

## Proposal Form – Foreign Workers Medical

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

### Selection of Plan

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Standard Plan          | <input type="checkbox"/> Enhanced Plan | <input type="checkbox"/> Superior Plan                              |
| Annual Premium per Foreign Worker:<br>S\$ _____ | No. of Foreign Workers:<br>_____       | Total Annual Premium including<br>prevailing GST (7%):<br>S\$ _____ |

### Particulars of Insured Members

| Name of Foreign Worker | Gender | Date of Birth | Work Permit No. | S Pass No./<br>FIN No. |
|------------------------|--------|---------------|-----------------|------------------------|
|                        |        |               |                 |                        |
|                        |        |               |                 |                        |
|                        |        |               |                 |                        |
|                        |        |               |                 |                        |



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

### Mode of Payment

Bank Transfer<sup>1</sup>

Cheque<sup>2</sup>

Bank: \_\_\_\_\_

Cheque No.: \_\_\_\_\_

<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.

### DECLARATION

I, the Proposer, declare and warrant that:

- a) All information provided by me/us in [www.libertyinsurance.com.sg/data-protection-policy](http://www.libertyinsurance.com.sg/data-protection-policy), in connection with this application are true, accurate and complete
- b) I agree that this application and declaration shall be the basis of the contract between Liberty and myself
- c) I agree to accept the Company's policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto
- d) 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
- e) I agree to the policy terms, exclusions and conditions as expressed in the brochure, proposal form, policy wordings and endorsements
- f) 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 Proposer

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)).

