

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

Name of Proposer: _____		Contact No.: _____	
Mailing Address: _____ _____ Postal Code (_____)			
NRIC/FIN No.: _____	Date of Birth: _____	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Email: _____		Height (m): _____ m	Weight (kg): _____ kg

Particulars of Additional Insured Person (Spouse)

Name of Additional Insured Person (Spouse): _____		Relationship: _____	
Date of Birth: _____	NRIC/FIN No.: _____	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Height (m): _____ m	Weight (kg): _____ kg		

Health Statement

1. Are you suffering from any physical impairment or from any prolonged and/or recurring illness of any kind?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you suffered from any condition which necessitated hospital attendance, admission, diagnosis or treatment in the last 5 years or is there any treatment or operation or hospital confinement currently being received or scheduled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do you intend to consult a doctor for medical advice, investigations, treatment or operation in the near future?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Has any of your immediate family members (parents or siblings) suffered from cancer of any form or any known hereditary disease or disorder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you ever suffered from, experienced symptoms for, been investigated, diagnosed, treated or received advice from a registered medical practitioner in relation to any disease or disorder of the breast(s), colorectal or genital organs? (Her: breast(s) or genital organs - cervix, ovaries, vagina, fallopian tubes or uterus & Him: colorectal or genital organs - prostate, testes or penis)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name of Proposer: _____

Health Statement

6. Have you had an abnormal test result of any investigations relating to any cancer or tumour of any kind (including benign cancers or tumours) in the last 5 years? Yes No
 (Including, Her: pap smear or mammogram & Him: colonoscopy, prostate specific antigen test - PSA)

7. State full particulars of any affirmative answers to Questions 1-6.

Question No.	Name of Person(s)	Description	Date

Other Insurance:

1. Are you entitled to critical illness or cancer protection under any other insurance policy? Yes No

2. Has any insurance policy or application for life, critical illness or medical insurance ever been declined, modified, accepted at an increased premium, cancelled or refused renewal? Yes No

Question No.	Name of Person(s)	Period of Insurance	Application - Declined/modified/ increased premium/cancelled/ refused renewal
		From To	
		From To	
		From To	

3. Have you ever claimed for benefits under any critical illness or cancer protection policy? Yes No

Question No.	Name of Person(s)	Name of Insurer	Nature of Claim	Claim Amount

Period of Insurance: From _____ To _____

Selection of Cover

Age (at last birthday)	Her VitalCare Annual Premium			His VitalCare Annual Premium		
	Standard	Enhanced	Superior	Standard	Enhanced	Superior
16-24	<input type="checkbox"/> S\$133	<input type="checkbox"/> S\$148	<input type="checkbox"/> S\$168	<input type="checkbox"/> S\$133	<input type="checkbox"/> S\$148	<input type="checkbox"/> S\$168
25-29	<input type="checkbox"/> S\$138	<input type="checkbox"/> S\$158	<input type="checkbox"/> S\$183	<input type="checkbox"/> S\$138	<input type="checkbox"/> S\$158	<input type="checkbox"/> S\$183
30-34	<input type="checkbox"/> S\$162	<input type="checkbox"/> S\$191	<input type="checkbox"/> S\$239	<input type="checkbox"/> S\$165	<input type="checkbox"/> S\$194	<input type="checkbox"/> S\$243
35-39	<input type="checkbox"/> S\$230	<input type="checkbox"/> S\$291	<input type="checkbox"/> S\$385	<input type="checkbox"/> S\$234	<input type="checkbox"/> S\$296	<input type="checkbox"/> S\$391

Name of Proposer: _____

Automatic Renewal

Yes, I wish to opt for auto renewal by annual GIRO payment.*

*Please complete the Interbank GIRO form and submit together with the Proposal Form.

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.

POLICY OWNERS' PROTECTION SCHEME

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC).

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:

- 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