Liberty Insurance

www.libertyinsurance.com.sg

Proposal Form

Paymaster (Group)

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 Company: _____	**Contact No.:** _____
Name of Contact Person: _____	**Business Registration No.:** _____
Mailing Address: _____ Postal Code ( )	
Email: _____	**Nature of Business:** _____

Particulars of Members

1. Age Group Summary:

Age Category	18 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64
No. of Members									

2. Total No. of Members employed in the last 3 years:

Year	
No. of Members	

3. Details of licenses lost permanently by your members in the last 5 years
(please use additional paper if necessary):

Year	Cause	Age	Sum Insured (S$)

Name of Company: _____

Particulars of Members (please fill in the Annex: Health Declaration for each of the members to be insured)

4. Are any of your members currently unfit to perform the duties of their occupation who may lose their license permanently?	☐ Yes	☐ No
5. Has any limitation every been endorsed on any of your members' license?	☐ Yes	☐ No
6. Has any of the members been required to notify CAAS of a decreased in medical fitness?	☐ Yes	☐ No

If any of your answers are "Yes", please provide full details (please use additional paper if necessary).

Other Insurance

1. Does your group have an existing or previous cover? ☐ Yes ☐ No

If Yes,

Name of Existing Insurer:	Type of Policy:	Sum Insured Per Member:
_____	_____	_____

2. Is your group looking to
- ☐ Replace the current cover (if any)?
- ☐ Keep the current cover (if any) and top up?
- ☐ Not applicable (does not have current cover)

3. Will this policy be funded by
- ☐ The Group as a benefit for members of the group?
- ☐ The individual members of the group?

Selection of Cover

Sum Insured	**Annual Premium (inclusive of prevailing GST)**	
	Pilots, Flight Instructors and Multi-Crew Pilot	**Air Traffic Controllers**
S$300,000	☐ S$1,338	☐ S$1,220
S$200,000	☐ S$960	☐ S$835
S$100,000	☐ S$520	☐ S$450
	Total Premium:	

Period of Insurance:

From _____ To _____

Mode of Payment

☐ **Check**[1] Bank: _____ Check No.: _____

☐ **Credit Card** Please select

- ☐ Full Payment
- ☐ 0% Interest Instalment Plan[2]
  - I. Premium S$500 and above: Please select

Name of Company: _____

Mode of Payment

II. Premium below S$500 (subject to minimum premium S$100) — Please select

Name of Cardholder:
(as shown on card) _____

Credit Card No.: | | | | - | | | | - | | | | - | | | |

Expiry Date: | | / | |

Card Verification Value (CVV): | | |

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

[1]Please cross your check & make payable to "LIBERTY INSURANCE PTE LTD". Kindly indicate (1) Name of Proposer; (2) Contact No.; (3) Name of Product; (4) Producer Code at the back of your check.
[2]Only applicable for instalment payment through participating banks in Singapore and is subject to their Credit Card Agreement Terms & Conditions.

Automatic Renewal (Optional)

☐ Yes, I wish to opt for auto renewal by annual GIRO payment.*

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

PAYMENT BEFORE COVER WARRANTY
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.

PERSONAL DATA PROTECTION
I give consent to Liberty Insurance Pte Ltd and third-parties including related entities, employees, agents, other insurers, contractors & service-providers (collectively, "Appointees") to collect, use and disclose all personal data relating to myself or other individuals that I have furnished in the past, present & in the future, for one or more of the purposes described in Liberty's Data Protection Policy, including but not limited to considering whether to provide insurance, carrying out due diligence, pricing, administering and servicing my policies, communicating with me, renewals, reinsurance, collections, claims, accounting, audit, legal, compliance, research, analysis, information-sharing, surveys, data storage & backups. I have read and agreed to the full Policy at www.libertyinsurance.com.sg/data-protection-policy/. If there is any personal data relating not to myself but to other individuals that I have furnished in the past, present & in the future, I warrant that I have obtained prior consent from these data subjects (or if they are lacking in legal capacity, from their legal representatives, guardians or parents as the case may be) for Liberty Insurance Pte Ltd and its Appointees to collect, use and disclose their personal data for the abovementioned purposes and on the same terms herewith. I warrant that all personal data I have provided are accurate and complete, and I shall inform Liberty of any changes to the personal data to my knowledge as soon as practicable.

DECLARATION
I/We do hereby declare and warrant that:

a) All information provided by me/us in connection with this application is true, accurate and complete
b) I/We understand that any inaccurate, incomplete or false information given or any omission of information required, may at Liberty Insurance Pte Ltd's ("**Liberty**", the "**Company**") discretion, render this application invalid
c) I/We agree that this application and declaration shall be the basis of the contract between Liberty and myself
d) I/We agree to accept the Company's policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto
e) If we/I do not fully and faithfully give the facts as we/I know them or ought to know them, we/I may receive nothing from the policy

_____ Date

_____ Signature of Proposer

Paymaster (Group) Annex

Name of Company: _____

Health Declaration (to be completed by each member to be insured)

