

## 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	18-24	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\$)
			S\$
			S\$
			S\$

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Name of Company: _____			
Year	Cause	Age	Sum Insured (S\$)
			S\$
			S\$

Please fill in the Annex: Health Declaration for each of the members to be insured.

4. Are any of your member currently unfit to perform the duties of their occupation who may lose their license permanently?
5. Has any limitation ever been endorsed on any of your members' licenses?
6. Has any of the members been required to notify CAAS of a decreased in medical fitness?
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? If "Yes", Name of Existing Insurer: _____ Type of Policy: _____ Sum Insured Per Member: _____ _____ S\$ _____
2. Is your group looking to _____
3. Will this policy be funded by _____

### Selection of Cover

Sum Insured	Annual Premium (inclusive of prevailing GST)	
	Pilot, Flight Instructors and Multi-Crew Pilot	Air Traffic Controllers
S\$300,000	<input type="checkbox"/> S\$1,338	<input type="checkbox"/> S\$1,220
S\$200,000	<input type="checkbox"/> S\$960	<input type="checkbox"/> S\$835
S\$100,000	<input type="checkbox"/> S\$520	<input type="checkbox"/> S\$450
Total Premium: S\$		

Period of Insurance: From _____ To _____
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## Proposal Form – Paymaster (Group)

Name of Company: \_\_\_\_\_

### Mode of Payment

AXS Online/AXS Stations<sup>1</sup>

Cheque<sup>2</sup> Bank: \_\_\_\_\_ Cheque No.: \_\_\_\_\_

Credit Card

Full Payment

0% Interest Instalment Plan<sup>3</sup>

i. 6 months instalment

ii. 12 months instalment

iii. 6 months instalment for premium below S\$500<sup>4</sup>

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](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 is S\$500 and above.

<sup>4</sup> Subject to minimum premium S\$100.

### Automatic Renewal (Optional)

Yes, I wish to opt for auto renewal by annual GIRO payment<sup>5</sup>

<sup>5</sup> Please complete the Interbank GIRO form and submit together with the Proposal Form

### 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, declare and warrant that:

- All information provided by me/us 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



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Name of Company: \_\_\_\_\_

- 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

### 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](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)).



## Annex – Paymaster (Group)

Name of Company:	_____
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### Health Declaration (to be completed by each member to be insured)

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

Have you ever been grounded, declared unfit to fly or had your license invalidated for medical reasons?

Has any limitation ever been endorsed on any of your licenses?

Has any of the members been required to notify CAAS of a decreased in medical fitness?

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?

3. Have you ever suffered from any condition which necessitated hospital attendance, admission, diagnosis or treatment?

4. After or during a medical examination, have you ever:

- a) been required to take additional tests?
- b) been referred for specialist examination?
- c) had the issue or renewal of your medical certificate deferred?
- d) had to return for examination at less than the normal interval?
- e) been ordered to take drugs or follow any special diet?

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?



**Annex – Paymaster (Group)**

Name of Company: \_\_\_\_\_

- b) heart, arteries, cholesterol, blood pressure or disorders of the circulatory system?
- c) lungs, asthma, tuberculosis or disorders of the respiratory system?
- d) stomach, oesophagus or disorders of the digestive system?
- e) kidney, bladder, liver, spleen, bowel or disorders of the genito-urinary system?
- f) head, back, neck or spine or any disorders of the musculoskeletal system?
- g) depression, psychological, psychiatric or personality disorder?
- h) cancer or tumour?
- i) diabetes?
- j) any disorder of the eyes or ears?
- k) any disorder of the skin?
- l) hepatitis?
- m) any hernia or associated condition?
- n) arthritis or rheumatism?
- o) physical impairment or deformity?
- p) drug or alcohol dependence?
- q) HIV, AIDS, or AIDS related conditions?

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: _____



## Annex – Paymaster (Group)

Name of Company: \_\_\_\_\_

### Other Insurance

Are you entitled to any other loss of license insurance arranged by you, your association or your employer?

Has any insurance policy or application for loss of license insurance ever been declined, modified, accepted at an increased premium, canceled or refused renewal?

Have you ever claimed for benefits under any loss of license policy?

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

### 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](http://www.libertyinsurance.com.sg/data-protection-policy), both now & in advance as it may be amended from time to time

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- 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 Applicant/Member

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)).

