

PACare Plus Proposal Form

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.

Intermediary Name: _____

Code: _____

1. Proposer's Particulars

Proposer's/Insured's Name:		Nature of Business:	Company ROC No. (if applicable)
NRIC No.: _____ Nationality: _____		Mailing Address:	
Passport No./Fin No. (Foreigner): _____		Postal Code: _____	
Date of Birth: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Telephone No: (H/P) _____	(O) _____
Occupation: _____		Email Address: _____	
		Class: 1/2/ 3	

2. Spouse's/Children's/Employee's Particulars (If applicable)

No.	Name	Sex	Date of Birth	NRIC/Passport BC No.	Nationality	Relationship	Occupation	Class 1/2/3 (Please indicate)

3. COVERAGE REQUIRED

Plan	Self	Spouse	Child	Premium Applicable	Premium
Elite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Executive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Economy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Essential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Total Premium: S\$ _____

Add 7% GST: S\$ _____

Total Premium Payable: S\$ _____

The choice of Plan for Spouse/Child must be equal or lower than that of main insured (Self).

Period of Insurance: From _____ To _____

4. OTHER INFORMATION

- (a) Does your occupation fall within any of the Decline or Referred Risks? Yes No
- (b) Do you engage in any sports/activities which are excluded by the Policy? Yes No
- (c) Do you suffer from any disease, physical defect or infirmity? Yes No
- (d) Do you have any other personal accident insurance? Yes No
If yes, what is the sum insured _____
- (e) Have you ever made a claim against any insurer in respect of any bodily injury? Yes No
- (f) Has your application for life or accident insurance been declined or has any such insurance been cancelled or renewal refused or subject to special terms? Yes No

If any answer is YES, please provide details: _____

5. MODE OF PAYMENT

- Cash Cheque (Bank _____ Cheque No. _____)
- Visa MasterCard _____ Expiry Date _____

Card No: _____

Cardholder's Name: _____

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

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.

Date

Signature of Proposer

For Official Use