

**FAMILYCare**- Proposal Form

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

Intermediary :

Please write and tick clearly  where applicable**PROPOSER'S PARTICULARS** (Principal Insured)

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: No: (R) \_\_\_\_\_ (O) \_\_\_\_\_ NRIC No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

**FAMILY'S PARTICULARS**

	Name	Sex	Date of Birth	NRIC/BC No	Occupation
Spouse					
Child					
Child					
Child					

**COVERS REQUIRED**Class 1  Class 2  Class 3 Plan A  Plan B 

Please contact the Company if additional sums insured are required

**MODE OF PAYMENT** Cash  Cheque (Bank \_\_\_\_\_ Cheque No. \_\_\_\_\_) Visa  MasterCard  Amex  Diners

Card No: \_\_\_\_\_ Card Expiry Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

I hereby authorise Liberty Insurance to debit my credit card account as specified above

 GIRO (Please complete GIRO Application Form)**PERIOD OF INSURANCE** From \_\_\_\_\_ To \_\_\_\_\_

Premium payable : S\$ \_\_\_\_\_

GST : S\$ \_\_\_\_\_

Total Annual Premium : S\$ \_\_\_\_\_

**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 cancelled and no benefits whatsoever shall be payable by the Company.

**PREMIUM PAYMENT WARRANTY (CORPORATE)**

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) within 60 days of the inception date of the coverage, failing which the Policy shall be deemed to be automatically cancelled and a pro-rata premium is to be charged for the period that the Company is on risk.

**DECLARATION**

I DO HEREBY DECLARE AND WARRANT the answers given above in every respect are true and correct and I have not withheld any information likely to affect acceptance of this Proposal, and agree that this Proposal Declaration shall be the basis of the Contract between the Company and myself, and I further agree to accept the Company's Policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto.

I DO HEREBY DECLARE that the person(s) to be insured is/are in good health and free from any physical impairment or deformity. I will give notice to the Company of any changes in health and occupation of the person(s).

Date

Signature of Proposer

**The liability of the Company does not commence until this Proposal has been officially accepted by the Company.**

**FAMILYCare** - provides compensation in the event of accidental bodily injury resulting in death or disablement. The insurance is 24-hour worldwide with the following coverages:-

Section & Coverage	Sum Insured		Additional Sum Insured (if required)
	Plan A	Plan B	
<b>1 ACCIDENTAL DEATH or PERMANENT DISABLEMENT</b> Pays up to the sum insured in the event of death or permanent disablement due to an accident.	Principal Insured: S\$ 300,000 Spouse: S\$ 200,000 Per Child: * S\$ 20,000	S\$ 150,000  S\$ 100,000  S\$ 20,000	Additional sum insured at the following rates: Cl.1 : S\$ 5 } per additional Cl.2 : S\$ 7 } S\$ 10,000 Cl.3 : S\$ 10 } sum insured Maximum sum insured per child is S\$ 75,000
<b>2 FAMILY INCOME PROTECTION</b> Pays a daily allowance to the family in the event of hospitalisation of the Principal Insured due to an accident.	S\$ 200 per day up to 365 days	S\$ 150 per day up to 365 days	Up to a maximum of S\$ 750 per day at the following rates: Cl.1 : S\$ 15 } per additional Cl.2 : S\$ 20 } S\$ 100 Cl.3 : S\$ 25 } sum insured
<b>3 MEDICAL BENEFITS</b> Pays for medical expenses incurred following an accident.	S\$ 2,500 per family	S\$ 1,500 per family	Up to a maximum of S\$ 10,000 at the following rates: Cl.1 : S\$ 20 } per additional Cl.2 : S\$ 30 } S\$ 2,500 Cl.3 : S\$ 40 } sum insured
<b>4 PERSONAL AND FAMILY LIABILITY</b> Insures against third party claims for bodily injury or property damage caused by the Principal Insured or his family. Cover includes legal costs and expenses incurred with the company's written consent.	S\$ 500,000 any one accident or series of accidents	S\$ 500,000 any one accident or series of accidents	Up to maximum of S\$ 1,000,000 at S\$ 20 per additional S\$ 100,000 sum insured
<b>5 EMERGENCY MEDICAL EVACUATION &amp; REPATRIATION</b> Access to Liberty Helpline: 6334 4434 which provides worldwide emergency assistance services 24 hours a day whilst you or your family are travelling outside Singapore. Covers all emergency medical evacuation expenses. <b>REPATRIATION</b> - repatriation of Insured's mortal remains back to Singapore or local burial at place of death.	S\$ 1,000,000 per family	S\$1,000,000 per family	

### Classification of Occupations

- Class 1 : Persons engaged in work of an indoor and sedentary nature e.g. those engaged in executive, administrative or clerical duties.
- Class 2 : Persons engaged in work of an outdoor nature, not involving the use of tools or machinery and not exposed to any special hazards.
- Class 3 : Persons engaged in occupations which require manual work or use of machinery.

Please refer to the Company if in doubt.

### Premium Table

	Plan A	Plan B
Class 1	S\$ 460 per annum	S\$ 260 per annum
Class 2	S\$ 680 per annum	S\$ 375 per annum
Class 3	S\$ 780 per annum	S\$ 440 per annum

Premium quoted does not include GST.

### \* NOTE

- Coverage for children is for those between 6 months and 18 years, subject to a maximum of 3 children.
- Premiums quoted assume that the spouse falls under the Class 1 or 2 occupations. Premium will be loaded if the spouse falls under a Class 3 occupation.
- Maximum age limit is 65 years.

### Main Exclusions

The Policy does not provide compensation arising from:

- Sickness or diseases
- AIDS and diseases associated with HIV
- Pre-existing physical defect or infirmity
- Suicide or self-inflicted injury
- War and nuclear related events
- Pregnancy, childbirth or its complications

### Important Notes

- The information provided in this brochure is only a summary of the policy coverages available. Please refer to the actual policy wordings for details.
- Premium payable may be revised at policy renewal at the full discretion of the Company.
- When switching Personal Accident policies to a new insurer, it is important to compare the policy coverages, as these may differ from insurer to insurer.