

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\$288.90* <input type="checkbox"/> Plan B: S\$395.90* <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\$107 for every S\$50,000	S\$ _____	S\$ _____
<input type="checkbox"/> 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\$ _____
<input type="checkbox"/> 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\$ _____

Name of Proposer: _____

PERSONAL DATA PROTECTION

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

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