

Proposal Form - PACare Plus (Enhanced)

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:		Contact No.:
_____		_____
Mailing Address:		Postal Code ()
_____		_____
NRIC/FIN No.:	Date of Birth:	Gender:
_____	_____	_____
Occupation:	Nationality:	Business Registration No.:
_____	_____	_____
Email:	Nature of Business:	
_____	_____	
Class:		

Particulars of Additional Insured Person(s) (Spouse/Children/Employee)

Name	Gender	Date of Birth	NRIC/FIN No	Nationality	Relationship	Occupation	Class



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Selection of Plan

Type of Plan ¹	Self	Spouse	Child	Premium Applicable	Premium
Exclusive	<input type="checkbox"/>	<input type="checkbox"/>	N.A.	S\$	S\$
Elite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S\$	S\$
Executive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S\$	S\$
Economy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S\$	S\$
Essential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S\$	S\$
Total Annual Premium excludes prevailing GST (7%):					S\$
plus prevailing GST (7%):					S\$
Total Annual Premium includes prevailing GST (7%):					S\$

¹ The Plan selected for Spouse/Child must be equal or lower than that of Main Insured (self)

Annual Premium

Adult Premium		Exclusive	Elite	Executive	Economy	Essential
Class 1	Self	S\$695.50	S\$481.50	S\$342.40	S\$201.16	S\$128.40
	Spouse	S\$660.19	S\$456.89	S\$325.28	S\$191.53	S\$121.98
Class 2	Self	S\$903.08	S\$613.11	S\$436.56	S\$245.03	S\$155.15
	Spouse	S\$858.14	S\$582.08	S\$415.16	S\$232.19	S\$147.66
Class 3	Self	N.A.	N.A.	N.A.	S\$323.14	S\$182.97
	Spouse	N.A.	N.A.	N.A.	S\$307.09	S\$173.34
Child premium for 50% coverage						
50% of Sum Insured from Section 1 to 19		N.A.	S\$299.60	S\$200.09	S\$112.35	S\$70.62
Period of Insurance:						
From _____ To _____						



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Other Information

1. Does your occupation fall within any of the Decline or Referred Risks?	
2. Do you engage in any sports/activities which are excluded by the policy?	
3. Do you suffer from any disease, physical defect or infirmity?	
4. Do you have any other personal accident insurance? If "Yes", what is the sum insured: _____	
5. Have you ever made a claim against any insurer in respect of any bodily injury?	
6. Has any application made by you for life or accident insurance been declined, cancelled or renewal refused or subject to special terms and conditions?	

If any of the above answers is Yes, please provide details:

Mode of Payment

<input type="checkbox"/> AXS Online/AXS Stations ¹			
<input type="checkbox"/> Cheque ²	Bank: _____	Cheque No.: _____	
<input type="checkbox"/> Credit Card			
<input type="checkbox"/> Full Payment			
<input type="checkbox"/> 0% Interest Instalment Plan ³			
i. 6 months instalment			
ii. 12 months instalment			
iii. 6 months instalment for premium below S\$500 ⁴			
Type of Credit Card: _____	Name of Cardholder (as shown on card): _____		
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 with payment details.

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



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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 is S\$500 and above.

⁴ Subject to minimum premium S\$100.

DECLARATION

I, the Proposer, 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

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
Company Stamp (if any)

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).

