

Liberty Insurance Pte Ltd

One Raffles Quay #25-01 North Tower Singapore 048583 Tel: 1800-LIBERTY (542 3789) Reg. No. 199002791D | GST Reg. No. M2-0093571-3 www.libertyinsurance.com.sg

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 Co	ode:				
Particulars of Proposer					
Name of Proposer (Same as NRI	C/FIN):		NRIC/FIN No.:		
Mailing Address:					
			Postal Code ()	
Email:		Type of Residence:			
Date of Birth:	Contact No.:				
Period of Insurance:					
From	То				
Particulars of Pet(s)					
		Pet 1	Pet 2		
Name of Pet					
Gender of Pet					
Date of Birth					
Species					
Breed					
Microchip No.					
Sterilised					



	•					
Nan	ne of Proposer:					
Sel	ection of Plan					
	Types of Plan	Pet 1	Pet 2	Prer	nium	
Staı	ndard Plan			S\$		
Enh	anced Plan			S\$		
Superior Plan			\$\$			
	Total A	Annual Premium inclu	uding prevailing GST:	S\$		
Par	ticulars of Vet					
	the Pet referred by another Vet?					
	es, please provide details: ne of Vet:			Contact No. of Vet:		
Add	ress:					
				Postal Code	()	
Pet	's Medical Declaration				I	
1.	Has your Pet gotten into any Accide required Veterinary Treatment? If Yes, please provide details:	ent resulting in bodily	Injury which may or	may not have		
	Date of Accident:	Details of Injury:		Status of recovery:		
2.	Has your Pet had any physical disa Treatment?	bility which may or m	nay not have required	Veterinary		
	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 du If Yes, please provide details:	ring the last 6 month	ns?			
	Reason for surgery: Status of recovery:					
	Is your Pet undergoing any Veterinary Treatment arising from Illness or Injury? If Yes, please provide details:					
4.	Is your Pet undergoing any Veterina If Yes, please provide details:	iry freatment ansing	morn liness or injury	,		



Proposal Form - PetCare

Nar	ne of Proposer:					
5. Has your Pet ever experienced or shown sign lameness, seizures, anal gland conditions, fra diarrhoea? If Yes, please provide details:						
	Date of first symptom/sign:	Type of Treatmen	t received:	Status of recovery:		
Oth	er Information					
1.	Is your Pet used for breeding, co purpose(s), or in any trade/profe If Yes, please note that your Pet	ession/occupation?	-			
2.	Does your Pet have any vicious If Yes, please provide details:	tendencies?				
	Has your Pet been treated by a pehaviorist or trainer for aggres			res do you take to prevent l rd-party property?	njury to a third-party	
3.	Has a claim or complaint involv If Yes, please provide details:	Has a claim or complaint involving your Pet ever been lodged to the authorities? If Yes, please provide details:				
	Nature of claim/complaint:		Action taken	to prevent such claim/com	pplaint in future:	
4.	Has your Pet ever caused Injury If Yes, please provide details:	to a third-party, or los	s or damage to	third-party property?		
	Details of Illness/Injury:	Details of Injury/damage:		What measures have you taken to prevent such Injury/Incident since?		
Add	litional Information (if any)					



Proposal Form - PetCare						
Na	ame of Pro	oposer:				
М	ode of Pa	ayment (Mastercard/Visa/Amex/UOB IPP/DBS IPP)				
То	tal annua	l 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.						
	 Upon clicking on the link, the Proposer will be directed to our authorized third-party payment gateway, 2C2F 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.



Proposal Form - PetCare

Name of Proposer:

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

	howsoever whatsoever, on a strict li- negligent, inadvertent, accidental, ur	strict liability basis, that is, even if your state of mind was unintentional, intentional, ental, unknowing, etc		
Date			Signatory o	of Proposer

