Liberty Insurance

www.libertyinsurance.com.sg

# Fact-Find for Group

## Accident & Health

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.Z

| | |
|---|---|
| **Name of Producer & Producer Code:** _____ | |
| **Request from (Name of Insurer):**<br>Liberty Insurance Pte Ltd | **Request for Quotation submitted on:**<br>_____ |
| **Period of Insurance:**<br>From _____ To _____ | |

### Particulars of Proposer

| | | |
|---|---|---|
| **Name of Proposer:**<br>_____ | | **Business Registration No.:**<br>_____ |
| **Nature of Business:**<br>_____ | **Type of Policy:**<br>_____ | **Total No. of Employees:**<br>_____ |
| **No. of Employees to be insured:**<br>_____ | **Presently Insured?**<br>☐ Yes ☐ No | If Yes, name of current insurer:<br>_____ |
| **Period of Insurance:**<br>From _____ To _____ | | |

**Participation:**
**The insurer will assume that participation of the group insurance program is on compulsory basis unless otherwise stated**. Please tick [✓] accordingly to the choice of the insurance product that you like to have a quote from us.

| Benefits | Insurance Coverage | | Participation |
|---|---|---|---|
| **1. Accident Insurance** | ☐ Group Personal Accident (GPA) | | |
| **2. Medical** | Group Hospital & Surgical (GHS) | ☐ Employee only | |
| | | ☐ Dependant (Spouse and/or Children) | |
| | Group Major Medical (GMM) | ☐ Employee only | |
| | | ☐ Dependant (Spouse and/or Children) | |
| **3. Others** | Group Outpatient Insurance | ☐ Employee only | |
| | | ☐ Dependant (Spouse and/or Children) | |
| **4. Others** | Maternity | ☐ Employee only | |
| | | ☐ Dependant (Spouse and/or Children) | |

Note:
Participation is voluntary if employees or dependents are given the choice to opt for the cover(s), subject to a minimum participation level.

**Name of Proposer:** _____

**1. Are there any members currently in hospital or requires frequent admission (e.g. hospital admission more than 2 times per year) to hospital?** ☐ Yes ☐ No

If Yes, please provide details:

| No. of Members/Age | Reason for Hospitalization/ Nature of illness | Total Sum Insured/Plan |
|---|---|---|
| | | |
| | | |
| | | |

**2. Has any member suffered from any serious condition such as cancer, organ failure, heart disease, stroke, liver disorder, arthritis or any other disorder that cause progressive irreversible functional or physical disability?** ☐ Yes ☐ No

If Yes, please provide details:

| No. of Members/Age | Reason for Hospitalization/ Nature of illness | Total Sum Insured/Plan |
|---|---|---|
| | | |
| | | |
| | | |

**3. Is there any member based outside Singapore?** ☐ Yes ☐ No

If Yes, please provide details:

| No. of Members/Age | Country Based in | Total Sum Insured/Plan |
|---|---|---|
| | | |
| | | |
| | | |

**4. Are there any limitations or exclusions imposed on the coverage on any members?** ☐ Yes ☐ No

If Yes, please provide details:

| No. of Members/Age | Limitations/Exclusions | Total Sum Insured/Plan |
|---|---|---|
| | | |
| | | |
| | | |

**5. Is there any member engaged in hazardous occupation? (E.g. welder, diver, sandblaster, offshore workers etc)** ☐ Yes ☐ No

If Yes, please provide details:

| No. of Members/Age | Nature of Work | Total Sum Insured/Plan |
|---|---|---|
| | | |
| | | |
| | | |

| Name of Proposer: | |
|---|---|

**6. To the best of your knowledge, is there any member engaged in hazardous sports? (e.g. scuba diving, motor racing, bungee jumping etc)** ☐ Yes ☐ No

If Yes, please provide details:

| No. of Members/Age | Type of Sports | Total Sum Insured/Plan |
|---|---|---|
| | | |
| | | |
| | | |

Notes-Applicable from questions 1-6:
The insurer will not reimburse the hospital claims for any member in hospital at the time of application.

## 1. Benefit: Group Personal Accident Insurance

For your information: Occupational Classifications

| | |
|---|---|
| **Class 1** | Clerical, administrative or other similar non-hazardous occupations. |
| **Class 2** | Occupations where some degree of risk is involved, e.g. supervision of manual workers, totally administrative job in an industrial environment. |
| **Class 3** | Occupations involving regular light to medium manual work but no substantial hazard which may increase the risk of sickness or accident. |
| **Class 4** | High risk occupations involving heavy manual work including hot works. |

**a) Basis of Coverage**

| | Category of Employees/Occupation | Basis of Coverage-Sum Insured | No. of Employees |
|---|---|---|---|
| GPA i) | | | |
| GPA ii) | | | |
| GPA iii) | | | |
| GPA iv) | | | |

**Example 1:**

| Category of Employees/Occupation | Basis Coverage |
|---|---|
| i. Senior Management (Director, General Manager, Senior Manager) | S$100,000 |
| ii. Managers & Executive | S$50,000 |
| iii. All Others | S$25,000 |

**Example 2:**

| Category of Employees/Occupation | Basis Coverage |
|---|---|
| i. All Employees | 24x Basic Monthly Salary* |

*Please provide salary information if the basis of coverage is in terms of basic monthly salary.

