

Seal Here

# TOURCare Plus Proposal Form

Intermediary

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

## 1. Proposer's Particulars

Full Name:	Nature of Employer's Business (Annual Policy Only)
NRIC/Passport No:	Mailing Address:
Nationality:	Postal Code:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Telephone No: (H/P) (O)
Date of Birth:	Email Address:
Occupation:	

## 2. Spouse's/Children's Particulars (if applicable)

No.	Name	Sex	Date of Birth	NRIC/Passport BC No.	Nationality	Relationship	Occupation

### COVERAGE REQUIRED

Plan: Annual: Individual  Standard  Supreme  
 Family  Standard  Supreme  
 Single Trip: Individual  Standard  Supreme  
 Family  Standard  Supreme

Area of Travel:  Asean  Asia Pacific  Worldwide

Destination:

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

Premium: S\$ \_\_\_\_\_ (No GST required)

### MODE OF PAYMENT

Cash  Cheque (Bank  Cheque No. \_\_\_\_\_ )  
 Visa  MasterCard  Expiry Date \_\_\_\_\_

Card No: \_\_\_\_\_

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

### 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.

### WARRANTY:

The person(s) to be insured warrant that they are not travelling contrary to the advice of a medical practitioner or for the purpose of obtaining medical treatment

### 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.

Date	Signature of Proposer
For Official Use	

I hereby authorise Liberty Insurance Pte Ltd to debit my Credit Card account specified above.

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

Seal Here