中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
3 Anson Road #16-00 Springleaf Tower Singapore 079909
Tel: 6389 6111 Fax: 6222 1033
Website: www.sg.cntaiping.com
Co. Reg. No. 200208384E

BizTrenZ EMPLOYEE BENEFITS PACKAGE APPLICATION FORM

IMPORTANT NOTICE – Under Section 25(5) of the Insurance Act (Cap. 142), or any subsequent amendments thereof, you must disclose in this proposal form, fully and faithfully, all the facts which you know or ought to know in respect of the risk proposed, otherwise the policy issued hereunder may be void.

Intermediary's Name: Intermediary's Code:

PROPOSAL'S PARTICULARS

Company Name: Company Registration Number:

Address:

Postal Code: S( )

Contact No.: Office: Authorised Mobile No.: Fax: Email Address:

Nature of Business:

PERIOD OF INSURANCE

FROM _____ to _____

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** S$100,000	**1-Bedded** S$50,000	**2-Bedded** S$40,000	**4-Bedded** S$30,000	**6-Bedded** S$20,000
Group Outpatient – General Practitioner (GP) (Optional)	NIL Co-payment	S$5 Co-payment	-	-	-
Group Outpatient – Specialist Practitioner (SP) (Optional)	S$1,500	S$1,000	-	-	-
Group Dental Benefit (Optional)	S$1,500	S$1,000	-	-	-

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)

PERSONAL DATA COLLECTION STATEMENT

China Taiping Insurance (Singapore) Pte Ltd ("CTPIS") recognises its obligations under the Personal Data Protection Act 2012 (PDPA) which includes the collection, use and disclosure of personal data for the purpose for which an individual has givenconsent to. The personal data collected by CTPIS includes all personal data provided in this form, or in any document provided, or to be provided to us by you or your insured persons or from other sources, for the purpose of this insurance application or transaction. It includes all personal data for us to evaluate or administer this application or transaction.

You may not alter any of the wordings in this "Personal data collection statement". Any attempt to do so will be of no effect.

1. To process, administer and/or manage your relationship, account and policy with CTPIS, CTPIS will necessarily need to collect, use, disclose and/or process your personal data or personal information about you. Such personal data includes (i) information set out in this Personal Data Collection Statement and any other personal information provided by you or possessed by CTPIS and (ii) your claims.

2. Such personal data will be collected, used, disclosed and/or processed by CTPIS for the purpose (s) of:
   (a) considering whether to provide you with the insurance you applied for;
   (b) processing your application for underwriting and insurance;
   (c) administering and/or managing your relationship, account and/or policy with CTPIS;
   (d) processing and/or dealing with any claims including the settlement of claims and any necessary investigations relating to the claims, under your policy;

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PERSONAL DATA COLLECTION STATEMENT

(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 CTPIS;

(f) carrying out your instructions or responding to any enquiries by you;

(g) dealing in any matters relating to the services and/or products which you are entitled to under this policy which you are applying for or have applied;
(including the mailing of correspondence, statements, invoices, reports or notices to you, which could involve disclosure of certain personal data about you to bring about delivery of the same as well as on the external cover of envelopes/mail packages);

(h) investigating fraud, misconduct, any unlawful action or omission, whether relating to your application, your claims or any other matter relating to your policy, and whether or not there is any suspicion of the aforementioned; and/or (i) complying with applicable law in administering and managing your relationship with CTPIS.

(Collectively the "Purpose")

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 CTPIS to its third party service providers or agents (including its lawyers/law firms) which may be sited outside of Singapore, or one or more of the above Purposes, as such third party service providers or agents, if engaged by CTPIS would be processing your personal data for CTPIS for one or more the above Purposes.

5. by signing below, you:
(a) consent to CTPIS collecting, using, disclosing and/or processing your personal data for the Purposes as described above;

(b) consent to CTPIS collecting personal data about you from sources other than yourself and using, disclosing and/or processing the same, for one or more the Purposes as described above;

(c) consent to CTPIS disclosing your personal data to its third party service providers, or agents (including its lawyers/law firm), for the Purposes as described above;

(d) consent to CTPIS transferring your personal data out of Singapore to its third party service providers, or agents where such third party service providers or agents are sited (whether in Singapore or outside of Singapore), for the Purposes as described above.

PROPOSER'S DECLARATION

1. We 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 agree that this Proposal shall be the basis of the Contract between us and China Taiping Insurance and we further agree to accept China Taiping Insurance's policy subject to the terms exclusions and conditions expressed therein, endorsed thereon or attached thereto.

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

MODE OF PAYMENT

☐ I enclosed a cheque of S$_____(including GST) payable to China Taiping Insurance (Singapore) Pte. Ltd.
Bank / Cheque No.: _____

☐ Please charged S$_____(including GST) to our Authorised VISA MasterCard

Card Number: | | | | | | | | | | | | | | | | Expiring Date: | | | | | |

_____
Signature of Authorised Officer & Company Stamp

Name: _____
Designation: _____
NRIC No.: _____
Date: _____

_____
Signature of Intermediary

Name: _____
Contact No.: _____

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BizTrenZ EMPLOYEE BENEFITS PACKAGE - 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)	Benefits / Plans / Annual Premium										Total Premium
								GPA		GHS		GP		SP		DENTAL		
								PLAN	PREM.	PLAN	PREM.	PLAN	PREM.	PLAN	PREM.	PLAN	PREM.	
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Sub - Total	**S$**
Total (Inclusive GST)	**S$**

 # Insured Code : ***E = Employee, S = Spouse, C = Child***

@ Manager / Executive / Clerical

FOR OFFICIAL USE

Accepted by: