

Please complete all sections to facilitate the processing of your application.

Statement pursuant to Section 25(5) Cap. 142 of the Insurance Act or any subsequent amendments thereof. You are to disclose in the proposal form fully and faithfully all facts which you know or ought to know, otherwise the Policy issued hereunder may be void.

**Name of Producer & Producer Code:** \_\_\_\_\_

### Particulars of Proposer

<b>Name of Proposer:</b>		<b>Contact No.:</b>
<b>Mailing Address:</b>		Postal Code ( )
<b>NRIC/FIN No.:</b>	<b>Date of Birth:</b>	<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male
<b>Occupation:</b>	<b>Nationality:</b>	<b>Business Registration No.:</b>
<b>Email:</b>		<b>Nature of Business:</b>
<b>Class:</b>		

### Particulars of Additional Insured Person(s) (Spouse/Children/Employee)

Name	Gender	Date of Birth	NRIC/Fin No.	Nationality	Relationship	Occupation	Class

### Selection of Plan

Types of Plan*	Self	Spouse	Child	Premium Applicable	Premium
Exclusive	<input type="checkbox"/>	<input type="checkbox"/>	N.A.		
Elite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Executive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Economy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Essential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Total Annual Premium excludes prevailing GST (7%):					S\$ _____
plus prevailing GST (7%):					S\$ _____
<b>Total Annual Premium includes prevailing GST (7%):</b>					<b>S\$ _____</b>

\*The Plan selected for Spouse/Child must be equal or lower than that of Main Insured (self).

**Name of Proposer:** \_\_\_\_\_

**Annual Premium**

Adult Premium		Exclusive	Elite	Executive	Economy	Essential
Class 1	Self	S\$695.50	S\$481.50	S\$342.40	S\$201.16	S\$128.40
	Spouse	S\$660.19	S\$456.89	S\$325.28	S\$191.53	S\$121.98
Class 2	Self	S\$903.08	S\$613.11	S\$436.56	S\$245.03	S\$155.15
	Spouse	S\$858.14	S\$582.08	S\$415.16	S\$232.19	S\$147.66
Class 3	Self	N.A.	N.A.	N.A.	S\$323.14	S\$182.97
	Spouse	N.A.	N.A.	N.A.	S\$307.09	S\$173.34

**Child premium for 50% coverage**

50% of Sum Insured From Section 1 to 19	N.A.	S\$299.60	S\$200.09	S\$112.35	S\$70.62
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**Period of Insurance:**

From \_\_\_\_\_ To \_\_\_\_\_

**Other Information**

<b>1. Does your occupation fall within any of the Decline or Referred Risks?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>2. Do you engage in any sports/activities which are excluded by the policy?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>3. Do you suffer from any disease, physical defect or infirmity?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>4. Do you have any other personal accident insurance?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, what is the sum insured: _____		
<b>5. Have you ever made a claim against any insurer in respect of any bodily injury?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>6. Has any application made by you for life or accident insurance been declined, canceled or renewal refused or subject to special terms and conditions?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If any of the above answers is Yes, please provide details.

**Mode of Payment**

<input type="checkbox"/> <b>Cash</b>	
<input type="checkbox"/> <b>Check<sup>1</sup></b>	Bank: _____ Check No.: _____
<input type="checkbox"/> <b>Credit Card</b>	
<input type="checkbox"/> Full Payment	
<input type="checkbox"/> 0% Interest Instalment Plan <sup>2</sup>	
I. Premium S\$500 and above:	
II. Premium below S\$500: (subject to minimum premium S\$100)	

Name of Proposer: \_\_\_\_\_

**Mode of Payment**

Name of Cardholder:  
(as shown on card) \_\_\_\_\_

Credit Card No.: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ Card Verification Value (CVV): \_\_\_\_\_

I hereby authorize Liberty Insurance Pte Ltd to debit my Credit Card account specified above.

<sup>1</sup>Please cross your check & make payable to "LIBERTY INSURANCE PTE LTD". Kindly indicate (1) Name of Proposer; (2) Contact No.; (3) Name of Product; (4) Producer Code at the back of your check.

<sup>2</sup>Only applicable for instalment payment through participating banks in Singapore and is subject to their Credit Card Agreement Terms & Conditions.

**PERSONAL DATA PROTECTION**

I give consent to Liberty Insurance Pte Ltd and third-parties including related entities, employees, agents, other insurers, contractors & service-providers (collectively, "Appointees") to collect, use and disclose all personal data relating to myself or other individuals that I have furnished in the past, present & in the future, for one or more of the purposes described in Liberty's Data Protection Policy, including but not limited to considering whether to provide insurance, carrying out due diligence, pricing, administering and servicing my policies, communicating with me, renewals, reinsurance, collections, claims, accounting, audit, legal, compliance, research, analysis, information-sharing, surveys, data storage & backups. I have read and agreed to the full Policy at [www.libertyinsurance.com.sg/data-protection-policy/](http://www.libertyinsurance.com.sg/data-protection-policy/). If there is any personal data relating not to myself but to other individuals that I have furnished in the past, present & in the future, I warrant that I have obtained prior consent from these data subjects (or if they are lacking in legal capacity, from their legal representatives, guardians or parents as the case may be) for Liberty Insurance Pte Ltd and its Appointees to collect, use and disclose their personal data for the abovementioned purposes and on the same terms herewith. I warrant that all personal data I have provided are accurate and complete, and I shall inform Liberty of any changes to the personal data to my knowledge as soon as practicable.

**DECLARATION**

I/We do hereby declare and warrant that:

- a) All information provided by me/us in connection with this application is true, accurate and complete
- b) I/We understand that any inaccurate, incomplete or false information given or any omission of information required, may at Liberty Insurance Pte Ltd's ("Liberty", the "Company") discretion, render this application invalid
- c) I/We agree that this application and declaration shall be the basis of the contract between Liberty and myself
- d) I/We undertake to pay any difference arising from a discrepancy in the NCD declared, failing which the policy shall be canceled by the Company
- e) I/We agree to accept the Company's policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Proposer