

Proposal Form – Paymaster (Individual)

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:
_____	_____	_____
Email:		Nationality:
_____		_____

Details of Profession

Occupation:	Rank (where applicable):	Height (m):	Weight (kg):
_____	_____	_____m	_____kg
Name of Current Employer:		Years of Experience:	
_____		_____	
Type of License Held:		License No.:	
_____		_____	
Country of Issue:	Licensing Authority:		
_____	_____		
License Validity:			
From _____ To _____			
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?			
Have you ever been required to notify CAAS of a decreased in medical fitness?			

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

Health Declaration

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?
 - 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?



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k) any disorder of the skin?

l) hepatitis?

6. Have you ever been investigated, diagnosed, treated or received advice from a registered medical practitioner in relation to:

a) any hernia or associated condition?

b) arthritis or rheumatism?

c) physical impairment or deformity?

d) drug or alcohol dependence?

e) HIV, AIDS or AIDS related conditions?

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

Description of health condition(s):

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

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?



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

Selection of Cover

Sum Insured	Annual Premium (inclusive of prevailing GST)	
	Pilots, 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 _____

Mode of Payment

☐ [AXS Online/AXS Stations](#)¹

☐ Cheque² Bank: _____ Cheque No.: _____

☐ Credit Card

☐ Full Payment

☐ 0% Interest Instalment Plan³

i. 6 months instalment

ii. 12 months instalment

iii. 6 months instalment for premium below S\$500⁴

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.

Automatic Renewal (Optional)

☐ Yes, I wish to opt for auto renewal by annual GIRO payment⁵

⁵ 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.

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).

