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

Proposal Form – proMedico Plus

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

☐ **Corporate**

Name of Proposer: _____	Contact No.: _____
Mailing Address: _____	Postal Code ( )
Email: _____	Nature of Business: _____

☐ **Individual**

Name of Proposer: _____	Occupation: _____
Name of Employer: _____	Nature of Employer's Business: _____

Particulars of Insured Person

Name of Insured Person: _____		NRIC/FIN No.: _____	
Mailing Address: _____		Postal Code ( )	
Email: _____		Contact No.: _____	
Nationality: _____	Country of Residence: _____	Gender: Please select	
Date of Birth: _____	Marital Status: Please select	Height (m): _____m	Weight (kg): _____kg

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Name of Proposer: _____
Occupation: _____

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

Name	Relationship	Date of Birth	NRIC/FIN No.	Country of Residence	Gender	Occupation	Weight (kg)/ Height (m)
					Please selec		
					Please selec		
					Please selec		
					Please selec		
					Please selec		

Selection of Plan

☐ Essential Plus ☐ Economy Plus ☐ Executive Plus ☐ International Plus ☐ Rider-Outpatient Services (Optional) ☐ Premium Saving Options

Period of Insurance:

From _____ To _____

Annual Premium:	S$	
Family (Discount):	S$	
Premium Saving Options (Discount):	S$	
Rider-Outpatient Services (Optional):	S$	
Total Annual Premium excluding prevailing GST (7%):	S$	
plus prevailing GST (7%):	S$	
Total Annual Premium including prevailing GST (7%):	**S$**	0.00

Health Statement

1. Have you or any of your Additional Insured Person(s) ever had any physical defects or infirmity? If 'Yes', please provide details: _____	Please select

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Name of Proposer: _____

2.	Have you or any of the Additional Insured Person(s) ever:	
	a. had surgical operation?	Please select
	b. been advised to have any diagnostic test, hospital confinement or surgical operation which has not yet been performed? If "Yes", please provide particulars in Question 5 below.	Please select
3.	Are you or any of the Additional Insured Person(s) currently undergoing any medical treatment, ever been treated, under observation for, or told that you or they had, any disorder or disease of the following:	
	a. Skin, ears, nose, throat, eyes, cataracts, glaucoma, detached retina, sinusitis, otitis media, hearing problems?	Please select
	b. Stomach, intestines, liver, kidney, gall-bladder, pancreas, bladder, prostrate, genio urinary system, cirrhosis, hernia, piles, diabetes, protein in urine or used drugs for any other reason?	Please select
	c. Lungs, bones, joints, ligament, asthma, bronchitis, pneumonia, tuberculosis, slipped disc, back trouble, fractures, arthritis, rheumatism, polio, muscular dystrophy?	Please select
	d. Heart, brain, mental, psychiatric disorders, or nervous disorder, low or high blood pressure, stroke, fits, paralysis, migraine?	Please select
	e. Lymphatic system, goiter, thyroid?	Please select
	f. Any enlarge glands or any form of Cancer, tumors, AIDS or disorders of the blood?	Please select
	g. Female reproductive system (for female insured), breast lumps, fibroids, cysts, menorrhagia?	Please select
	h. Any other ailment, impairment, Bodily Injury, Accident, condition(s) or medical investigations not mentioned above? If your answer to any of the above is "Yes", please provide particulars in Question 5.	Please select
4.	Have you or any of your Additional Insured Person(s) during the past 5 years, had any treatments, examinations or advices for a complaint by a Physician or other Medical Practitioners, at a clinic, hospital, dispensary, or sanitorium? If your answer to any of the above is "Yes", please provide particulars in Question 5.	Please select

5. State full particulars of any affirmative answers to Questions 2, 3 and 4.

Question No.	Name of Person(s)	Nature of Illness/ Disability	Date of Illness/ Disability	Duration of Illness/ Disability	Results of Treatment	Name & Address of Doctors and/or Hospital

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Name of Proposer: _____				
6. Do you have any other medical insurance? If 'Yes', please provide details:				Please select
Name of Insurer(s)	Period of Insurance			
	From	To		
	From	To		
	From	To		
7. Has any Accident or Health policy covering you or any of the Additional Insured Person(s) ever been declined or its renewal refused? If 'Yes', please provide details:				Please select
Name of Insurer(s)	Period of Insurance		Renewal Declined	Refused due to
	From	To		
	From	To		
	From	To		
8. Has any application made by you or any of the Additional Insured Person(s) for Life, Accident and Health insurance been declined, postponed, withdrawn or subject to special terms and conditions? If 'Yes', please provide details:				Please select
Name of Insurer(s)	Period of Insurance		Application declined/ postponed/ withdrawn due to	Application subject to following special terms/conditions
	From	To		
	From	To		
	From	To		
9. Have you ever made a claim against any insurer in respect of Bodily Injury or sickness during the last 3 years? If 'Yes', please provide details:				Please select
Name of Insurer(s)	Date of Claim	Nature of Claim		Claim Amount (S$)
				S$
				S$
				S$

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Name of Proposer: _____

Name of Doctor(s)

Family Doctor	Last Doctor Consulted	Company's Doctor
Name of Clinic: _____	Name of Clinic: _____	Name of Clinic: _____
Name of Doctor: _____	Name of Doctor: _____	Name of Doctor: _____

Mode of Payment

Total annual premium including prevailing GST (7%): S$ 0.00

☐ AXS Online/AXS Stations[1]

☐ Cheque[2] Bank: _____ Cheque No.: _____

☐ Credit Card

- ☐ Full Payment
- ☐ 0% Interest Instalment Plan[3]
  - i. 6 months instalment — Please select
  - ii. 12 months instalment — Please select
  - iii. 6 months instalment for premium below S$500[4] — Please select

Type of Credit Card: Please select

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.

[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.

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Name of Proposer: _____

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).