

## PMD Insurance

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

Name of Proposer: _____	NRIC/FIN No. of Proposer: _____
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Mailing Address of Proposer:  
\_\_\_\_\_  
 \_\_\_\_\_ Postal Code ( )

Contact No. of Proposer: _____	Email of Proposer: _____
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Name of Insured Person (if different from Proposer): _____	Date of Birth of Insured: _____
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Occupation of Insured: _____	PMD Make/Model: _____	PMD Registration No.: _____
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Period of Insurance:  
 From \_\_\_\_\_ To \_\_\_\_\_

### Benefits

Description of Benefits (for Insured Person)	Limit of Liability	Excess <sup>1</sup>
Section 1. Accidental Death	S\$100,000	N.A.
Section 2. Permanent Disablement per Scale of Benefits	S\$100,000	N.A.
Section 3. Medical Expenses	S\$1,000	S\$100 for each & every claim
Section 4. Personal Liability	S\$200,000 for any one accident/ aggregate any one period (inclusive of legal costs & expenses)	For personal use: S\$100 for each & every claim  For commercial use: S\$500 for each & every claim (e.g. food and parcel delivery)
Annual Premium including prevailing GST (9%):	<b>S\$91.68</b>	



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<sup>1</sup> "Excess" means the first portion of any claim for which the Insured is liable. The excess is subject to the Goods & Services Tax (GST)

### Mode of Payment

Bank Transfer /  
PayNow Corporate



- Name of Bank: United Overseas Bank Ltd
- Account Number: 451-304-455-5
- PayNow UEN: 199002791D555
- Entity Name: Liberty Insurance Pte Ltd
- Remarks: Enter Full Name and Contact Number
- Please provide a screen capture of the payment

Upon making payment, kindly email proposal form and payment screenshot to [accountsreceivable@libertyinsurance.com.sg](mailto:accountsreceivable@libertyinsurance.com.sg)

### 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.

### DECLARATION

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

- All information provided by me in connection with this application are true, accurate and complete
- I agree that this application and declaration shall be the basis of the contract between Liberty and myself
- I agree to accept the Company's policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto
- 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
- I am aware that this electronic system may reside outside of Singapore and I am the transferor (not Liberty) of all personal data out of Singapore, upon submission
- 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

### 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:

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

