



Proposal Form

Products Liability

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: _____		Business Registration No.: _____
Mailing Address: _____		Postal Code () _____
Email : _____		Date of Business Established: _____
Contact No.: _____	Description of Business: _____	

Insurance Cover Required

Limit of Indemnity (Any One Accident & Any One Period of Insurance): _____	Amount of Excess your firm is prepared to carry for each and every claim: _____	Effective Date: _____
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General Information

1. Does your business involve manufacture, processing, packing, wholesaling or retailing? Please state. _____
2. Do you keep records of the sources of supply of goods and materials which you handle or use? _____
3. Do you enter into any agreements or undertakings to indemnify (or hold harmless) suppliers of materials or components or sub-contractors or processors in respect of any injury or damage? If so, please supply wordings. _____
4. Do you issue any written guarantee or Conditions of Sale with or in respect of any of your products? If so, please supply wordings. _____

Name of Proposer: _____

Details of Products

1. Please provide details of all products (use separate sheet if insufficient space below):

Trade Name	Name of Manufacture	Description of Products	Estimated Annual Turnover

- a) How long have your products been on the market? _____
- b) Specify any products which are inflammable, explosive, poisonous, radioactive or in any way dangerous: _____
- c) Are any directions for use given
- i. By printing on the container or product? _____
- ii. By separate leaflet or brochure? _____
- d) Describe the containers: _____
- e) Are the products used as components? If so, with what type of products and by what industries? _____

2. If any of your products are assembled by another firm (or persons) or if your products incorporate parts manufactured elsewhere, please provide details:

- a) Are any of your products or components thereof manufactured abroad? _____
- If so, please provide details including country of manufacture and value of such products or components: _____

3. Give the following details regarding products supplied or distributed abroad:

- a) To which countries? _____
- b) How are you represented in those countries? (e.g. through agencies, concessionaires or your own branches directly) _____
- c) Estimated annual turnover for each country _____

Note:
For all products concerned in this question, it is essential to refer to the descriptive leaflets or brochures, specimen labels, guarantees and conditions of sale attached to this Proposal Form.

Name of Proposer: _____

Insurance History

1. In respect of Product Liability Insurance

- | | | |
|---|------------------------------|-----------------------------|
| a) Are you presently insured? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Have you ever proposed for such insurance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If answer to (a) or (b) is Yes, please provide name of insurer:

- | | | |
|--|------------------------------|-----------------------------|
| c) Has any such proposal been declined or withdrawn? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) Has any insurer canceled, refused renewal or required either an increased in premium or special conditions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If Yes, please provide details:

2. In respect of the products proposed for this insurance, please provide details of:

- | | | |
|--|------------------------------|-----------------------------|
| a) Any claims made or pending against you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

If Yes, please provide details:

- | | | |
|---|------------------------------|-----------------------------|
| b) Any cases where you have been reason to expect to claim? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

If Yes, please provide details:

IMPORTANT NOTES:

- The liability of the Company does not commence until this Proposal has been accepted 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 canceled and a pro-rata premium is to be charged for the period that the Company is on risk.

PERSONAL DATA PROTECTION

I give consent to Liberty Insurance Pte Ltd and third-parties including related entities, employees, agents, other insurers, contractors & service-providers (collectively, "Appointees") to collect, use and disclose all personal data relating to myself or other individuals that I have furnished in the past, present & in the future, for one or more of the purposes described in Liberty's Data Protection Policy, including but not limited to considering whether to provide insurance, carrying out due diligence, pricing, administering and servicing my policies, communicating with me, renewals, reinsurance, collections, claims, accounting, audit, legal, compliance, research, analysis, information-sharing, surveys, data storage & backups. I have read and agreed to the full Policy at www.libertyinsurance.com.sg/data-protection-policy/. If there is any personal data relating not to myself but to other individuals that I have furnished in the past, present & in the future, I warrant that I have obtained prior consent from these data subjects (or if they are lacking in legal capacity, from their legal representatives, guardians or parents as the case may be) for Liberty Insurance Pte Ltd and its Appointees to collect, use and disclose their personal data for the abovementioned purposes and on the same terms herewith. I warrant that all personal data I have provided are accurate and complete, and I shall inform Liberty of any changes to the personal data to my knowledge as soon as practicable.

Name of Proposer: _____

DECLARATION

I/We do hereby declare and warrant that:

- a) All information provided by me/us in connection with this application is true, accurate and complete
- b) I/We understand that any inaccurate, incomplete or false information given or any omission of information required, may at Liberty Insurance Pte Ltd's ("**Liberty**", the "**Company**") discretion, render this application invalid
- c) I/We agree that this application and declaration shall be the basis of the contract between Liberty and myself
- d) I/We agree to accept the Company's policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto
- e) If we/I do not fully and faithfully give the facts as we/I know them or ought to know them, we/I may receive nothing from the policy

Date

Signature of Proposer &
Company Stamp