



Liberty Insurance Pte Ltd  
Registration no. 199002791D

51 Club Street #03-00 Liberty House  
Singapore 069428  
Tel: (65) 6221 8611  
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## FOREIGN WORKERS MEDICAL INSURANCE

### PROPOSAL FORM

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

Employer CPF No : \_\_\_\_\_ Industry : \_\_\_\_\_

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

Period of Insurance : \_\_\_\_\_ to \_\_\_\_\_ Agent Code : \_\_\_\_\_

Person to Contact : \_\_\_\_\_ Tel : \_\_\_\_\_ e-mail : \_\_\_\_\_

Choice of Plan :  Plan A  Plan B

Annual Premium per worker \$ \_\_\_\_\_ × No. of foreign workers \_\_\_\_\_ = Total Premium (b/f GST) \$ \_\_\_\_\_

Please provide details of foreign workers to be covered.

	Name of Workers	Work Permit No.	S Pass No.	Gender	DOB	Nationality
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

#### Declaration By Proposer

We hereby declare that the information is true and complete and we have not withheld any information that may influence the acceptance of this insurance. We further declare that all the foreign workers listed above are in good health and free from any physical defects or infirmity.

We hereby agree that this proposal and declaration shall be the basis of the contract between the Proposer and Liberty Insurance Pte Ltd and I/We understand that any false, incorrect or misleading statement may render this insurance null and void.

We understand that this Contract shall only commence until this proposal and the listing of foreign workers have been accepted in writing by Liberty Insurance Pte Ltd.

Signature of Proposer/Authorised Officer : \_\_\_\_\_

Designation: \_\_\_\_\_

Date : \_\_\_\_\_

Company Stamp: \_\_\_\_\_