

BizTraveler – Employee on Un-Named Basis

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: _____				
Name of Policyholder: _____			Nature of Business: _____	
Occupation of Insured Persons: _____			Total No. of Employees: _____	
Duties Performed during Trips: _____				
Total No. of Travelers: _____		No. of Frequent* Travelers: _____		No. of Infrequent^ Travelers: _____
Travel Information	ASEAN	Asia Pacific	Worldwide	Total
No. of Trip Per Year				
Average Duration Per Trip				
*No. of travels at least 3 times per year				
^No. of travels less than 3 times per year				
Apart from commercial aircraft, do Insured Persons travel in privately chartered/leased aircraft? (Note: Military Aviation is excluded from cover)			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Flight: _____	Average Occupancy Per Flight: _____		Type of Aircraft Used: _____	

Asia Pacific Includes Asean, China, Hong Kong, Macau, Taiwan, South Korea, Japan, India, Sri Lanka, Pakistan, Australia, New Zealand, Mongolia, Tibet, Bhutan, North Korea, Nepal, Maldives, East Timor and Bangladesh

Worldwide Includes any destinations in the world except Afghanistan, Cuba, Democratic Republic of Congo, Iran, Iraq, Liberia, Sudan, Syria and Lebanon

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



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Name of Policyholder: _____

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.

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

Signatory of Proposer and Company
Stamp

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).