Name of Member: _____		**NRIC/FIN No.:** _____	
Date of Birth: _____	**Nationality:** _____	**Gender:** ☐ Female	☐ Male
Contact No.: _____	**Occupation:** _____	**Rank:** _____	
Email: _____		**Height (m):** _____m	**Weight (kg)** _____kg

Have you ever been grounded, declared unfit to fly or had your license invalidated for medical reasons?	☐ Yes	☐ No
Has any limitation ever been endorsed on any of your licenses?	☐ Yes	☐ No
Have you ever been required to notify CAAS of a decreased in medical fitness?	☐ Yes	☐ No
If any of your answers are "Yes", please provide full details (please use additional paper if necessary).		
1. Date of your last aviation medical		
2. Do you currently have any symptoms of injury or illness or are you taking prescribed medication of any kind?	☐ Yes	☐ No
3. Have you ever suffered from any condition which necessitated hospital attendance, admission, diagnosis or treatment?	☐ Yes	☐ No
4. After or during a medical examination, have you ever:		
a) been required to take additional tests?	☐ Yes	☐ No
b) been referred for specialist examination?	☐ Yes	☐ No
c) had the issue or renewal of your medical certificate deferred?	☐ Yes	☐ No
d) had to return for examination at less than the normal interval?	☐ Yes	☐ No
e) been ordered to take drugs or follow any special diet?	☐ Yes	☐ No
5. Have you ever been investigated, diagnosed, treated or received advice from a registered medical practitioner in relation to:		
a) brain, epilepsy or disorders of the central nervous system?	☐ Yes	☐ No
b) heart, arteries, cholesterol, blood pressure or disorders of the circulatory system?	☐ Yes	☐ No
c) lungs, asthma, tuberculosis or disorders of the respiratory system?	☐ Yes	☐ No
d) stomach, oesophagus or disorders of the digestive system?	☐ Yes	☐ No
e) kidney, bladder, liver, spleen, bowel or disorders of the genito-urinary system?	☐ Yes	☐ No
f) head, back, neck or spine or any disorders of the musculoskeletal system?	☐ Yes	☐ No
g) depression, psychological, psychiatric or personality disorder?	☐ Yes	☐ No
h) cancer or tumour?	☐ Yes	☐ No
i) diabetes?	☐ Yes	☐ No
j) any disorder of the eyes or ears?	☐ Yes	☐ No
k) any disorder of the skin?	☐ Yes	☐ No
l) hepatitis?	☐ Yes	☐ No
m) any hernia or associated condition?	☐ Yes	☐ No

Name of Company: _____

n)	**arthritis or rheumatism?**	☐ Yes	☐ No
o)	**physical impairment or deformity?**	☐ Yes	☐ No
p)	**drug or alcohol dependence?**	☐ Yes	☐ No
q)	**HIV, AIDS or AIDS related conditions?**	☐ Yes	☐ No

If any of your answers are "Yes", please provide full details (please use additional paper if necessary).

Details of Treating Doctor(s)

Family Doctor	Last Doctor Consulted	Company's Doctor
Name of Clinic: _____	**Name of Clinic:** _____	**Name of Clinic:** _____
Name of Doctor: _____	**Name of Doctor:** _____	**Name of Doctor:** _____

Other Insurance

1.	**Are you entitled to any other loss of license insurance arranged by you, your association or your employer?**	☐ Yes	☐ No
2.	**Has any insurance policy or application for loss of license insurance ever been declined, modified, accepted at an increased premium, canceled or refused renewal?**	☐ Yes	☐ No
3.	**Have you ever claimed for benefits under any loss of license policy?**	☐ Yes	☐ No

If any of your answers are "Yes", please provide full details (please use additional paper if necessary).

PERSONAL DATA PROTECTION

I give consent to Liberty Insurance Pte Ltd and third-parties including related entities, employees, agents, other insurers, contractors & service-providers (collectively, "Appointees") to collect, use and disclose all personal data relating to myself or other individuals that I have furnished in the past, present & in the future, for one or more of the purposes described in Liberty's Data Protection Policy, including but not limited to considering whether to provide insurance, carrying out due diligence, pricing, administering and servicing my policies, communicating with me, renewals, reinsurance, collections, claims, accounting, audit, legal, compliance, research, analysis, information-sharing, surveys, data storage & backups. I have read and agreed to the full Policy at www.libertyinsurance.com.sg/data-protection-policy/. If there is any personal data relating not to myself but to other individuals that I have furnished in the past, present & in the future, I warrant that I have obtained prior consent from these data subjects (or if they are lacking in legal capacity, from their legal representatives, guardians or parents as the case may be) for Liberty Insurance Pte Ltd and its Appointees to collect, use and disclose their personal data for the abovementioned purposes and on the same terms herewith. I warrant that all personal data I have provided are accurate and complete, and I shall inform Liberty of any changes to the personal data to my knowledge as soon as practicable.

DECLARATION

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c) I/We agree that this application and declaration shall be the basis of the contract between Liberty and myself
d) I/We agree to accept the Company's policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto
e) If we/I do not fully and faithfully give the facts as we/I know them or ought to know them, we/I may receive nothing from the policy

_____ _____

Date Signature of Applicant/Member