

## Proposal Form – Foreign Workers Medical

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.: _____
Mailing Address: _____ _____ Postal Code ( )		
Email: _____		Contact No.: _____
No. of Years in Business: _____	Period of Insurance: From _____ To _____	
Nature of Business: (Please provide full description)	_____ _____	

### Selection of Plan

<input type="checkbox"/> Basic Plan	<input type="checkbox"/> Basic Plus Plan
Annual Premium per Foreign Worker: S\$ _____	No. of Foreign Workers: _____
Total Annual Premium including prevailing GST: S\$ _____	



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

### Particulars of Insured Members

Name of Foreign Worker	Gender	Date of Birth	Work Permit No.	S Pass No./ FIN No.

### Mode of Payment

<input type="checkbox"/> Bank Transfer <sup>1</sup>	Bank: _____	Cheque No.: _____
<input type="checkbox"/> Cheque <sup>2</sup>		

<sup>1</sup> For bank transfer, please email [accountsreceivable@libertyinsurance.com.sg](mailto:accountsreceivable@libertyinsurance.com.sg) for bank details

<sup>2</sup> Please cross your cheque & 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 cheque

### 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 cancelled and no benefits whatsoever shall be payable by the Company.

### 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.



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

### DECLARATION

I, the Proposer, declare and warrant that:

- a) None of the Insured Member(s):
  - (1) have had any medical claims for the past 3 years up to the inception date of the Policy; or
  - (2) is presently seeking and/or receiving any consultation or treatment at a hospital whether or not drugs and medicine have been prescribed; or
  - (3) have any existing condition(s) of any critical illness or dread disease (including without limitation of cancer, heart disease, stroke, liver disorder, or organ failure); or
  - (4) have any diagnosed condition(s) or symptom(s) or ailment(s) for which hospitalisation is anticipated or pending or
  - (5) have exceeded the maximum age eligibility of 65 years old at last birthday. The above-mentioned conditions, and this proposal form and statements made to the Company, shall be the basis of and shall form part of my Policy that may arise.
- b) All information provided by me/us in connection with this application are true, accurate and complete
- c) I agree that this application and declaration shall be the basis of the contract between Liberty and myself
- d) I 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 I do not fully and faithfully give the facts as I know them or ought to know them, I may receive nothing from the policy
- f) I agree to the policy terms, exclusions and conditions as expressed in the brochure, proposal form, policy wordings and endorsements
- g) I/We have read & agreed entirely to all terms in Liberty's Data Protection Policy, available on request & also at [www.libertyinsurance.com.sg/data-protection-policy](http://www.libertyinsurance.com.sg/data-protection-policy), both now & in advance as it may be amended from time to time

### IMPORTANT NOTICE TO SUBMITTER

If you, the submitter of this form, are submitting this form for another person who is the actual Proposer; and in consideration for Liberty processing this application upon your request:

- a) You agree that you have been validly & legally authorised by the Proposer to do so; and
- b) You warrant that you have shown this entire completed document to the intended Proposer and had obtained his/her agreement to everything; and
- c) You, in your personal capacity, agree to indemnify and keep Liberty Insurance Pte Ltd indemnified against all proceedings, costs, expenses, claims, liabilities, losses or damages if any part of this Notice turns out to be false, howsoever whatsoever, on a **strict liability basis**, that is, even if your state of mind was unintentional, intentional, negligent, inadvertent, accidental, unknowing, etc

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signatory of Authorised Officer &  
Company Stamp

\_\_\_\_\_  
Name

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](mailto:servicecenter@libertyinsurance.com.sg)) or visit the GIA/LIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

