

## Proposal Form – BeautyCare

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

Statement pursuant to Section 23(5) of the Insurance Act 1966 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./UEN No.: _____
Name of Additional Proposer: _____	Business Registration No./UEN No.: _____
Mailing Address: _____ Postal Code ( )	
Email: _____	Contact No.: _____
Nature of Business: _____	

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

Note: Persons not residing permanently in Singapore will not qualify for PA Cover in package

Name	NRIC FIN No.	Date of Birth

### Details of Risk Premises

Situation of Risk: _____ Postal Code ( )	
Name of Landlord (if to be named in Section 6 (Public Liability) of the Policy): _____	Ownership of Building: _____
Occupancy: _____	If shared, please state the nature of shared business: _____



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Name of Proposer: \_\_\_\_\_

### Selection of Plan

Period of Insurance:

From \_\_\_\_\_ To \_\_\_\_\_

Type of Plan: \_\_\_\_\_

Premiums above include prevailing GST

### 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\$40.51 for every S\$25,000	S\$	S\$
Section 4: Money Insurance			
<input type="checkbox"/> A. In transit	S\$5.40 for every S\$500	S\$	S\$
<input type="checkbox"/> B. In premises during business hours	S\$5.40 for every S\$500	S\$	S\$
<input type="checkbox"/> C. In locked safes after business hours	S\$5.40 for every S\$500	S\$	S\$
<input type="checkbox"/> D. In locked drawers after business hours	S\$5.40 for every S\$500	S\$	S\$
Section 6:			
<input type="checkbox"/> Public Liability Any one accident/unlimited any one period	S\$32.40 for every S\$250,000	S\$	S\$
<input type="checkbox"/> Food & Beverage Extension Any one loss and in the aggregate	S\$27.00 for every S\$50,000	S\$	S\$

### Optional Coverage

<input type="checkbox"/> Work Injury Compensation	Top-up Rate	No. of Employees	Annual Earnings	Additional Premium
a) Non-manual employees Annual earning ≤ S\$30,000	S\$32.40 per employee		S\$	S\$
Annual earning > S\$30,000 up to S\$75,000	S\$59.40 per employee		S\$	S\$
b) Manual employees Annual earning ≤ S\$30,000	S\$64.80 per employee		S\$	S\$
Annual earning > S\$30,000 up to S\$75,000	S\$108.00 per employee		S\$	S\$
c) Driver/Dispatch/Delivery Annual earning ≤ S\$50,000	S\$216.00 per employee		S\$	S\$
	Total		S\$	S\$





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

### DECLARATION

I, the Proposer, declare and warrant that:

- a) All information provided by me/us in connection with this application are true, accurate and complete
- b) I agree that this application and declaration shall be the basis of the contract between Liberty and myself
- c) I agree to accept the Company's policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto
- d) If I do not fully and faithfully give the facts as I know them or ought to know them, I may receive nothing from the policy
- e) I agree to the policy terms, exclusions and conditions as expressed in the brochure, proposal form, policy wordings and endorsements
- f) I/We have read & agreed entirely to all terms in Liberty's Data Protection Policy, available on request & also at [www.libertyinsurance.com.sg/data-protection-policy](http://www.libertyinsurance.com.sg/data-protection-policy), both now & in advance as it may be amended from time to time

### IMPORTANT NOTICE TO SUBMITTER

If you, the submitter of this form, are submitting this form for another person who is the actual Proposer; and in consideration for Liberty processing this application upon your request:

- a) You agree that you have been validly & legally authorised by the Proposer to do so; and
- b) You warrant that you have shown this entire completed document to the intended Proposer and had obtained his/her agreement to everything; and
- c) You, in your personal capacity, agree to indemnify and keep Liberty Insurance Pte Ltd indemnified against all proceedings, costs, expenses, claims, liabilities, losses or damages if any part of this Notice turns out to be false, howsoever whatsoever, on a strict liability basis, that is, even if your state of mind was unintentional, intentional, negligent, inadvertent, accidental, unknowing, etc.

\_\_\_\_\_  
Signatory of Proposer  
Company Stamp (if any)

\_\_\_\_\_  
Signatory of Witness & Company  
Stamp (if witness is Agent/Broker; or  
Name & NRIC/FIN No. (if witness is  
Employee of Insured)

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us ([servicecenter@libertyinsurance.com.sg](mailto:servicecenter@libertyinsurance.com.sg)) or visit the GIA/LIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

