

## Proposal Form - Motorcycle

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:	
Reference No:	

### Particulars of Proposer/Company

Name of Proposer/Company:		NRIC/FIN No.:
Mailing Address:		
		Postal Code ( )
Business Registration No.:	Occupation:	Nature of Business:
Contact No.:	Date of Birth:	Gender:
Email:		Nationality:
Period of Insurance:		Years of Driving Experience:
From _____ To _____		
Marital Status:	How often do you drive to West Malaysia?	

### Particulars of Additional Driver(s)

Name of Driver(s)	NRIC/FIN No.	Date of Birth	Gender	Relationship to the Proposer	Any Claims in past 3 years	Years of Driving Experience	Occupation



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Name of Proposer/Company: \_\_\_\_\_

### Details of Claims (past 3 years claims)

Date	Total Claim Amount	Description
	S\$	
	S\$	
	S\$	

### Details of Vehicle

Brand New Vehicle:	Registration No.:	Make and Model:
Engine Capacity:	Type of Body:	Chassis No.:
Engine No.:	Year of Manufacture/Year of Registration:	Parallel Import:
Turbo Engine:	Usage of Vehicle:	No. of Seats:
Name of Finance Company:		No Claim Discount (NCD):
Current Vehicle for NCD Transfer:	Current Insurance Company:	Date of Current Policy Expiry/ Cancellation:
If NCD is 'NIL', please provide reasons:	Reasons if NCD is NIL:	
Any Modification/Accessories (If Yes, please provide details):		
Will Motorcycle be used solely for:		
Will Motorcycle be ridden by:	Does the motorcycle have a side-car?	

### Type of Coverage

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### Other Information

Have you or your Named Driver(s):		
1. Been convicted of any motoring offences (other than parking) in the last 2 years or have prosecutions pending?		
2. Been given demerit points for traffic offences? If Yes, please provide		
Name of Driver: _____	Total demerit points accumulated during last 24 months: _____	Date & Type of Offence: _____
3. Have you suffered from defective vision or hearing, heart condition, epilepsy, diabetes or any physical or mental disability or infirmity that could impair the ability to drive?		
4. Been refused motor insurance at any time or subjected to special conditions?		
5. Do you have any insurance terminated in the last 12 months due to breach of any premium payment conditions?		
6. Have you ever had been identified as unfit to drive in any Medical Examination for Driving License in the past?		
If any of the above answers are 'Yes', please provide details:  _____  _____		

### Mode of Payment

Premium excluding prevailing GST:	Prevailing GST:	Total Premium including prevailing GST:
S\$_____	S\$_____	S\$_____
<input type="checkbox"/> Credit Card through <a href="#">AXS Online</a> /AXS Stations • Select Liberty Insurance as the billing organization		
<input type="checkbox"/> Bank Transfer / PayNow Corporate		<ul style="list-style-type: none"><li>Name of Bank: United Overseas Bank Ltd</li><li>Account Number: 451-304-455-5</li><li>PayNow UEN: 199002791D555</li><li>Entity Name: Liberty Insurance Pte Ltd</li><li>Remarks: Key in Cover Note Number or Full Name &amp; Contact Number</li><li>Please provide a screen capture of the payment</li></ul>
<b>Upon making payment, kindly email payment details and completed proposal form to <a href="mailto:accountsreceivable@libertyinsurance.com.sg">accountsreceivable@libertyinsurance.com.sg</a>.</b>		
Should you have any queries, you may contact Liberty at 1800-LIBERTY (5423 789), Monday to Friday, 8.30am – 5.30pm.		



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Name of Proposer/Company: \_\_\_\_\_

### 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.

### PREMIUM PAYMENT 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 cancelled and a pro-rata premium is to be charged for the period that the Company is on risk.

### DECLARATION

I, the Proposer, do hereby declare and warrant that:

- a) All information provided by me/us 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
- g) I/We undertake to pay any difference arising from a discrepancy in the NCD declared, failing which the policy shall be cancelled by the Company

### 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

Please attach the quotation obtained from Liberty Insurance and submit together with the Proposal Form.

\_\_\_\_\_  
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)).

