

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: _____		Contact No.: _____
Mailing Address: _____		
		Postal Code ()
NRIC/FIN No.: _____	Date of Birth: _____	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Occupation: _____	Nationality: _____	Business Registration No.: _____
Email: _____		Nature of Business: _____
Period of Insurance:		
From _____ To _____		

Particulars of Additional Insured Person(s) (Spouse/Children/Employee)

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

Selection of Plan

Type of Plan*	Self	Spouse	Child	Premium (per person)	Premium
Plan A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Plan B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Plan C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Total Annual Premium (before discount): S\$

Total Annual Premium (after discount) excluding prevailing GST (7%): S\$

plus prevailing GST (7%): S\$

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

*The Plan selected for Child must be equal or lower than that of Main Insured (self).

Name of Proposer: _____

Mode of Payment

Annual Premium excluding prevailing GST (7%):	plus prevailing GST (7%):	Annual Premium including prevailing GST (7%):															
S\$ _____	S\$ _____	S\$ _____															
<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.:	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;">-</td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;">-</td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;">-</td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>						-				-			-			
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Expiry Date: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;">/</td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>			/			Card Verification Value (CVV): <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>											
		/															
I hereby authorize Liberty Insurance Pte Ltd to debit my Credit Card account specified above.																	
¹ Please 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. ² Only 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.

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

Date

Signature of Proposer
Company Stamp (if any)