

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

Statement pursuant to Section 23(5) of the Insurance Act 1966 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.

<b>Name of Producer &amp; Producer Code:</b> _____
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### Particulars of Proposer

<b>Name of Proposer:</b> _____	<b>Business Registration No.:</b> _____
<b>Mailing Address:</b> _____	
	Postal Code (            )
<b>Email :</b> _____	<b>Date of Business Established:</b> _____
<b>Contact No.:</b> _____	<b>Description of Business:</b> _____

### Insurance Cover Required

<b>Limit of Indemnity (Any One Accident &amp; Any One Period of Insurance):</b> _____	<b>Amount of Excess your firm is prepared to carry for each and every claim:</b> _____	<b>Effective Date:</b> _____
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### General Information

<b>1. Does your business involve manufacture, processing, packing, wholesaling or retailing? Please state.</b>	_____
<b>2. Do you keep records of the sources of supply of goods and materials which you handle or use?</b>	_____
<b>3. Do you enter into any agreements or undertakings to indemnify (or hold harmless) suppliers of materials or components or sub-contractors or processors in respect of any injury or damage? If so, please supply wordings.</b>	_____
<b>4. Do you issue any written guarantee or Conditions of Sale with or in respect of any of your products? If so, please supply wordings.</b>	_____

# Products Liability

Name of Proposer: \_\_\_\_\_

## Details of Products

1. Please provide details of all products (use separate sheet if insufficient space below):

Trade Name	Name of Manufacture	Description of Products	Estimated Annual Turnover

- a) How long have your products been on the market? \_\_\_\_\_
- b) Specify any products which are inflammable, explosive, poisonous, radioactive or in any way dangerous: \_\_\_\_\_
- c) Are any directions for use given
- i. By printing on the container or product? \_\_\_\_\_
- ii. By separate leaflet or brochure? \_\_\_\_\_
- d) Describe the containers: \_\_\_\_\_
- e) Are the products used as components? If so, with what type of products and by what industries? \_\_\_\_\_

2. If any of your products are assembled by another firm (or persons) or if your products incorporate parts manufactured elsewhere, please provide details:

- a) Are any of your products or components thereof manufactured abroad? \_\_\_\_\_
- If so, please provide details including country of manufacture and value of such products or components: \_\_\_\_\_

3. Give the following details regarding products supplied or distributed abroad:

- a) To which countries? \_\_\_\_\_
- b) How are you represented in those countries? (e.g. through agencies, concessionaires or your own branches directly) \_\_\_\_\_
- c) Estimated annual turnover for each country \_\_\_\_\_

Note:  
For all products concerned in this question, it is essential to refer to the descriptive leaflets or brochures, specimen labels, guarantees and conditions of sale attached to this Proposal Form.

Name of Proposer: \_\_\_\_\_

## Insurance History

### 1. In respect of Product Liability Insurance

- a) Are you presently insured?  Yes  No
- b) Have you ever proposed for such insurance?  Yes  No

If answer to (a) or (b) is Yes, please provide name of insurer:

\_\_\_\_\_

- c) Has any such proposal been declined or withdrawn?  Yes  No
- d) Has any insurer canceled, refused renewal or required either an increased in premium or special conditions?  Yes  No

If Yes, please provide details:

\_\_\_\_\_

### 2. In respect of the products proposed for this insurance, please provide details of:

- a) Any claims made or pending against you?  Yes  No
- If Yes, please provide details:

\_\_\_\_\_

- b) Any cases where you have been reason to expect to claim?  Yes  No
- If Yes, please provide details:

\_\_\_\_\_

### IMPORTANT NOTES:

- The liability of the Company does not commence until this Proposal has been accepted 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 canceled and a pro-rata premium is to be charged for the period that the Company is on risk.

### PERSONAL DATA PROTECTION

By signing this form, I/we consent to Liberty Pte Limited ("Liberty") and its authorised service providers, related entities, and partners (collectively, "Appointees") collecting, using, and disclosing my/our personal data, and any personal data of other individuals provided by me/us, for purposes including: assessing and providing insurance products and services; policy administration, renewals, claims, and payments; compliance, audit, and regulatory reporting; research, analytics, and service improvement; and communication and customer support. I/we confirm that I/we have read and agree to [Liberty's Privacy Policy](#), which explains how Liberty manages personal data, including cross-border transfers. If I/we provide personal data of other individuals, I/we warrant that I/we have obtained their consent (or consent from their legal representatives, where applicable) for these purposes. I/we understand that I/we may access, correct, or withdraw consent for my/our personal data at any time by contacting Liberty's Data Protection Officer at [privacy.officer.ap@libertymutual.com](mailto:privacy.officer.ap@libertymutual.com), subject to legal and contractual obligations.

Name of Proposer: \_\_\_\_\_

## 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 Pte Limited'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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Proposer &  
Company Stamp