

Name of Proposer: _____

Declaration for Product Summary - proMedico

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

A duly signed copy must be filed with Liberty Insurance Pte Ltd for record purpose.

Presented to: Name of Proposer: _____

Expiry Date of Cover: _____

I/We, the Proposer, acknowledge that the Insurance Adviser has given me/us a copy of the "Product Summary" and "Your Guide to Health Insurance" and the contents of which have been explained to my/our satisfaction.

Name of Insured Person(s)	Gender	Age Next Birthday

 Date

 Signatory of Proposer

 Date

 Signatory of Insurance Adviser

 Name of Insurance Adviser
