Liberty Insurance Pte Ltd
51 Club Street #03-00 Liberty House
Singapore 069428
Tel: 1800-LIBERTY (542 3789)
Reg. No. 199002791D | GST Reg. No. M2-0093571-3
www.libertyinsurance.com.sg

Fact-Find for Individual – Accident & Health

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

Statement pursant 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.

Confidential Fact-Find for
Name of Client: _____

Name of Producer & Producer Code: _____

Important Notice to Clients

For General Agents/Banks:
Your insurance advisor is a representative of **Liberty Insurance Pte Ltd** and can advise you on the products of:

1. Name of Insurer: Liberty Insurance Pte Ltd
2. Name of Insurer: _____
3. Name of Insurer: _____

For Insurance Brokers/Financial Advisers/Banks:
Your insurance advisory is a broker with:

(Name of Broker Company) _____

As an insurance broker, your advisor is able to source for and objectively recommend the products of various insurance companies to best meet your insurance needs. Your advisor is required to disclose to you the insurance companies from which he sources the products.

Standard statement applicable to all advisors

Your advisor must have sufficient information before making a suitable recommendation. The information that you provide on your financial situation and your particular needs will be the basis on which advice will be given.

A policy purchased without the proper completion of a "Know Your Client" form may not be appropriate to your needs.

Type of Application

Client's Choice

- ☐ I/We wish to disclose all information requested for in this Form (Please complete and sign section 1 "Know Your Client" and section 2 "Our Advice and Reasons Why" forms)
- ☐ I/We wish to receive product advice only (Please sign below and upon completion of section 2"Our Advice and Reasons Why", sign section 3 "Acknowledgement")
- ☐ I/We do not wish to receive any advice from my/our advisor. (Please sign below)

Name of Client:	_____
Name of Producer & Producer Code:	_____

Type of Application

I/We acknowledge that the insurance advisor has provided me/us with a copy of the completed "Know Your Client" Form.

_____ Signature of Advisor	_____ Signature of Client (on behalf of all applicants)
_____ Date	_____ Date

1. Know your Client

Particulars of Client

Name of Client: _____		NRIC/FIN No.: _____
Date of Birth: _____	Marital Status: Please select	Gender: Please select
Email: _____		Contact No.: _____

Details of Employment

Occupation: _____	Range of Monthly Income: Please select

Details of Spouse & Dependants (if family coverage is required)

Name	Relationship	Date of Birth	Gender	Occupation	Monthly Income*

* Reference range of monthly income as above.

Details of Existing Health Insurance Policies

This covers all Health Insurance Policies you currently have (e.g. CPF-approved Medical Scheme, Personal Medical, Hospital Income, Long Term Care, Employer Sponsored Scheme, etc.)

Name of Client: _____

Name of Producer & Producer Code: _____

Type of Policy*	Insured**	Type & Amount of Benefit++	Annual Premium++	Expiry Date++

* Individual or Group policy from employer

** Y=You; S=Spouse; J=Joint

++ Please provide Schedule of Benefits and disability for disability benefit if available.

Personal Priorities

Your Health Insurance Concerns	Level of Concerns		
	Low	Medium	High
Cover for hospitalisation expenses	☐	☐	☐
Cover for outpatient medical expenses	☐	☐	☐
Cover for major illnesses (e.g. cancer, kidney dialysis etc)	☐	☐	☐
Cover for dental expenses	☐	☐	☐
Cover for old age disabilities	☐	☐	☐
Cover for loss of income due to illness or sickness	☐	☐	☐

Health Conditions

Do you or any applicants have any medical condition, which requires you to receive regular attention from a doctor in a clinic or hospital? Please select

If Yes, what is/are these medical condition(s)?

_____

Replacement of Policy

Is this product intended to replace any existing health insurance policy? Please select

If Yes, Advisor should state the reasons for replacement in the “Statement by Advisor” section.

Advisor’s Declaration

I declare that the information provided to me is strictly confidential and is only to be used for the purpose of fact-finding in the process of recommending suitable insurance products and shall not be used for any other purposes.

_____ _____

Date Signature of Advisor

Name of Client:	_____
Name of Producer & Producer Code:	_____

2. Our Advice and Reasons Why

Particulars of Client

Name of Client:	_____
Name of Producer & Producer Code:	_____

Statement by Advisor

The recommendations in this document are based on your personal information collected in the "Know Your Client" Form, the prevailing healthcare financing system and information on healthcare costs obtained from sources believed to be reliable and accurate to the best of my knowledge. If there has been any change in your circumstances since completing that form, please notify your advisor as it may affect the needs analysis process. The recommendations may not be appropriate in the event of a partial or inaccurate completion of the "Know Your Client" Form.

Analysis & Calculation Worksheet

	Client	Spouse	Child
Medical Expenses (also known as Hospital/Surgical Expenses)			
a) Type of Hospital to be covered (public/private)			
b) Type of room to be covered (single/double/4-bedded)			
c) Existing type of hospital plan covered			
d) Existing type of policy (individual/employer group)			
Critical Illnesses			
a) Total lump sum benefit to be covered			
b) Existing lump sum benefit covered			
c) Estimate lump sum benefit needed (a-b)			
Hospital Cash Income			
a) Existing amount covered			
b) Total amount of cash income to be covered			
c) Total amount of cash income needed (b-a)			

3. Advisor's Analysis & Recommendations

Total Health Insurance budget (if applicable): S$ _____ per month/ per annum

Advisor's Recommendations	Reasons for Recommendations	Remarks
☐ Medical Expenses (also known as Hospital/Surgical Expense Protection)		Replacement: Please select

Name of Client:	_____
Name of Producer & Producer Code:	_____

Advisor's Recommendations	Reasons for Recommendations	Remarks
☐ Critical Illness Protection		Replacement: Please select
☐ Hospital Cash Protection		Replacement: Please select
☐ Others		Replacement: Please select

ACKNOWLEDGEMENT

I/We understand that the above recommendation(s) is/are based on the facts furnished in the "Know Your Client" Form; and I/we **agree/do not agree*** with the proposed recommendation(s).

If I/we should decide to switch from one health insurance product to another health insurance product, I/we understand that:

a) I/We may not be insurable at standard terms
b) I/We may have to pay a different premium
c) Terms and conditions may defer

(*Delete as appropriate.)

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

Name of Client:	_____
Name of Producer & Producer Code:	_____

_____
Signature of Advisor

_____
Signature of Client
(On behalf of all applicants)

_____
Date

_____
Date

4. Opinion of the Recommendation

For Office Use Only-Internal:
This section is to be completed by a qualified staff of the Insurer of Principal Firm of the Advisor.

I understand that the above recommendation(s) is/are based on the facts furnished in the "Know Your Client" Form; and I

☐ **Agree** ☐ **Do not agree** with the proposed recommendation(s)

Comments:
(necessary if in disagreement with the recommendation) _____

Remedial Action: _____

_____
Date

_____
Signature

Name: _____

Designation: _____

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).