

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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Name of Proposer/Company: _____

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

Total annual premium including prevailing GST: _____

S\$

AXS Online/AXS Stations¹

Cheque²

Bank: _____

Cheque No.: _____

Credit Card

Full Payment

0% Interest Instalment Plan³

i. 6 months instalment

ii. 12 months instalment

iii. 24 months instalment
(for 2-year Motor only)

Type of Credit Card: _____

Name of Cardholder (as shown on card): _____

Credit Card No.: _____

Expiry Date: _____

Card Verification Value (CVV): _____



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Name of Proposer/Company: _____

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

Upon making payment, kindly email to accountsreceivable@libertyinsurance.com.sg with payment details.

¹ Please select Liberty Insurance as billing organisation and enter the policyholder name and contact number.

² Please cross your cheque & make payable to "LIBERTY INSURANCE PTE LTD". Kindly indicate (1) Name of Proposer; (2) Contact No.; (3) Name of Product at the back of your cheque.

³ Only applicable for instalment payment through participating banks in Singapore and is subject to their Credit Card Agreement Terms & Conditions. Minimum premium of S\$500 is required for 6 and 12 months instalment. Only 6 months instalment is allowed via DBS/POSB credit cards for premium below S\$500 (subject to minimum S\$100).

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, 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) or visit the GIA/LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