**b) Details of Employees**

| Age Band (Age Next Birthday) | GPA | | | |
|---|---|---|---|---|
| | No. of Employees | | Total Sum Insured (S$) | |
| | Female | Male | Female | Male |
| 16-30 | | | | |
| 31-35 | | | | |
| 36-40 | | | | |
| 41-45 | | | | |

| Name of Proposer: | |
|---|---|

| Age Band (Age Next Birthday) | GPA | | | |
|---|---|---|---|---|
| | No. of Employees | | Total Sum Insured | |
| | Female | Male | Female | Male |
| 46-50 | | | | |
| 51-55 | | | | |
| 56-60 | | | | |
| 61-65 | | | | |
| 66-70 | | | | |
| Total | | | | |

**c) Claims Experience for the past 3 years**

**Paid Claims**

| Period of Coverage | | No. of Insured as at _____ | | GPA | | | |
|---|---|---|---|---|---|---|---|
| | | | | Paid Claims | | Outstanding Claims | |
| From | To | | | No. of Claims | Amount (S$) | No. of Claims | Amount (S$) |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Note: The insurer reserves the rights to request for more information.

## 2. Benefit: Group Hospital & Surgical Insurance/Major Medical Insurance

**a) Basis of Coverage**

| Category of Employee/ Occupation | Room & Board (R&B) Benefit Plan (S$) | Currently with TMIS | | Proposal with TMIS | |
|---|---|---|---|---|---|
| i. | | ☐ Yes | ☐ No | ☐ Yes | ☐ No |
| ii. | | ☐ Yes | ☐ No | ☐ Yes | ☐ No |
| iii. | | ☐ Yes | ☐ No | ☐ Yes | ☐ No |
| iv. | | ☐ Yes | ☐ No | ☐ Yes | ☐ No |

Note:
- Dependants can be covered under Group Hospital & Surgical Plan. Their cover should be the same as the employee's cover.
- Please provide the Deductible/Co-insurance for respective employee category or occupation, if application.

**Example 1:**

| Category of Employees/Occupation | R&B Benefit Plan |
|---|---|
| i. Senior Management (Director, General Manager, Senior Manager) | S$360 |
| ii. Managers & Executive | S$200 |
| iii. All Others | S$100 |

| Name of Proposer: | |
|---|---|

**b) Age Profile of Employees**

| | No. of Employees | |
|---|---|---|
| **Age Band (Age Next Birthday)** | **Female** | **Male** |
| 16-30 | | |
| 31-35 | | |
| 36-40 | | |
| 41-45 | | |
| 46-50 | | |
| 51-55 | | |
| 56-60 | | |
| 61-65 | | |
| 66-70 | | |
| **Total** | | |

**c) Details of Insured Members**

| **For GHS & GMM** | **No. of Employees (Singaporeans, SPRs*)** | | | |
|---|---|---|---|---|
| | **Plan 1** | **Plan 2** | **Plan 3** | **Plan 4** |
| Employee Only | | | | |
| Employee & Spouse | | | | |
| Employees & Child(ren) | | | | |
| Employee & Family | | | | |
| | **No. of Employees (Foreigners^ only)** | | | |
| | **Plan 1** | **Plan 2** | **Plan 3** | **Plan 4** |
| Employee Only | | | | |
| Employee & Spouse | | | | |
| Employees & Child(ren) | | | | |
| Employee & Family | | | | |
| **For GMM (if the basis of coverage differs from GHS)** | **No. of Employees (Singaporeans, SPRs*)** | | | |
| | **Plan 1** | **Plan 2** | **Plan 3** | **Plan 4** |
| Employee Only | | | | |
| Employee & Spouse | | | | |
| Employees & Child(ren) | | | | |
| Employee & Family | | | | |

*Refers to Singapore Permanent Residents
^Refers to all foreigners holding Employment Pass, S Pass and Work Permit, working in Singapore.

| **Name of Proposer:** | | | | |
|---|---|---|---|---|
| **For GMM (if the basis of coverage differs from GHS)** | **No. of Employees (Foreigners^ only)** | | | |
| | **Plan 1** | **Plan 2** | **Plan 3** | **Plan 4** |
| Employee Only | | | | |
| Employee & Spouse | | | | |
| Employees & Child(ren) | | | | |
| Employee & Family | | | | |

^Refers to all foreigners holding Employment Pass, S Pass and Work Permit, working in Singapore.

**d) Claims Experience for the past 3 years**

| **Period of Coverage** | | **No of Insured as at** _____ | | **Paid Claims** | | **Outstanding Claims** | |
|---|---|---|---|---|---|---|---|
| **From** | **To** | | | **No. of Claims** | **Amount (S$)** | **No. of Claims** | **Amount (S$)** |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Note: The insurer reserves the rights to request for more information.

