

## Proposal Form - Personal Accident

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:
Occupation:	Nationality:	Business Registration No.:
Email:	Nature of Business:	
Period of Insurance:	Class:	
From _____ To _____		

### Selection of Benefits

Description of Benefits	Sum Insured	Premium
Death	S\$	S\$
Permanent Disablement		
<input type="checkbox"/> Scale I	S\$	S\$
<input type="checkbox"/> Scale II	S\$	S\$
Temporary Total Disablement (per week)	S\$	S\$
Temporary Partial Disablement (per week)	S\$	S\$
Medical Expenses (limit any one accident)	S\$	S\$



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Name of Proposer: _____		
Description of Benefits	Sum Insured	Premium
Hospital Allowance (per day)	S\$	S\$
Total Annual Premium excludes prevailing GST (7%):		S\$
plus prevailing GST (7%):		S\$
Total Annual Premium includes prevailing GST (7%):		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:

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### 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Has any application made by you for Accident or Life proposal/renewal been declined, withdrawn or subject to special terms and conditions?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?
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Name of Proposer: _____	
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:	

## Mode of Payment

<input type="checkbox"/> AXS Online/AXS Stations <sup>1</sup>		
<input type="checkbox"/> Cheque <sup>2</sup>	Bank: _____	Cheque No.: _____
<input type="checkbox"/> Credit Card		
<input type="checkbox"/> Full Payment		
<input type="checkbox"/> 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.



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### 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

### 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.

### 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

### 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)).

