoing consent applies even though my / our telephone number(s) is / are already registered or may be registered on the National Do Not Call Registry.

I / We confirm that:
(i) I / We have read and understood the provisions in this form;
(ii) the consent that I / we have provided in this form is in addition to, and does not supersede, vary or nullify the consent which I / we have provided previously unless my / our consent is withdrawn through the withdrawal form at: https://bit.ly/marketingconsent.
(iii) I / We understand that I / we may withdraw my / our consent through the withdrawal form at any time.

Signature of Insured Person or his/her Authorised Representative	Date

6 | Mode of Payment (Please tick)

○ CASH/ NETS - PAYMENT AT OUR 16TH FLOOR OFFICE

○ CHEQUE - PAYMENT TO "CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD."

○ CREDIT CARD   MasterCard VISA   ○ DEBIT CARD

NAME OF CARD HOLDER _____

☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐

Expiry Date: M M / Y Y Y Y
              Month   Year

AMOUNT _____

I AUTHORISE CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. TO DEBIT MY CARD FOR THE ABOVE AMOUNT.

SIGNATURE OF CARD HOLDER	DATE

Upon receipt of your application & payment, we will proceed with the necessary documentation with MOM.

7 Declaration

1. We/I have declared to the best of our knowledge and belief that all the answers given in this Proposal are true and correct and we have not withheld any information likely to affect acceptance of this Proposal.

2. We/I agree that this Proposal shall be the basis of the Contract between us and CTPIS and we further agree to accept CTPIS's Policy subject to the terms exclusions and conditions expressed therein, endorsed thereon or attached thereto.

3. We/I agree that if a material fact, likely to influence the assessment and acceptance of this application, is not disclosed, the Policy, if issued, may be null and void and no benefit may be paid.

4. We/I have been given a copy of the Product Information, the contents of which have been explained to us to our satisfaction.

5. We/I undertake to advise CTPIS of any alteration to the risks proposed and to exercise all ordinary and reasonable precautions for the safety of the property insured.

6. We are/I am are authorised by the Proposer to complete and sign this Proposal and Declaration for and on behalf of the Proposer.

Signature / Company Stamp	Date	Agent / Broker's Name	Agent / Broker's Code

This is not an insurance policy. However your declarations or disclosures in this Proposal Form and any supplemental form(s) to this Proposal Form 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.

For Official Use

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
🏠 3 Anson Road #16-00 Springleaf Tower Singapore 079909   📞 6389 6111   🖷 6222 1033   🌐 www.sg.cntaiping.com

Eligible Employees List

No.	Full Name (as in NRIC/ Passport/ Employee Pass)	Insured Code#	NRIC/Passport/ Employee No.	Gender (M/F)	Date of Birth (dd/mm/yyyy)	Category of Employee@	Occupation Class (I, II, III)	GPA		GHS		GP		SP		Dental		Total Premium
								PLAN	PREM	PLAN	PREM	PLAN	PREM	PLAN	PREM	PLAN	PREM	
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Insured Code : E = Employee, S = Spouse, C = Child
@ Manager I Executive I Clerical

Sub-total	S$
Total (Inclusive GST)	S$

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Accepted by: