

Proposal Form - PetCare

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 (Same as NRIC/FIN): _____	NRIC/FIN No.: _____
Mailing Address: _____	
_____	Postal Code ()
Email: _____	Type of Residence: _____
Date of Birth: _____	Contact No.: _____
Period of Insurance: From _____ To _____	

Particulars of Pet(s)

	Pet 1	Pet 2
Name of Pet		
Gender of Pet		
Date of Birth		
Species		
Breed		
Microchip No.		
Sterilised		



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Name of Proposer: _____

Selection of Plan

Types of Plan	Pet 1	Pet 2	Premium
Standard Plan	<input type="checkbox"/>	<input type="checkbox"/>	S\$
Enhanced Plan	<input type="checkbox"/>	<input type="checkbox"/>	S\$
Superior Plan	<input type="checkbox"/>	<input type="checkbox"/>	S\$
Total Annual Premium including prevailing GST:			S\$

Particulars of Vet

Was the Pet referred by another Vet?

If Yes, please provide details:

Name of Vet: _____

Contact No. of Vet: _____

Address: _____

Postal Code ()

Pet's Medical Declaration

1. Has your Pet gotten into any Accident resulting in bodily Injury which may or may not have required Veterinary Treatment? If Yes, please provide details:	
Date of Accident: _____	Details of Injury: _____ Status of recovery: _____
2. Has your Pet had any physical disability which may or may not have required Veterinary Treatment? If Yes, please provide details:	
Type of disability: _____	Is it a Congenital Condition? _____ Is your Pet receiving regular Veterinary Treatment to manage the Condition? _____
3. Has your Pet undergone surgery during the last 6 months? If Yes, please provide details:	
Reason for surgery: _____	Status of recovery: _____
4. Is your Pet undergoing any Veterinary Treatment arising from Illness or Injury? If Yes, please provide details:	
Details of Illness/Injury: _____	Type of Treatment received: _____ Status of recovery: _____



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Name of Proposer: _____

Mode of Payment (Mastercard/Visa/Amex/UOB IPP/DBS IPP)

Total annual premium including prevailing GST:

S\$ _____

Credit Card

1. The Proposer will receive a payment link from the Producer/Liberty via email. Please ensure the Proposer's email address is provided in this Proposal Form.
2. Upon clicking on the link, the Proposer will be directed to our authorized third-party payment gateway, 2C2P, for secure credit card payment.
3. The Policy will be issued upon successful payment of premium.
4. For information regarding other payment methods, please refer to <https://www.libertyinsurance.com.sg/finance>

Automatic Renewal (Optional)

Yes, I wish to opt for auto renewal by annual GIRO payment¹

¹Please complete the Interbank GIRO form and submit together with the Proposal Form.

PROOF OF OWNERSHIP

Please note that a copy of Pet License or other documentary proof of ownership of the Pet will be required to be submitted to the Company when making a claim, failing which the policy shall be deemed to be automatically cancelled and no benefits whatsoever shall be payable by the Company.

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.



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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

