

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 Company: _____		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.

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\$

Claims History

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

Mode of Payment

Bank Transfer* Check Bank: _____ Check No.: _____

Please cross your check and 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.

PAYMENT BEFORE COVER 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 Company: _____

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 and
Company Stamp

Name of Company: _____

Schedule of Benefits

Description	Plan 1 (S\$)	Plan 2 (S\$)	Plan 3 (S\$)
Personal Accident			
1. Accidental Death & Permanent Disablement	S\$250,000	S\$350,000	S\$550,000
2. Accidental Death & Permanent Disablement due to War	S\$10,000	S\$15,000	S\$25,000
3. Terrorism Extension	Covered	Covered	Covered
4. Accidental Burns	S\$250,000	S\$350,000	S\$550,000
5. Fracture	S\$2,500	S\$3,500	S\$5,500
6. Accidental Death While Traveling In Common Carrier	S\$20,000	S\$30,000	S\$50,000
7. Compassionate Allowance	S\$3,000	S\$4,000	S\$5,000
8. Child Education Fund	S\$10,000	S\$15,000	S\$25,000
Medical			
9. Overseas Medical Expenses	S\$100,000	S\$200,000	S\$300,000
10. Medical Expenses Incurred Upon Return To Singapore	S\$5,000	S\$8,000	S\$10,000
11. Treatment by Traditional Chinese Medicine Practitioner and Chiropractor	S\$500	S\$800	S\$1,000
12. Hospital Daily Income Benefit (Overseas)	S\$5,000	S\$8,000	S\$10,000
13. Overseas Hospital Visit	S\$5,000	S\$8,000	S\$10,000
14. Overseas Compassionate Visit	S\$3,000	S\$5,000	S\$8,000
Evacuation and Repatriation			
15. Liberty China Card	Covered	Covered	Covered
16. Emergency Medical Evacuation	Unlimited	Unlimited	Unlimited
17. Repatriation of Mortal Remains	S\$10,000	S\$20,000	S\$30,000
18. Emergency Telephone Charges	S\$100	S\$200	S\$300
19. 24-hour Medical and Travel Assistance	Liberty Helpline: (+65) 6636 1131		
Liability			
20. Personal Liability	S\$500,000	S\$800,000	S\$1,000,000
Inconveniences			
21. Trip Cancellation	S\$5,000	S\$8,000	S\$10,000
22. Trip Curtailment	S\$5,000	S\$8,000	S\$10,000
23. Trip Rearrangement	S\$5,000	S\$8,000	S\$10,000

Schedule of Benefits

Description of Benefits	Plan 1 (S\$)	Plan 2 (S\$)	Plan 3 (S\$)
24. Trip Disruption	S\$3,000	S\$5,000	S\$7,000
25. Travel Delay	S\$1,000	S\$1,000	S\$1,000
26. Travel/Flight Misconnection	S\$1,000	S\$1,000	S\$1,000
27. Flight Diversion	S\$1,000	S\$1,000	S\$1,000
28. Travel Overbooking	S\$150	S\$200	S\$250
29. Baggage Delay	S\$1,000	S\$1,000	S\$1,000
Losses			
30. Loss of or Damage to Baggage & Personal Effects	S\$3,000	S\$4,000	S\$5,000
31. Loss of or Damage to Personal Portable Business Equipment	S\$2,000	S\$2,000	S\$2,000
32. Loss of Personal Money and Travel Documents	S\$1,000	S\$2,000	S\$3,000
33. Employee Replacement Benefit	S\$5,000	S\$6,000	S\$7,000
34. Bail Bond Facility	S\$15,000	S\$15,000	S\$15,000
35. Hijack Benefit	S\$5,000	S\$5,000	S\$5,000
36. Quarantine following Infectious Diseases	S\$300	S\$700	S\$1,000
37. Automatic Extension	7 days	7 days	7 days

Annual Premium

	Business Only			Business & Leisure		
	Plan 1	Plan 2	Plan 3	Plan 1	Plan 2	Plan 3
Asia Pacific	S\$160	S\$190	S\$260	S\$208	S\$268	S\$338
Worldwide	S\$230	S\$270	S\$360	S\$299	S\$351	S\$468

- **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

The information provided here is a summary. Please refer to the actual policy wordings for the terms and conditions. More information about BizTraveler is available on our website www.libertyinsurance.com.sg.