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NECESSARY  
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BUSINESS REPLY SERVICE  
PERMIT NO. 00481



**LIBERTY INSURANCE PTE LTD**

51 Club Street #03-00  
Liberty House  
Singapore 069428



**Liberty  
Insurance.**  
Member of Liberty Mutual Group

**Liberty Insurance Pte Ltd**

Registration No: 199002791D

51 Club Street  
#03-00 Liberty House  
Singapore 069428  
Tel: (65) 6221 8611  
Fax: (65) 6225 0997  
<http://www.libertyinsurance.com.sg>

Agent/Broker:

POSTAGE  
WILL BE PAID  
BY LICENSEE



# The Traveller

- takes the hassle out of travel insurance

- specially designed *annual policy for frequent travellers on business or holidays*
- NO PHONE CALLS (*lest you forget!*)
- unlimited travels *outside Singapore, 24 hours, anywhere in the world*
- low-priced *premium*

## Sections & Coverage

### SECTION I : PERSONAL ACCIDENT

Sum insured : **\$S1 million**

Pays up to the sum insured in the event of death or permanent disablement due to accidental bodily injury sustained anywhere in the world, (other than in the Republic of Singapore) whilst in the course of an overseas journey

#### Extensions:

- Exposure and Disappearance
- Hijack
- Drowning or Suffocation
- Murder and Assault
- Riot and Civil Commotion
- Motorcycling
- Terrorism except if due to nuclear, biological and chemical means (subject to sub-limit)
- Permanent Disablement resulting from Third Degree Burns

### SECTION II : EMERGENCY MEDICAL ASSISTANCE, EVACUATION AND REPATRIATION

Sum insured : **\$S1 million**

Access to Liberty Helpline which provides worldwide emergency assistance service, 24 hours a day whilst you are travelling outside Singapore. Covers cost of all emergency medical evacuation and repatriation.

**Liberty Helpline** : (65) 6334 4434

**AGE LIMITS** : 21 years old to 65 years old.

**PREMIUM** : \$S380 per annum (per trip maximum 60 days)

The specific terms and conditions applicable to this insurance plan are set in the policy which will be issued only upon acceptance of the Proposal Form.

# The Traveller

 - Proposal Form

Intermediary :

Please write and tick clearly  where applicable

#### Excluded Occupations

Military personnel, law enforcement officer, fireman, diver, 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.

#### Proposer / Insured's Particulars

Full Name: \_\_\_\_\_

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

Tel: (HP) \_\_\_\_\_ (O) \_\_\_\_\_

NRIC / Passport No.: \_\_\_\_\_

Nationality: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Occupation: \_\_\_\_\_

Nature of Employer's Business: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Period of Insurance: From \_\_\_\_\_

To \_\_\_\_\_

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.

#### Mode of Payment

VISA  MasterCard  AMEX  Diners  Cheque

Card or Cheque No: \_\_\_\_\_

Card expiry date: \_\_\_\_\_

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

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

**Coverage** for person engaged in professional, administrative, managerial, clerical and non-manual work solely in offices or similar non-hazardous places.

#### 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 I am 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 & Company Stamp

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