

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

<b>Name of Proposer:</b> _____		<b>NRIC/FIN No.:</b> _____
<b>Mailing Address:</b> _____ _____ Postal Code ( )		
<b>Date of Birth:</b> _____	<b>Contact No.:</b> _____	<b>Nationality:</b> _____
<b>Email :</b> _____		<b>Occupation:</b> _____

### Type of Coverage

<b>Type of Plan*:</b> <input type="checkbox"/> Classic: S\$96.30 <input type="checkbox"/> Premier: S\$128.40	<b>Period of Insurance:</b> From _____ To _____
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\* Premiums above include prevailing GST.

### Claims History

**Any incurred and/or reported claims for the past three (3) years?**  Yes  No  
If Yes, please provide details.  
\_\_\_\_\_

### Mode of Payment

**Check<sup>1</sup>** Bank: \_\_\_\_\_ Check No.: \_\_\_\_\_

**Credit Card**  
Name of Cardholder:  
(as shown on card) \_\_\_\_\_

Credit Card No.: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Card Verification Value (CVV): \_\_\_\_\_

I hereby authorize Liberty Insurance Pte Ltd to debit my Credit Card account specified above.

<sup>1</sup>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.

### IMPORTANT NOTES

- The liability of the Company does not commence until this Proposal has been accepted by the Company.

Name of Proposer: \_\_\_\_\_

**PAYMENT BEFORE COVER WARRANTY (INDIVIDUAL)**

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) on or before the inception date of the coverage, failing which the Policy shall be deemed to be automatically canceled and no benefits whatsoever shall be payable by the Company.

**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/](http://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

\_\_\_\_\_  
Signature of Proposer  
Company Stamp (if any)