

Please complete all sections to facilitate the processing of your application.

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.

Name of Producer & Producer Code: _____
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Particulars of Proposer

Name of Proposer: _____		Mobile No.: _____
Mailing Address: _____		
		Postal Code ()
NRIC/FIN No.: _____	Date of Birth: _____	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Email: _____		Nationality: _____
Educational Institution: _____	Course of Study: _____	Destination Country: _____

Particulars of Additional Insured Person(s) (Spouse/Child*)

Name	Gender	Date of Birth	NRIC/FIN No.	Nationality	Mobile No.

* For Family Plan, Child or Children must be between the age of 6 months and 18 years and must not be employed

Particulars of Insured Person's Sponsor*

Name	Gender	Date of Birth	NRIC/ FIN No.	Nationality	Relationship	Occupation

* Sponsor refers to the immediate family member financing the student's overseas education.

Name of Proposer: _____

Selection of Plan

Individual Plan

Duration	Basic Plan	Additional Premium for Optional Benefits		
		Option A	Option B	Option C
3 Months	<input type="checkbox"/> S\$200	<input type="checkbox"/> S\$65	<input type="checkbox"/> S\$165	<input type="checkbox"/> S\$335
6 Months	<input type="checkbox"/> S\$300	<input type="checkbox"/> S\$150	<input type="checkbox"/> S\$315	<input type="checkbox"/> S\$590
1 Year	<input type="checkbox"/> S\$400	<input type="checkbox"/> S\$195	<input type="checkbox"/> S\$485	<input type="checkbox"/> S\$910

Family Plan*

Duration	Basic Plan	Additional Premium for Optional Benefits		
		Option A	Option B	Option C
3 Months	N.A	N.A	N.A	N.A
6 Months	<input type="checkbox"/> S\$675	<input type="checkbox"/> S\$336	<input type="checkbox"/> S\$710	<input type="checkbox"/> S\$1,323
1 Year	<input type="checkbox"/> S\$900	<input type="checkbox"/> S\$480	<input type="checkbox"/> S\$1,081	<input type="checkbox"/> S\$2,045

- * Family Plan: Valid only for Legal Spouse and up to three children aged 6 months to 18 years
- Premiums above include prevailing GST
- Discount:
 - If the period of insurance selected is 2 years, a premium discount of 5% shall apply
 - If the period of insurance selected is in excess of 3 years, a premium discount of 7.5% shall apply

Total Premium including prevailing GST (7%): S\$ _____

Period of Insurance:

From _____ To _____

Mode of Payment

Annual Premium excluding prevailing GST (7%):	plus prevailing GST (7%):	Annual Premium including prevailing GST (7%):
_____	_____	_____
<input type="checkbox"/> Check¹	Bank: _____	Check No.: _____
<input type="checkbox"/> Credit Card		
<input type="checkbox"/> Full Payment		
<input type="checkbox"/> 0% Interest Instalment Plan ²		
I. Premium S\$500 and above:		
II. Premium below S\$500: (subject to minimum premium S\$100)		
Name of Cardholder: (as shown on card)		
Credit Card No.: _____		
Expiry Date: _____	Card Verification Value (CVV): _____	

Name of Proposer: _____

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

¹Please cross your check & make payable to "LIBERTY INSURANCE PTE LTD". Kindly indicate (1) Name of Proposer; (2) Contact No.; (3) Name of Product; (4) Producer Code at the back of your check.

²Only applicable for instalment payment through participating banks in Singapore and is subject to their Credit Card Agreement Terms & Conditions.

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

I/We do hereby declare and warrant that:

- a) All information provided by me/us in connection with this application is true, accurate and complete
- b) I/We understand that any inaccurate, incomplete or false information given or any omission of information required, may at Liberty Insurance Pte Ltd's ("**Liberty**", the "**Company**") discretion, render this application invalid
- c) I/We agree that this application and declaration shall be the basis of the contract between Liberty and myself
- d) I/We agree to accept the Company's policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto
- e) If we/I do not fully and faithfully give the facts as we/I know them or ought to know them, we/I may receive nothing from the policy

Date

Signature of Proposer

I/We do hereby declare and warrant that:

This is a digital application. No signature is required prior to online submission. You are required to print a copy of this proposal form, sign and email a softcopy to servicecenter@libertyinsurance.com.sg for our records.