

Please complete all sections to facilitate the processing of your application. This form is issued without admission of liability and it must be completed and returned to us immediately, whether or not a claim is made. Any documentary proof or report required by liberty shall be furnished at the expense of Policyholder or Claimant.

Information of Policyholder

| | | |
|------------------------------|-----------------------------|-----------------------|
| Name of Policyholder: | | Policy No.: |
| Mailing Address: | | Postal Code () |
| Email: | | NRIC/FIN No.: |
| Contact No.: | Name of Insured Pet: | Microchip No.: |

Information of Claimant

| | | |
|--------------------------|--------------------|----------------------|
| Name of Claimant: | | NRIC/FIN No.: |
| Mailing Address: | | Postal Code () |
| Contact No.: | Occupation: | |
| Email: | | |

Details of Claims

| | | |
|--|---|--|
| Date of Incident: | Time of Incident: | Location of Incident: |
| Nature of Claim: | | |
| <input type="checkbox"/> Section I: Third Party Liability <input type="checkbox"/> Section II: Accidental Death | <input type="checkbox"/> Section III: Accidental Injury <input type="checkbox"/> Section IV: Theft | <input type="checkbox"/> Section V: Illness (Non-Surgical Treatment) <input type="checkbox"/> Section V: Illness (Surgical) |
| Circumstance of the Incident: | | |

Details of Claims

Describe the nature of injury sustained (where applicable):

Bank Account Information for Electronic Processing

| | | |
|--------------------------|-------------------------------------|---------------------|
| Name of Bank: | Bank Code: | Branch Code: |
| Bank Account No.: | Name of Bank Account Holder: | |

I agree to hold Liberty Insurance Pte Ltd harmless and that it is fully and finally discharged of its obligations once it has made payment to the bank and bank account number given 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 canceled and no benefits whatsoever shall be payable by the Company.

PERSONAL DATA PROTECTION

I give consent to Liberty Insurance Pte Ltd and third-parties including related entities, employees, agents, other insurers, contractors & service-providers (collectively, "Appointees") to collect, use and disclose all personal data relating to myself or other individuals that I have furnished in the past, present & in the future, for one or more of the purposes described in Liberty's Data Protection Policy, including but not limited to considering whether to provide insurance, carrying out due diligence, pricing, administering and servicing my policies, communicating with me, renewals, reinsurance, collections, claims, accounting, audit, legal, compliance, research, analysis, information-sharing, surveys, data storage & backups. I have read and agreed to the full Policy at www.libertyinsurance.com.sg/data-protection-policy/. If there is any personal data relating not to myself but to other individuals that I have furnished in the past, present & in the future, I warrant that I have obtained prior consent from these data subjects (or if they are lacking in legal capacity, from their legal representatives, guardians or parents as the case may be) for Liberty Insurance Pte Ltd and its Appointees to collect, use and disclose their personal data for the abovementioned purposes and on the same terms herewith. I warrant that all personal data I have provided are accurate and complete, and I shall inform Liberty of any changes to the personal data to my knowledge as soon as practicable.

DECLARATION

- 1) I declare that I have complied with the conditions and warranties (if any) of the Policy and in no manner deliberately caused the said loss or damage or exaggerated the claim or sought unjustly to benefit by any fraud or willful misrepresentation and that the information shown on this Form is true and that I have not concealed any information relating to this claim. I understand Liberty Insurance reserves the right to repudiate the claim if it is later proven false or intentionally omitted by me.
I authorize the release of any medical information necessary to process this claim.

Date

Signature of Claimant

Date

Signature of Policyholder & Company Stamp

Documents Checklist

| | |
|--|---|
| <p>Section I: Third Party Liability</p> <ol style="list-style-type: none"> 1. Injury to a Third Party <ul style="list-style-type: none"> • Documentary proof of ownership of the Insured Pet • Original medical bills and/or medical reports • Memo from the attending doctor stating the nature and suspected cause of injury 2. Damage to Third Party Property <ul style="list-style-type: none"> • Documentary proof of ownership of the Insured Pet • Photos of damaged property (if available) • Estimate of repairs/replacement | <p>Section II: Accidental Death</p> <ul style="list-style-type: none"> • Documentary proof of ownership of the Insured Pet • Vet report stating the cause and time of death |
| <p>Section III: Accidental Injury</p> <ul style="list-style-type: none"> • Documentary proof of ownership of the Insured Pet • Original Vet bills and/or Vet reports • Memo from the attending Vet stating the nature and suspected cause of injury • Photos of the injury sustained (if available) | <p>Section IV: Theft</p> <ul style="list-style-type: none"> • Documentary proof of ownership of the Insured Pet • AVA/SPCA Lost & Stolen reference number • Copy of the Police Report lodged in Singapore |
| <p>Section V: Illness</p> <ul style="list-style-type: none"> • Documentary proof of ownership of the Insured Pet • Original Vet bills and/or Vet reports • Memo from the attending Vet stating the nature of Illness, treatment & prognosis | |

Medical Information (to be completed by the attending Vet at the expenses of the Policyholder)

| | | |
|---|---|-----------------------------|
| Is the Pet still under your care for this condition? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Would you describe the condition as: | Pre-existing / Hereditary / Congenital / Skin | |
| <p>Give details of any circumstances, such as physical defects or medical history which may have contributed to the condition/symptom and/or lengthen the period of disability.</p> | | |
| <p>Any other comments:</p> | | |

I hereby certify that I have personally examined and treated the patient for the above illness/injuries and that the facts as given above present my opinion of the patient's condition.

Date

Signature of Vet