

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 REQUIREDClass 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.