

Proposal Form - Private Car

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:	
Reference No:	

Particulars of Proposer/Company

Name of Proposer/Company:		NRIC/FIN No.:
Mailing Address:		
		Postal Code ()
Business Registration No.:	Occupation:	Nature of Business:
Contact No.:	Date of Birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
GST Registered: <input type="checkbox"/> Yes <input type="checkbox"/> No	Email:	Nationality:
Period of Insurance: From _____ To _____		Years of Driving Experience:
Marital Status: <input type="checkbox"/> Divorced/Widowed <input type="checkbox"/> Married <input type="checkbox"/> Single	How often do you drive to West Malaysia? <input type="checkbox"/> Never <input type="checkbox"/> 12 times or less per year <input type="checkbox"/> More than 12 times per year	

Particulars of Additional Driver(s)

Name of Driver(s)	NRIC/FIN No.	Date of Birth	Gender	Relationship to the Proposer	Any Claims in past 3 years	Years of Driving Experience	Occupation
			<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> Yes <input type="checkbox"/> No		



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Name of Driver(s)	NRIC/FIN No.	Date of Birth	Gender	Relationship to the Proposer	Any Claims in past 3 years	Years of Driving Experience	Occupation
			<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Details of Claims (past 3 years claims)

Date	Total Claim Amount	Description
	S\$	
	S\$	
	S\$	

Details of Vehicle

Brand New Vehicle: <input type="checkbox"/> Yes <input type="checkbox"/> No	Off-Peak Car: <input type="checkbox"/> Yes <input type="checkbox"/> No	Registration No.: _____
Make and Model: _____	Engine Capacity: _____	Type of Body: _____
Chassis No.: _____	Engine No.: _____	Year of Manufacture/Year of Registration: _____
Parallel Import: <input type="checkbox"/> Yes <input type="checkbox"/> No	Turbo Engine: <input type="checkbox"/> Yes <input type="checkbox"/> No	Usage of Vehicle: <input type="checkbox"/> Business <input type="checkbox"/> Hire & Reward <input type="checkbox"/> Private
Estimate Market Value (for Privilege Motor): _____		
Name of Finance Company: _____		No. of Seats: _____
No Claim Discount (NCD): <input type="checkbox"/> 0% <input type="checkbox"/> 30% <input type="checkbox"/> 10% <input type="checkbox"/> 40% <input type="checkbox"/> 20% <input type="checkbox"/> 50%	Offence Free Discount (OFD): <input type="checkbox"/> Yes <input type="checkbox"/> No	NCD Protector: <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Vehicle for NCD Transfer: _____	Current Insurance Company: _____	Date of Current Policy Expiry/ Cancellation: _____



Name of Proposer/Company:			
If NCD is 'NIL', please provide reasons:	<input type="checkbox"/> First time buying a vehicle <input type="checkbox"/> Have been driving other's vehicle <input type="checkbox"/> 2 nd or 3 rd vehicle <input type="checkbox"/> NIL	Reasons if NCD is NIL:	
Any Modification/Accessories (If Yes, please provide details):		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please note that your NCD Protector is non-transferrable to another insurer. The NCD Protector will not necessarily protect you against non-renewal or cancellation of your policy by your insurer.

Type of Coverage

<input type="checkbox"/> Comprehensive – for Privilege Motor only	<input type="checkbox"/> Third-party, Fire & Theft
<input type="checkbox"/> Comprehensive – Preferred Plan	<input type="checkbox"/> Third-party only
<input type="checkbox"/> Comprehensive – Standard Plan	

Other Information

Have you or your Named Driver(s):		<input type="checkbox"/> Yes	<input type="checkbox"/> No
1.	Been convicted of any motoring offences (other than parking) in the last 3 years or have prosecutions pending?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Been given demerit points for traffic offences? If Yes, please provide	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Driver: _____		Total demerit points accumulated during last 24 months: _____	Date & Type of Offence: _____
3.	Have you suffered from defective vision or hearing, heart condition, epilepsy, diabetes or any physical or mental disability or infirmity that could impair the ability to drive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Been refused motor insurance at any time or subjected to special conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Do you have any insurance terminated in the last 12 months due to breach of any premium payment conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Have you ever had been identified as unfit to drive in any Medical Examination for Driving License in the past?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If any of the above answers are 'Yes', please provide details:			
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>			



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Name of Proposer/Company: _____

Mode of Payment

Premium excluding prevailing GST: Prevailing GST: Total Premium including prevailing GST:

S\$ _____ S\$ _____ S\$ _____

☐ Credit Card through [AXS Online](#)/AXS Stations • Select Liberty Insurance as the billing organization

☐ Bank Transfer /
PayNow Corporate



- Name of Bank: United Overseas Bank Ltd
- Account Number: 451-304-455-5
- PayNow UEN: 199002791D555
- Entity Name: Liberty Insurance Pte Ltd
- Remarks: Key in Cover Note Number or Full Name & Contact Number
- Please provide a screen capture of the payment

Upon making payment, kindly email payment details and completed proposal form to accountsreceivable@libertyinsurance.com.sg.

Should you have any queries, you may contact Liberty at 1800-LIBERTY (5423 789), Monday to Friday, 8.30am – 5.30pm.

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:

- 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
- 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
- I agree to the policy terms, exclusions and conditions as expressed in the brochure, proposal form, policy wordings and endorsements
- 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
- I/We undertake to pay any difference arising from a discrepancy in the NCD declared, failing which the policy shall be cancelled by the Company



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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

Please attach the quotation obtained from Liberty Insurance and submit together with the Proposal Form.

Date

Signatory of Proposer

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).

