

Proposal Form

Public Liability (Excluding Contract Works)

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: _____		Contact No.: _____
No. of Years in Business: _____	Period of Insurance: From _____ To _____	
Nature of Business: (Please provide full description) _____		

Details of Risk Premises

Address: _____ Postal Code ()			
Use of Premises:			
<input type="checkbox"/> Dwelling	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Shop	<input type="checkbox"/> Others (please specify):
<input type="checkbox"/> Engineering	<input type="checkbox"/> Office	<input type="checkbox"/> Warehouse	_____

Turnover

Please state annual turnover: _____

Limit of Indemnity

Please state the Limit of Indemnity required:

Any One Occurrence: S\$ _____	Any One Period of Insurance: <u>Unlimited</u>
---	---

Public Liability (Excluding Contract Works)

Name of Proposer: _____

Additional Information

a) Are any workers involved in manual works in connection with installation, erection, repair, maintenance, testing, demolition or construction outside Insured's premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Are any workers involved in works at height of more than 30 feet above floor or ground level?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, will there be any scaffolding works and/or other related activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Are any workers involved in works involving explosives, dangerous or toxic chemicals, e.g. chemicals that are under the Poison Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Are any workers involved in excavation works, work in manholes or tunnels etc?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) Are any workers involved in using heavy industrial machines that involve cutting, pressing, grinding etc?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f) Are any workers involved in lifting or hoisting operations, especially in public areas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g) Are any workers required to work on-board vessels?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, what is the maximum no. of employees on-board any vessel any one time? _____		employees
h) Will there be any diving and/or related underwater activities pertaining to your business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i) Does the building adjoin any other premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please state its nature of business: _____		
j) Is there any insurance in force covering the same exposure for the same period of insurance being proposed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please state: Name of Insurer: _____ Limit of Indemnity: _____ S\$ _____		
k) Has any Insurance Company ever refused your Public Liability Insurance Proposal or refused to renew your Public Liability Policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
l) Has your insurance been canceled solely or in part due to a breach of premium payment warranty in the last 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Claims Experience

Please give particulars of claims that have been made against you (or are pending) during the last 5 years:

Date of Loss	Nature of Loss	Amount Claimed

Public Liability (Excluding Contract Works)

Name of Proposer: _____

Details of Expiring Insurance

Name of Insurer:	Limit of Indemnity:	
	Any One Occurrence: S\$ _____ Any One Period: S\$ _____	
Annual Premium:	Excess:	Expiry Date:
S\$ _____	_____	_____
Special Terms and Conditions:		

IMPORTANT NOTES

- The liability of the Company does not commence until this Proposal has been accepted 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 canceled 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 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.

DECLARATION

I/We do hereby declare and warrant that:

- All information provided by me/us in connection with this application is true, accurate and complete
- 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
- I/We agree that this application and declaration shall be the basis of the contract between Liberty and myself
- 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
- 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