

Proposal Form – ClinicCare

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./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

Name	NRIC FIN No.	Date of Birth

Details of Risk Premises

Mailing Address: _____	
_____	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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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\$300 each and every loss except for fire, lightning and burglary	S\$80.25 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 safes 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\$32.10 for every S\$250,000	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	Top-up Rate	No. of Employees	Annual Earnings	Additional Premium
a) Non-manual employees Annual earning ≤ S\$30,000	S\$32.10 per employee		S\$	S\$
Annual earning > S\$30,000 up to S\$75,000	S\$58.85 per employee		S\$	S\$
b) Manual employees Annual earning ≤ S\$30,000	S\$64.20 per employee		S\$	S\$
Annual earning > S\$30,000 up to S\$75,000	S\$107.00 per employee		S\$	S\$
c) Driver/Dispatch/Delivery Annual earning ≤ S\$50,000	S\$214.00 per employee		S\$	S\$
	Total		S\$	S\$



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<input type="checkbox"/> Fidelity Guarantee	Occupation	No. of Employees	Additional Premium
			S\$
			S\$
			S\$
		Sum Insured	Additional Premium
<input type="checkbox"/> Deterioration of Stocks		S\$	S\$
Total Annual Premium including prevailing GST (7%):			S\$

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?
b) Are any workers involved in manual works outside insured premises other than delivery staffs?
c) Are any workers involved in the use of 2-wheelers during and in the course of work?
d) Do any of the persons to be insured under Personal Accident section suffer from any physical defect or infirmity?
e) Has any insurance (for the risk proposed) been cancelled due solely or in part of a breach of premium payment warranty in the last 12 months?

Mode of Payment

<input type="checkbox"/> AXS Online/AXS Stations ¹
<input type="checkbox"/> Cheque ² Bank: _____ Cheque No.: _____

Upon making payment, kindly email to accountsreceivable@libertyinsurance.com.sg with payment details.

¹ Please select Liberty Insurance as billing organisation and enter the policyholder name and contact number.

² Please cross your cheque & make payable to "LIBERTY INSURANCE PTE LTD". Kindly indicate (1) Name of Proposer; (2) Contact No.; (3) Name of Product at the back of your cheque.

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 2019 shall be guilty of an offence and shall be liable on conviction to a fine 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 and any supporting documents to this proposal or supplied separately may be made known to the Ministry of Manpower as and when required.



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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, 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)

Date

Date

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) or visit the GIA/LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

