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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.

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|--|
| <b>Name of Producer &amp; Producer Code:</b> _____ |
|--|

### Particulars of Principal Insured

|   |  |   |
|---|--|---|
| <b>Name of Principal Insured:</b> _____   |  | <b>Contact No.:</b> _____   |
| <b>Mailing Address:</b> _____   |  |   |
|   |  | Postal Code (            )  |
| <b>NRIC/FIN No.:</b> _____  | <b>Date of Birth:</b> _____                        | <b>Gender:</b><br><input type="checkbox"/> Female <input type="checkbox"/> Male |
| <b>Email:</b> _____   |  | <b>Occupation:</b> _____  |
| <b>Class:</b><br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <b>Period of Insurance:</b><br>From _____ To _____ |   |

### Particulars of Spouse and Children to be Insured

| Name | Gender | Date of Birth | NRIC/Fin No. | Nationality | Relationship | Occupation | Class |
|------|--------|---------------|--------------|-------------|--------------|------------|-------|
|      |        |               |              |             |              |            |       |
|      |        |               |              |             |              |            |       |
|      |        |               |              |             |              |            |       |
|      |        |               |              |             |              |            |       |
|      |        |               |              |             |              |            |       |

### Selection of Plan

| Types of Plan  | Premium Applicable | Premium |
|--|--------------------|---------|
| <input type="checkbox"/> Plan A                            |                    |         |
| <input type="checkbox"/> Plan B                            |                    |         |
| Total Annual Premium excluding prevailing GST (7%):        |                    |         |
| plus prevailing GST (7%):                                  |                    |         |
| <b>Total Annual Premium including prevailing GST (7%):</b> |                    |         |

Please contact the Company if additional sums are required.



**Name of Principal Insured:** \_\_\_\_\_

**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
- f) I/We undertake to pay any difference arising from a discrepancy in the NCD declared, failing which the policy shall be canceled by the Company

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal Insured  
Company Stamp (if any)