

Proposal Form - proMediCash

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: _____
Occupation: _____	Nationality: _____	Business Registration No.: _____
Email: _____		Nature of Business: _____
Period of Insurance: From _____ To _____		

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

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



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Name of Proposer: _____

Selection of Plan

Type of Plan ¹	Self	Spouse	Child	Premium (per person)	Premium
Plan A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S\$	S\$
Plan B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S\$	S\$
Plan C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S\$	S\$
Total Annual Premium (before discount):					S\$
Total Annual Premium (after discount) excluding prevailing GST (7%):					S\$
plus prevailing GST (7%):					S\$
Total Annual Premium includes prevailing GST (7%):					S\$

¹ The Plan selected for Spouse/Child must be equal or lower than that of Main Insured (self).

Mode of Payment

Total annual premium including prevailing GST (7%):

S\$

AXS Online/AXS Stations¹

Cheque²

Bank: _____

Cheque No.: _____

Credit Card

Full Payment

0% Interest Instalment Plan³

i. 6 months instalment

ii. 12 months instalment

iii. 6 months instalment for premium below S\$500⁴

Type of Credit Card: _____

Name of Cardholder (as shown on card): _____

Credit Card No.: _____

Expiry Date: _____

Card Verification Value (CVV): _____

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

Upon making payment, kindly email to accountsreceivable@libertyinsurance.com.sg with payment details.

¹ Please select Liberty Insurance as billing organisation and enter the policyholder name and contact number



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Name of Proposer: _____

² Please cross your cheque & make payable to "LIBERTY INSURANCE PTE LTD". Kindly indicate (1) Name of Proposer; (2) Contact No.; (3) Name of Product at the back of your cheque

³ Only applicable for instalment payment through participating banks in Singapore and is subject to their Credit Card Agreement Terms & Conditions. Minimum premium is S\$500 and above

⁴ Subject to minimum premium S\$100

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 cancelled 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 cancelled and a pro-rata premium is to be charged for the period that the Company is on risk.

DECLARATION

I, the Proposer, declare and warrant that:

- a) All information provided by me/us in connection with this application are true, accurate and complete
- b) I agree that this application and declaration shall be the basis of the contract between Liberty and myself
- c) I agree to accept the Company's policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto
- d) If I do not fully and faithfully give the facts as I know them or ought to know them, I may receive nothing from the policy
- e) I agree to the policy terms, exclusions and conditions as expressed in the brochure, proposal form, policy wordings and endorsements
- f) I/We have read & agreed entirely to all terms in Liberty's Data Protection Policy, available on request & also at www.libertyinsurance.com.sg/data-protection-policy, both now & in advance as it may be amended from time to time

IMPORTANT NOTICE TO SUBMITTER

If you, the submitter of this form, are submitting this form for another person who is the actual Proposer; and in consideration for Liberty processing this application upon your request:

- a) You agree that you have been validly & legally authorised by the Proposer to do so; and
- b) You warrant that you have shown this entire completed document to the intended Proposer and had obtained his/her agreement to everything; and
- c) You, in your personal capacity, agree to indemnify and keep Liberty Insurance Pte Ltd indemnified against all proceedings, costs, expenses, claims, liabilities, losses or damages if any part of this Notice turns out to be false, howsoever whatsoever, on a strict liability basis, that is, even if your state of mind was unintentional, intentional, negligent, inadvertent, accidental, unknowing, etc

Date

Signatory of Proposer
Company Stamp (if any)

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).

