

Proposal Form - PASafe

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: _____

Particulars of Proposer/Main Insured

Name of Proposer/Main Insured:		Contact No.:
_____		_____
Mailing Address:		
_____		Postal Code ()
NRIC/FIN No.:	Date of Birth:	Gender:
_____	_____	_____
Occupation:	Nationality:	Business Registration No.:
_____	_____	_____
Email:		Nature of Business:
_____		_____
Period of Insurance:		Class:
From _____ To _____		_____

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

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

Proposal Form - PASafe

Name of Proposer: _____

Selection of Benefits

Name of Main Insured:	Sum Insured	Premium Before GST
Death	S\$	S\$
Permanent Disablement <input type="checkbox"/> Scale I <input type="checkbox"/> Scale II	S\$	S\$
Temporary Total Disablement (per week)	S\$	S\$
Temporary Partial Disablement (per week)	S\$	S\$
Medical Expenses	S\$	S\$
Daily Hospital Cash	S\$	S\$
Personal Liability	S\$	S\$
Annual Premium Excluding Prevailing GST		S\$

Name of Insured Person:	Sum Insured	Premium Before GST
Death	S\$	S\$
Permanent Disablement <input type="checkbox"/> Scale I <input type="checkbox"/> Scale II	S\$	S\$
Temporary Total Disablement (per week)	S\$	S\$
Temporary Partial Disablement (per week)	S\$	S\$
Medical Expenses	S\$	S\$
Daily Hospital Cash	S\$	S\$
Personal Liability	S\$	S\$
Annual Premium Excluding Prevailing GST		S\$

Name of Insured Person:	Sum Insured	Premium Before GST
Death	S\$	S\$
Permanent Disablement <input type="checkbox"/> Scale I <input type="checkbox"/> Scale II	S\$	S\$
Temporary Total Disablement (per week)	S\$	S\$
Temporary Partial Disablement (per week)	S\$	S\$
Medical Expenses	S\$	S\$
Daily Hospital Cash	S\$	S\$
Personal Liability	S\$	S\$
Annual Premium Excluding Prevailing GST		S\$



Proposal Form - PASafe

Name of Proposer:

Selection of Benefits (cont'd)

Total Annual Premium Excluding Prevailing GST	S\$
Prevailing GST	S\$
Total Annual Premium Including Prevailing GST	S\$

Job Description

In the nature of your work, do you:	
a) Superintend manual work?	
b) Do manual work?	
c) Use any machinery?	
Do you engage in any hazardous sports or activities?	
Do you travel by air more than once a month?	
Does your occupation fall within any of the Declined or Referred Risks?	
If any of your answers are "Yes", please provide full details:	
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	

Insurance History

Has any application made by you for Accident or Life proposal/renewal been declined, withdrawn or subject to special terms and conditions?	
Will this insurance be an additional to any other personal accident policies?	
If any of your answers are "Yes", please provide full details:	



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Health

Have you sustained any accidents necessitating medical attention during the last 5 years?	
Have you ever had any physical defects or infirmity?	
Any other ailment, impairment, Bodily Injury, Accident, condition(s) or medical investigations not mentioned above?	
Have you ever made a claim against any insurer in respect of Bodily Injury or sickness during the last 3 years?	
If any of your answers are "Yes", please provide full details:	
<div style="border: 1px solid black; height: 150px; width: 100%;"></div>	

Mode of Payment (Mastercard/Visa/Amex/UOB IPP/DBS IPP)

Total annual premium including prevailing GST:	S\$
<div><input type="checkbox"/> Credit Card</div> <div><div><div>1. The Proposer will receive a payment link from the Producer/Liberty via email. Please ensure the Proposer's email address is provided in this Proposal Form.</div><div>2. Upon clicking on the link, the Proposer will be directed to our authorized third-party payment gateway, 2C2P, for secure credit card payment.</div><div>3. The Policy will be issued upon successful payment of premium.</div><div>4. For information regarding other payment methods, please refer to https://www.libertyinsurance.com.sg/finance</div></div></div>	

Automatic Renewal (Optional)

☐ Yes, I wish to opt for auto renewal by annual GIRO payment¹

¹ Please complete the Interbank GIRO form and submit together with the Proposal Form

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.



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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:

- g) You agree that you have been validly & legally authorised by the Proposer to do so; and
- h) You warrant that you have shown this entire completed document to the intended Proposer and had obtained his/her agreement to everything; and
- i) 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).

