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Please complete all sections to facilitate the processing of your application.

Statement pursuant to Section 25(5) Cap. 142 of the Insurance Act 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

<b>Name of Proposer:</b> _____		<b>Contact No.:</b> _____
<b>Mailing Address:</b> _____ Postal Code ( )		
<b>NRIC/FIN No.:</b> _____	<b>Date of Birth:</b> _____	<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male
<b>Occupation:</b> _____	<b>Nationality:</b> _____	<b>Business Registration No.:</b> _____
<b>Email:</b> _____		<b>Nature of Business (for Annual Policy Only):</b> _____

### Particulars of Additional Insured Person(s) (Spouse/Children/Employee):

Name	Gender	Date of Birth	NRIC/ FIN No.	Nationality	Relationship	Occupation

### Selection of Plan

<input type="checkbox"/> <b>Annual</b>	Individual Family	<input type="checkbox"/> Standard <input type="checkbox"/> Standard	<input type="checkbox"/> Supreme <input type="checkbox"/> Supreme
<input type="checkbox"/> <b>Single Trip</b>	Individual Family	<input type="checkbox"/> Standard <input type="checkbox"/> Standard	<input type="checkbox"/> Supreme <input type="checkbox"/> Supreme
<b>Area of Travel:</b>	<input type="checkbox"/> ASEAN	<input type="checkbox"/> Asia Pacific	<input type="checkbox"/> Worldwide
<b>Period of Insurance:</b>			
From _____ To _____			

**Premium: S\$** \_\_\_\_\_

Name of Proposer: \_\_\_\_\_

Mode of Payment

**Check<sup>1</sup>** Bank: \_\_\_\_\_ Check No.: \_\_\_\_\_

**Credit Card**

Name of Cardholder:  
(as shown on card) \_\_\_\_\_

Credit Card No.: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Card Verification Value  
(CVV): \_\_\_\_\_

I hereby authorize Liberty Insurance Pte Ltd to debit my Credit Card account specified above.

<sup>1</sup>Please cross your check & make payable to "LIBERTY INSURANCE PTE LTD". Kindly indicate (1) Name of Proposer; (2) Contact No.; (3) Name of Product; (4) Producer Code at the back of your check.

**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/](http://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:

- 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 (if any)