

Proposal Form – BizTraveler

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.: _____ | |
| Email: _____ | | Contact No.: _____ | |
| Mailing Address: _____ _____ Postal Code () | | | |
| Nature of Business: _____ | | Period of Insurance: From _____ To _____ | |
| Selection of Plan (select either one): <input type="checkbox"/> Named Basis <input type="checkbox"/> Un-named Basis | | | |

Particulars of Employees on Named Basis (Minimum 3 Employees)

| No. | Name | NRIC/FIN No. | Date of Birth | Gender | Nationality | Designation |
|-----|------|--------------|---------------|--------|-------------|-------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |

Selection of Plan

| No. | Type of Plan | Area of Travel | Leisure Extension Required | Annual Premium |
|-----|--------------|----------------|----------------------------|----------------|
| 1 | | | | S\$ _____ |
| 2 | | | | S\$ _____ |
| 3 | | | | S\$ _____ |
| 4 | | | | S\$ _____ |

Remarks:

For details of coverage, please see page 4 to 5 of the BizTraveler Proposal Form.



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Name of Company: _____

Particulars of Employee on Un-Named Basis (Minimum 5 Employees)

Total No. of Employees: _____

No. of Employees to be insured: _____

| No. | Designation / Category of Employees | No. of Employees | Type of Plan | Area of Travel | Leisure Extension Required | Annual Premium |
|-----|-------------------------------------|------------------|--------------|----------------|----------------------------|----------------|
| 1 | | | | | | S\$ _____ |
| 2 | | | | | | S\$ _____ |
| 3 | | | | | | S\$ _____ |
| 4 | | | | | | S\$ _____ |
| 5 | | | | | | S\$ _____ |
| 6 | | | | | | S\$ _____ |

Claims History

Claims for the Last 3 Years: Yes No (If Yes, kindly provide more information)

Mode of Payment

Bank Transfer*

Check¹

Bank: _____ Check No.: _____

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.

* For bank transfer, please email accountsreceivable@libertyinsurance.com.sg for bank details.

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



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Name of Company: _____

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
Company Stamp (if any)

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).

