

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: _____

Particulars of Proposer

Name of Proposer: _____		Business Registration No.: _____
Mailing Address: _____ _____ Postal Code ()		
Email: _____		Contact No.: _____
Nature of Business: _____	No. of Employees: _____	

Name of Director/Registered Proprietor to be Insured for Personal Accident

Name	NRIC/FIN No.	Date of Birth

Details of Risk Premises

Address: _____ _____ Postal Code ()	
Name of Landlord (if to be named in the Policy): _____	Ownership of Building: _____
Occupancy: _____	If shared, please state the nature of shared business: _____

Selection of Plan

Period of Insurance:	
From _____	To _____
Type of Plan:	<input type="checkbox"/> Plan A: S\$181.90* <input type="checkbox"/> Plan B: S\$288.90* <input type="checkbox"/> Top-Up Plan* (From Plan B) S\$ _____

* Premiums above include prevailing GST.

Name of Proposer: _____

Top-Up Plan

Coverage	Top-Up Rate	Top-Up Sum Insured	Additional Premium
<input type="checkbox"/> Section 1: All Risks[^] (Excess: S\$200 each and every loss except for Fire, Lightning and Burglary)	S\$66.88 for every S\$50,000	S\$ _____	S\$ _____
<input type="checkbox"/> Section 2: Consequential Loss (Excess: 3 days by order of a Public Authority)	S\$16.05 for every S\$10,000	S\$ _____	S\$ _____
Section 4: Money Insurance			
<input type="checkbox"/> a) In Transit	S\$5.35 for every S\$500	S\$ _____	S\$ _____
<input type="checkbox"/> b) In Premises During Business Hours	S\$5.35 for every S\$500	S\$ _____	S\$ _____
<input type="checkbox"/> c) In Locked Safe After Business Hours	S\$5.35 for every S\$500	S\$ _____	S\$ _____
<input type="checkbox"/> d) In Locked Drawers After Business Hours	S\$5.35 for every S\$500	S\$ _____	S\$ _____
Section 6:			
<input type="checkbox"/> Public Liability (Any One Accident/Unlimited Any One Period)	S\$53.50 for every S\$500,000	S\$ _____	S\$ _____
<input type="checkbox"/> Food & Beverage Extension (Any One Loss and in the Aggregate)	S\$26.75 for every S\$50,000	S\$ _____	S\$ _____

Optional Coverage

<input type="checkbox"/> Work Injury Compensation[^]		No. of Employees	Additional Premium
a) Non-Manual Employees Annual earning <= S\$30,000		_____	S\$ _____
Annual earning > S\$30,000		_____	S\$ _____
b) Manual Employees Annual earning <= S\$30,000		_____	S\$ _____
Annual earning > S\$30,000		_____	S\$ _____
c) Driver/Dispatch/Delivery		_____	S\$ _____
<input type="checkbox"/> Fidelity Guarantee[^]	Occupation	No. of Employees	Additional Premium
	a) _____	_____	S\$ _____
	b) _____	_____	S\$ _____
	c) _____	_____	S\$ _____
Total Annual Premium including prevailing GST (7%):			S\$ _____

Name of Proposer: _____

Information Required

a) Have you suffered any losses or had any claims made against you whether insured or otherwise, under any of the covers provided under this policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Are any workers involved in manual works outside insured premises other than delivery staffs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Do any of the persons to be insured under Personal Accident section suffer from any physical defect or infirmity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Has any insurance (for the risk proposed) been canceled due solely or in part of a breach of premium payment warranty in the last 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Mode of Payment

 Check¹ Bank: _____ Check No.: _____

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.

IMPORTANT NOTES:

- The liability of the Company does not commence until this Proposal has been accepted by the Company.
- Unless exempted, any employer who fails to insure himself in accordance with the Work Injury Compensation Act shall be guilty of an offence and shall be liable on conviction to a fine not exceeding S\$10,000 or to imprisonment for a term not exceeding one year or to both.
- The Insured will be deemed to be his own insurer to the extent of the shortfall in the total number of employees and/or Total Annual Wages declared, and shall bear a ratable proportion of the liability accordingly.
- The information pertaining to Work Injury Compensation insurance declared in this form may be made known to the Ministry of Manpower as and when required.

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 canceled and a pro-rata premium is to be charged for the period that the Company is on risk.

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.

Name of Proposer: _____

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

Signature of Proposer
Company Stamp (if any)
Date:

Signature WITNESS &
Company Stamp (if witness is Broker/
Agent; or Name & NRIC/FIN No. (if
witness is Employee of Insured)
Date: