

## Proposal Form - Motorcycle

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:	_____
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:
_____	_____	<input type="checkbox"/> Female <input type="checkbox"/> Male
Email:		Nationality:
_____		_____
Period of Insurance:		Years of Driving Experience:
From _____	To _____	_____
Marital Status:	How often do you drive to West Malaysia?	
<input type="checkbox"/> Divorced/Widowed	<input type="checkbox"/> Never	
<input type="checkbox"/> Married	<input type="checkbox"/> 12 times or less per year	
<input type="checkbox"/> Single	<input type="checkbox"/> More than 12 times per year	

### 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
			<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> No <input type="checkbox"/> Yes		
			<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> No <input type="checkbox"/> Yes		
			<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> No <input type="checkbox"/> Yes		
			<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> No <input type="checkbox"/> Yes		



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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
			<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> No <input type="checkbox"/> Yes		

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

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

### Details of Vehicle

Brand New Vehicle: <input type="checkbox"/> No <input type="checkbox"/> Yes	Registration No.: _____	Make and Model: _____
Engine Capacity: _____	Type of Body: _____	Chassis No.: _____
Engine No.: _____	Year of Manufacture/Year of Registration: _____	Parallel Import: _____
Turbo Engine: <input type="checkbox"/> No <input type="checkbox"/> Yes	Usage of Vehicle: <input type="checkbox"/> Business <input type="checkbox"/> Hire & Reward <input type="checkbox"/> Private	No. of Seats: _____
Name of Finance Company: _____	No Claim Discount (NCD): <input type="checkbox"/> 0% <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 20%	
Current Vehicle for NCD Transfer: _____	Current Insurance Company: _____	Date of Current Policy Expiry/ Cancellation: _____
If NCD is 'NIL', please provide reasons: <input type="checkbox"/> First time buying a vehicle <input type="checkbox"/> Have been driving other's vehicle <input type="checkbox"/> 2 <sup>nd</sup> or 3 <sup>rd</sup> vehicle <input type="checkbox"/> NIL	Reasons if NCD is NIL: _____	
Any Modification/Accessories (If Yes, please provide details): _____		
<input type="checkbox"/> No <input type="checkbox"/> Yes		



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Name of Proposer/Company: _____		
Will Motorcycle be used solely for:	Will Motorcycle be ridden by:	Does the Motorcycle have a side-car?
<input type="checkbox"/> Social domestic, and pleasure purpose <input type="checkbox"/> Social domestic, pleasure and business purpose	<input type="checkbox"/> Any rider <input type="checkbox"/> The Insured or by one named rider	<input type="checkbox"/> No <input type="checkbox"/> Yes

### Type of Coverage

<input type="checkbox"/> Comprehensive	<input type="checkbox"/> Third-party, Fire & Theft	<input type="checkbox"/> Third-party only
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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?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
2. Been given demerit points for traffic offences? If Yes, please provide	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
4. Been refused motor insurance at any time or subjected to special conditions?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
5. Do you have any insurance terminated in the last 12 months due to breach of any premium payment conditions?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
6. Have you ever had been identified as unfit to drive in any Medical Examination for Driving License in the past?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If any of the above answers are 'Yes', please provide details:  _____		

### Mode of Payment

Total annual premium including prevailing GST (7%):	S\$ _____
<input type="checkbox"/> AXS Online/AXS Stations <sup>1</sup>	
<input type="checkbox"/> Cheque <sup>2</sup>	Bank: _____ Cheque No.: _____
<input type="checkbox"/> Credit Card	



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Name of Proposer/Company: _____			
<input type="checkbox"/> Full Payment			
<input type="checkbox"/> 0% Interest Instalment Plan <sup>3</sup>			
i. 6 months instalment	<input type="checkbox"/> DBS/POSB	<input type="checkbox"/> Standard Chartered	<input type="checkbox"/> UOB
ii. 12 months instalment	<input type="checkbox"/> DBS/POSB	<input type="checkbox"/> Standard Chartered	<input type="checkbox"/> UOB
iii. 24 months instalment (for 2-year Motor only)	<input type="checkbox"/> DBS/POSB		
Type of Credit Card:	Name of Cardholder (as shown on card): _____		
<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa		
Credit Card No.:	Expiry Date:	Card Verification Value (CVV): _____	

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](mailto:accountsreceivable@libertyinsurance.com.sg) with payment details.

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

<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 at the back of your cheque.

<sup>3</sup> 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](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



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

- 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)).