**e) Please attached a copy of Schedule of Benefits, if the benefits are on insured basis (i.e. currently insured).**

## 3. Benefit: Group Outpatient Insurance

**a) Category of employment to be insured**

| **Category of Employees** | **Clinical GP** | **Specialist** | **Diag X-Ray/Lab Tests** |
|---|---|---|---|
| i. | ☐ | ☐ | ☐ |
| ii. | ☐ | ☐ | ☐ |
| iii. | ☐ | ☐ | ☐ |
| iv. | ☐ | ☐ | ☐ |
| **Dependant (where applicable)** | ☐ | ☐ | ☐ |
| **No. of Headcounts** | | | |

**b) Age Profile of Employees**

| **Age Band (Age Next Birthday)** | **No. of Employees** | |
|---|---|---|
| | **Female** | **Male** |
| 16-30 | | |
| 31-35 | | |
| 36-40 | | |
| 41-45 | | |
| 46-50 | | |
| 51-55 | | |
| 56-60 | | |
| 61-65 | | |
| 66-70 | | |
| **Total** | | |

| Name of Proposer: | _____ |
|---|---|

**c) Claims Experience for the past 3 years**

**Paid Claims**

| Period of Coverage | | No. of Insured as at _____ | Clinical GP | | Specialist | | Diag X-Ray/Lab Tests | |
|---|---|---|---|---|---|---|---|---|
| From | To | | No. of Visits | Amount (S$) | No. of Visits | Amount (S$) | No. of Visits | Amount (S$) |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

**Outstanding Claims**

| Period of Coverage | | No. of Insured as at _____ | Clinical GP | | Specialist | | Diag X-Ray/Lab Tests | |
|---|---|---|---|---|---|---|---|---|
| From | To | | No. of Visits | Amount (S$) | No. of Visits | Amount (S$) | No. of Visits | Amount (S$) |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

**d) Please attach a copy of the Schedule of Benefits if the benefits are on insured basis. If currently self-insured, kindly provide the following details:** (Please indicate "Unlimited" if there is no cap and "N.A" if it is not applicable)

| Benefits | Maximum Limit per Visit (S$) | | Maximum Limit per Policy Year (S$) | | Co-Payment (S$)/Co-Insurance (%) | | | |
|---|---|---|---|---|---|---|---|---|
| | Panel Clinic | Non-Panel Clinic | Panel Clinic | Non-Panel Clinic | Panel Clinic | Non-Panel Clinic | Panel Clinic | Non-Panel Clinic |
| Clinical GP | | | | | | | | |
| Specialist | | | | | | | | |
| Diagnostic X-Ray/ Lab Test | | | | | | | | |

## 4. Benefit: Maternity Insurance

**a) Basis of Coverage**

| Category of Employees | No. of Headcount |
|---|---|
| i. | |
| ii. | |
| iii. | |

**Example 1**
**Category of Employee/Occupation**
i. Senior Management (Director, General Manager, Senior Manager)
ii. Manager & Executive
iii. All Others

**Example 2**
i. All Employees

| Name of Proposer: | _____ |
|---|---|

**b) Claims Experience for the past 3 years**

| Period of Coverage | | No of Insured as at _____ | | Paid Claims | | Outstanding Claims | |
|---|---|---|---|---|---|---|---|
| From | To | | | No. of Claims | Amount (S$) | No. of Claims | Amount (S$) |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Note: The insurer reserves the rights to request for more information.

**c) Please attached a copy of Schedule of Benefits, if the benefits are on insured basis (i.e. currently insured). If currently self-insured, kindly provide the following details (Please indicate unlimited if there is no cap and N.A. if it is not applicable).**

| Benefits | Maximum Limit per Policy Year (S$) | | Deductible (S$)/Co-Insurance (%) | |
|---|---|---|---|---|
| Normal Delivery | | | | |
| Caesarian Delivery | | | | |
| Others: _____ | | | | |

## Needs Analysis & Product Recommendation

Please tick the appropriate box to indicate the priority of your company's needs:

| Company's Priorities | Low | Medium | High | Advisor's Recommendations |
|---|---|---|---|---|
| Cover for Outpatient Medical expenses | ☐ | ☐ | ☐ | _____ |
| Cover for Hospital & Surgical expenses | ☐ | ☐ | ☐ | _____ |
| Cover for Dental expenses | ☐ | ☐ | ☐ | _____ |
| Cover for Major illnesses (e.g. Cancer. Kidney failure etc) | ☐ | ☐ | ☐ | _____ |
| Cover for Loss of Income due to sickness or accident | ☐ | ☐ | ☐ | _____ |
| Cover for long-term medical treatment | ☐ | ☐ | ☐ | _____ |
| Others: | _____ | | | |

**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

_____
Date

_____
Signature of Authorized Officer & Company Stamp

Name:

NRIC/FIN No.:

Designation:

**DECLARATION – INSURANCE REPRESENTATIVE**

I/We hereby declare that I/we have reviewed this Fact-Find Group form with the authorized officer of the Company, and that I/we have explained all the requirements of this Fact-Find to him/her.

_____
Date

_____
Signature of Insurance Representative & Company Stamp

Name:

NRIC/FIN No.:

Designation: