

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

Name of Proposer: _____		Contact No.: _____	
Mailing Address: _____ _____ Postal Code ()			
NRIC/FIN No.: _____	Date of Birth: _____	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Email: _____		Height (m): _____ m	Weight (kg): _____ kg

Particulars of Additional Insured Person (Spouse)

Name of Additional Insured Person (Spouse): _____		Relationship: _____	
Date of Birth: _____	NRIC/FIN No.: _____	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Height (m): _____ m	Weight (kg): _____ kg		

Health Statement

1. Are you suffering from any physical impairment or from any prolonged and/or recurring illness of any kind?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you suffered from any condition which necessitated hospital attendance, admission, diagnosis or treatment in the last 5 years or is there any treatment or operation or hospital confinement currently being received or scheduled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do you intend to consult a doctor for medical advice, investigations, treatment or operation in the near future?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Has any of your immediate family members (parents or siblings) suffered from cancer of any form or any known hereditary disease or disorder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you ever suffered from, experienced symptoms for, been investigated, diagnosed, treated or received advice from a registered medical practitioner in relation to any disease or disorder of the breast(s), colorectal or genital organs? (Her: breast(s) or genital organs - cervix, ovaries, vagina, fallopian tubes or uterus & Him: colorectal or genital organs - prostate, testes or penis)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name of Proposer: _____

Health Statement

6. Have you had an abnormal test result of any investigations relating to any cancer or tumour of any kind (including benign cancers or tumours) in the last 5 years? Yes No
 (Including, Her: pap smear or mammogram & Him: colonoscopy, prostate specific antigen test - PSA)

7. State full particulars of any affirmative answers to Questions 1-6.

Question No.	Name of Person(s)	Description	Date

Other Insurance:

1. Are you entitled to critical illness or cancer protection under any other insurance policy? Yes No

2. Has any insurance policy or application for life, critical illness or medical insurance ever been declined, modified, accepted at an increased premium, cancelled or refused renewal? Yes No

Question No.	Name of Person(s)	Period of Insurance	Application - Declined/modified/ increased premium/cancelled/ refused renewal
		From _____ To _____	
		From _____ To _____	
		From _____ To _____	

3. Have you ever claimed for benefits under any critical illness or cancer protection policy? Yes No

Question No.	Name of Person(s)	Name of Insurer	Nature of Claim	Claim Amount
				S\$
				S\$
				S\$

Period of Insurance: From _____ To _____

Selection of Cover

Age (at last birthday)	Her VitalCare Annual Premium			His VitalCare Annual Premium		
	Standard	Enhanced	Superior	Standard	Enhanced	Superior
16-24	<input type="checkbox"/> S\$133	<input type="checkbox"/> S\$148	<input type="checkbox"/> S\$168	<input type="checkbox"/> S\$133	<input type="checkbox"/> S\$148	<input type="checkbox"/> S\$168
25-29	<input type="checkbox"/> S\$138	<input type="checkbox"/> S\$158	<input type="checkbox"/> S\$183	<input type="checkbox"/> S\$138	<input type="checkbox"/> S\$158	<input type="checkbox"/> S\$183
30-34	<input type="checkbox"/> S\$162	<input type="checkbox"/> S\$191	<input type="checkbox"/> S\$239	<input type="checkbox"/> S\$165	<input type="checkbox"/> S\$194	<input type="checkbox"/> S\$243
35-39	<input type="checkbox"/> S\$230	<input type="checkbox"/> S\$291	<input type="checkbox"/> S\$385	<input type="checkbox"/> S\$234	<input type="checkbox"/> S\$296	<input type="checkbox"/> S\$391
40-44	<input type="checkbox"/> S\$296	<input type="checkbox"/> S\$394	<input type="checkbox"/> S\$545	<input type="checkbox"/> S\$302	<input type="checkbox"/> S\$402	<input type="checkbox"/> S\$554
45-49	<input type="checkbox"/> S\$436	<input type="checkbox"/> S\$608	<input type="checkbox"/> S\$865	<input type="checkbox"/> S\$443	<input type="checkbox"/> S\$619	<input type="checkbox"/> S\$880
50-54	<input type="checkbox"/> S\$507	<input type="checkbox"/> S\$709	<input type="checkbox"/> S\$1,015	<input type="checkbox"/> S\$516	<input type="checkbox"/> S\$722	<input type="checkbox"/> S\$1,032
55-59	<input type="checkbox"/> S\$608	<input type="checkbox"/> S\$850	<input type="checkbox"/> S\$1,213	<input type="checkbox"/> S\$619	<input type="checkbox"/> S\$865	<input type="checkbox"/> S\$1,235
60-64	<input type="checkbox"/> S\$734	<input type="checkbox"/> S\$1,021	<input type="checkbox"/> S\$1,460	<input type="checkbox"/> S\$747	<input type="checkbox"/> S\$1,039	<input type="checkbox"/> S\$1,486

Name of Proposer: _____

Selection of Cover

Age (at last birthday)	Her VitalCare Annual Premium			His VitalCare Annual Premium		
	Standard	Enhanced	Superior	Standard	Enhanced	Superior
65-70 (renewal only)	<input type="checkbox"/> S\$900	<input type="checkbox"/> S\$1,248	<input type="checkbox"/> S\$1,762	<input type="checkbox"/> S\$916	<input type="checkbox"/> S\$1,271	<input type="checkbox"/> S\$1,795

Premiums above include prevailing GST.

5% discount is applicable if you and your spouse purchase the insurance together.

Selection of Optional Cover (Maternity Complications)

Age (at last birthday)	Her VitalCare Annual Premium			His VitalCare Annual Premium		
	Option 1	Option 2	Option 3			
16-24	<input type="checkbox"/> S\$10	<input type="checkbox"/> S\$20	<input type="checkbox"/> S\$30			
25-29	<input type="checkbox"/> S\$20	<input type="checkbox"/> S\$40	<input type="checkbox"/> S\$60			
30-34	<input type="checkbox"/> S\$30	<input type="checkbox"/> S\$60	<input type="checkbox"/> S\$90			
35-39	<input type="checkbox"/> S\$40	<input type="checkbox"/> S\$80	<input type="checkbox"/> S\$120			
40-44	<input type="checkbox"/> S\$50	<input type="checkbox"/> S\$100	<input type="checkbox"/> S\$150			

Mode of Payment

<input type="checkbox"/> Cash																										
<input type="checkbox"/> Check ¹	Bank: _____	Check No.: _____																								
<input type="checkbox"/> Credit Card	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA																								
<input type="checkbox"/> Full Payment																										
<input type="checkbox"/> 0% Interest Instalment Plan ²																										
I. Premium S\$500 and above:	<input type="checkbox"/> Citibank – 6 months <input type="checkbox"/> Citibank – 12 months <input type="checkbox"/> DBS/POSB – 6 months <input type="checkbox"/> DBS/POSB – 12 months	<input type="checkbox"/> Standard Chartered – 6 months <input type="checkbox"/> Standard Chartered – 12 months <input type="checkbox"/> United Overseas Bank – 6 months <input type="checkbox"/> United Overseas Bank – 12 months																								
II. Premium below S\$500 (subject to minimum premium S\$100)	<input type="checkbox"/> DBS/POSB - 6 months																									
Name of Cardholder: (as shown on card) _____																										
Credit Card No.:	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td> </tr> </table>																									
Expiry Date:	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td> </tr> </table> / <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td> </tr> </table>									Card Verification Value (CVV):																

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

¹Please 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.

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

Automatic Renewal

Yes, I wish to opt for auto renewal by annual GIRO payment.*

*Please complete the Interbank GIRO form and submit together with the Proposal Form.

Name of Proposer: _____

PAYMENT BEFORE COVER WARRANTY (INDIVIDUAL)

Please note that the total premium must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) on or before the inception date of the coverage, failing which the Policy shall be deemed to be automatically canceled and no benefits whatsoever shall be payable by the Company.

POLICY OWNERS' PROTECTION SCHEME

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC).

PERSONAL DATA PROTECTION

I give consent to Liberty Insurance Pte Ltd ("Liberty") and third-parties including related companies, employees, agents, brokers, service-providers, collaborators, partners, contractors etc. (each an "appointee"), and each of their downstream third-parties in turn (collectively, "appointees"), to collect, use and disclose all personal data whatsoever about myself and other individuals, from any source, whether they were, are and/or will be collected howsoever by Liberty and/or the appointees in the past, present and/or future, for one or more of the purposes described in Liberty's Data Protection Policy as it may be amended from time to time, including but not limited to considering whether to provide insurance, due diligence, underwriting, administering and servicing policies, communications, renewals, reinsurance, collections, claims, accounting, audit, legal, compliance, research, analysis, surveys, dispute resolution, data/technology management, and anything incidental, ancillary, exploratory or supportive of the foregoing. I have read and agreed to the full Policy, which is also available at www.libertyinsurance.com.sg/data-protection-policy/ and as it may be amended from time to time. All personal data are true, accurate and complete, and I shall inform Liberty of any changes to the personal data to my knowledge, as soon as practicable. If I have given any personal data about or belonging to other individuals howsoever (whether or not representing that data as mine, about me, or to be used by me), I continually warrant that I have obtained prior consent from them (or if they are lacking in legal capacity, from their legal representatives, guardians or parents as the case may be) for Liberty and/or the appointees to collect, use and disclose their personal data for the purposes and on the terms stated in this document, as if they were me. All consents are given now, unconditionally and independent of any contract, last beyond any contractual term and remain in force until I request to withdraw/amend the consents with Liberty by writing to The Data Protection Officer, Liberty Insurance Pte Ltd, 51 Club Street, Singapore 069428 or by email to dpo@libertyinsurance.com.sg.

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 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