

Conversion Form – new proMedico

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.:
NRIC/FIN No.:	Date of Birth:	Gender:
Email:		Existing Policy No.:
Period of Insurance: From _____ To _____		Existing Product:

Family Members to be Insured

Full Name	Relationship to Applicant	Date of Birth	Gender	NRIC/FIN No.	Nationality	Country of Residence

Conversion from proMedico Essential/Economy/Executive/International

Existing Plan	New Plan	Underwriting Requirement
proMedico Essential	<input type="checkbox"/> proMedico Premier ²	Underwriting not required
proMedico Essential	<input type="checkbox"/> proMedico Premier Plus <input type="checkbox"/> proMedico Prime <input type="checkbox"/> proMedico Prestige <input type="checkbox"/> proMedico Prestige Plus	Subject to underwriting ¹



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Name of Proposer: _____		
Existing Plan	New Plan	Underwriting Requirement
proMedico Economy	<input type="checkbox"/> proMedico Premier <input type="checkbox"/> proMedico Premier Plus ²	Underwriting not required
proMedico Economy	<input type="checkbox"/> proMedico Prime <input type="checkbox"/> proMedico Prestige <input type="checkbox"/> proMedico Prestige Plus	Subject to underwriting ¹
proMedico Executive	<input type="checkbox"/> proMedico Premier <input type="checkbox"/> proMedico Premier Plus ²	Underwriting not required
proMedico Executive	<input type="checkbox"/> proMedico Prime <input type="checkbox"/> proMedico Prestige <input type="checkbox"/> proMedico Prestige Plus	Subject to underwriting ¹
proMedico International	<input type="checkbox"/> proMedico Premier <input type="checkbox"/> proMedico Premier Plus <input type="checkbox"/> proMedico Prime <input type="checkbox"/> proMedico Prestige ²	Underwriting not required
proMedico International	<input type="checkbox"/> proMedico Prestige Plus	Subject to underwriting ¹

Conversion from proMedico Plus

Existing Plan	New Plan	Underwriting Requirement
proMedico Plus – Essential Plus	<input type="checkbox"/> proMedico Premier <input type="checkbox"/> proMedico Premier Plus ²	Underwriting not required
proMedico Plus – Essential Plus	<input type="checkbox"/> proMedico Prime <input type="checkbox"/> proMedico Prestige <input type="checkbox"/> proMedico Prestige Plus	Subject to underwriting ¹
proMedico Plus – Economy Plus	<input type="checkbox"/> proMedico Premier <input type="checkbox"/> proMedico Premier Plus/ <input type="checkbox"/> proMedico Prime ²	Underwriting not required
proMedico Plus – Economy Plus	<input type="checkbox"/> proMedico Prestige <input type="checkbox"/> proMedico Prestige Plus	Subject to underwriting ¹
proMedico Plus – Executive Plus	<input type="checkbox"/> proMedico Premier <input type="checkbox"/> proMedico Premier Plus <input type="checkbox"/> proMedico Prime <input type="checkbox"/> proMedico Prestige ²	Underwriting not required
proMedico Plus – Executive Plus	<input type="checkbox"/> proMedico Prestige Plus	Subject to underwriting ¹
proMedico Plus – International Plus	<input type="checkbox"/> proMedico Premier <input type="checkbox"/> proMedico Premier Plus <input type="checkbox"/> proMedico Prime <input type="checkbox"/> proMedico Prestige <input type="checkbox"/> proMedico Prestige Plus ²	Underwriting not required

¹ Conversion to a plan higher than our recommended plan is an upgrading and will be subjected to underwriting. Completion of new proMedico proposal form is required

² Recommended plan



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Name of Proposer: _____

If I/we should decide to switch from another health insurance policy to this replacement policy, I/we am/are aware of:

1. the fee or charge I/we have to bear
2. the changes in level of benefits

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).

