

Scope of Cover

The Personal Accident Insurance Policy provides compensation in the event of accidental bodily injury resulting in death or disablement. The coverage is 24-hour worldwide and extended to include injuries arising from:

1. Accidental drowning or gassing
2. Hijacking
3. Accidental exposure to the elements as a result of a mishap
4. Flood or other convulsions of nature
5. Murder and assault
6. Singapore Armed Forces Reservist Training
7. Third degree burns
8. Terrorism except if due to nuclear, biological and chemical means (subject to a sub-limit)
9. Strike, riot and civil commotion so long as the insured person is not an active participant
10. Motorcycling up to 50% of the benefits and for Class I occupations only

Main Exclusions

The Policy does not provide compensation for death or disablement arising from:

1. Sickness or diseases
2. AIDS and diseases associated with HIV
3. Pre-existing physical defect or infirmity
4. Suicide or self-inflicted injury
5. War and nuclear related events
6. Pregnancy, childbirth or its complications

Important Notes

1. The information provided in this brochure is only a summary of the policy coverages available. Please refer to the actual policy wordings for details.
2. Premium payable may be revised at policy renewal at the full discretion of the Company.
3. 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.

Premium Rating Table

Benefits	Amount of Benefits	Class of Occupation		
		I (\$\$)	II (\$\$)	III (\$\$)
Death	per S\$10,000	4.25	7.00	10.00
Permanent Disablement (Scale I)	per S\$10,000	2.125	3.50	5.00
Permanent Disablement (Scale II)	per S\$10,000	4.25	7.00	10.00
Temporary Total Disablement	per S\$100 per week	25.00	32.00	42.50
Temporary Partial Disablement	per S\$50 per week			
Medical Expenses (limit any one accident)	S\$1,000	13.00	18.00	25.00
	S\$2,500	25.00	30.00	35.00
	S\$5,000	35.00	45.00	60.00
	S\$7,500	50.00	65.00	80.00
	S\$10,000	60.00	80.00	100.00
Hospital Allowance (any one accident & maximum sum insured of S\$100)	S\$50 per day	25.00	30.00	35.00

*There is a loading of 35% for extension of Motor Cycling (100%)

Compensation

- Death/Permanent Disablement - as per Table of Benefits.
- Temporary Total Disablement - pays up to the limit selected per week, up to two years in the event of disablement which entirely prevents the Insured Person from attending to any occupation or profession.
- Temporary Partial Disablement - pays up to the limit selected per week up to two years in the event of disablement which prevents the Insured Person from attending to a substantial part of any occupation or profession.
- Medical Expenses - pays up to the limit selected per accident for all medical, surgical and hospital expenses necessarily incurred by the Insured.
- Hospital Allowance - pays up to the limit selected per day up to a maximum of 30 days per accident.

PERSONAL ACCIDENT - 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

I. Proposer's Information

- a. Full Name: _____
 Identity Card / Passport No.: _____
 Address: _____

 Date of Birth: _____ Sex: _____
 Occupation: _____
 Nature of Business: _____
- b. In the nature of your work do you:
- (i) superintend manual work? YES NO
 (ii) do manual work? YES NO
 (iii) use any machinery? YES NO
- c. Do you engage in any hazardous sports or activities? YES NO
- d. Do you travel by air more than once a month? YES NO

II. Insurance History

- a. Have you had any accident insurance or life assurance proposal or renewal.
- (i) declined? YES NO
 (ii) withdrawn? YES NO
 (iii) subjected to an increased rate or special conditions? YES NO
- b. Will this insurance be additional to any other personal accident policies? YES NO

III. Health

- a. Have you sustained any accidents necessitating medical attention during the last five years? YES NO
- b. Do you suffer from any physical defect or infirmity or have you a tenancy to any ailment or disease? YES NO
- c. Have you ever made a claim against any insurer in respect of any bodily injury? YES NO

If any answer is "YES", please provide details below.

IV. Benefits Required Class

a. Item	Sum Insured	Premium
1. Death	\$ _____	\$ _____
2. Permanent Disablement Scale I <input type="checkbox"/> Scale II <input type="checkbox"/>	\$ _____	\$ _____
3. Temporary Total Disablement - per week (limited to weekly earnings)	\$ _____	\$ _____
4. Temporary Partial Disablement - per week (limited to 50% of item 3)	\$ _____	\$ _____
5. Medical Expenses	\$ _____	\$ _____
6. Hospital Allowance (per day)	\$ _____	\$ _____
b. Do you wish to insure against accidents resulting from		Add Premium
1. Motor Cycling? <input type="checkbox"/> YES <input type="checkbox"/> NO		
2. Any other sports <input type="checkbox"/> YES <input type="checkbox"/> NO (please specify below?) _____ _____ _____		
	GST	
	Total Premium	\$ _____

(For office use)

V. Period of Insurance

Insurance to commence on _____ / _____ / _____ for one year

PREMIUM WARRANTY: Please note that it is a condition precedent to liability under the Policy that your premium is paid and received in full by the Insurers within 60 days from the inception date of the cover, failing which the Policy shall be deemed to be automatically cancelled and a pro-rata premium charged for the period that the Insurers were on risk.

DECLARATION

WE/I DO HEREBY DECLARE AND WARRANT the answers/information given above in every respect are true and correct and I have not withheld any information likely to affect the acceptance of this Proposal, and I 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.

Date _____ Signature of Proposer & Company Stamp _____

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

Classification of Occupations

Class I : Professions and occupations involving indoor work mainly of a sedentary (requiring much sitting) nature such as accountants, administrators, architects, auditors, bankers, clergymen, clerks, dentists, indoor sales representatives, lawyers, merchants, medical practitioners, secretaries, stockbrokers, surgeons (not veterinary) and teachers.

Class II : Professions and occupations involving outdoor or site work or occasional manual work only when supervising workmen, such as builders (superintending), civil engineers, commercial travelers, decorators (superintending), foremen, grocers, hairdressers, pharmacists, plumbers (superintending), outdoor salesmen, surveyors.

Class III : Professions and occupations involving manual work without machinery such as bakers, builders (not using woodworking machinery), butchers, carpenters (not using woodworking machinery), electrical engineers, farmers, fishmongers, motor or mechanical engineers, painters, plumbers, veterinary surgeons, drivers.

Excluded Occupations

Law enforcement and civil defence personnel, full-time military personnel, fireman, professional divers, personnel engaging in offshore activities like oil-rigging, personnel engaged in mining activities, aerial photography, handling of explosives or working at docks, air/sea cabin crew, professional sports personnel and persons engaged in manual/hazardous occupations.

Note: Limit under Temporary Total Disablement is capped at 0.5% of the limit under Death/Permanent Disablement subject to a maximum of S\$750 or 50% of Proposer's weekly earnings whichever is lower.

Limit under Medical Expenses is capped at 5% of the limit under Death/Permanent Disablement subject to a maximum of S\$10,000 whichever is lower.

The information provided here is a summary. Please refer to the actual policy wordings for details of coverage.



Liberty
Insurance™

Member of Liberty Mutual Group

PERSONAL ACCIDENT INSURANCE

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