

Proposal Form - Motorcycle

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.

Name of Producer & Producer Code: _____
Reference No: _____

Particulars of Proposer/Company

Name of Proposer/Company: _____		NRIC/FIN No.: _____
Mailing Address: _____		
		Postal Code ()
Business Registration No.: _____	Occupation: _____	Nature of Business: _____
Contact No.: _____	Date of Birth (DD/MM/YYYY): _____	Gender: _____
Email: _____		Nationality: _____
Period of Insurance: From _____ To _____		Years of Driving Experience: _____
Marital Status: _____	How often do you drive to West Malaysia? _____	

Particulars of Additional Driver(s)

Name of Driver(s)	NRIC/FIN No.	Date of Birth (DD/MM/YYYY)	Gender	Relationship to the Proposer	Any Claims in past 3 years	Years of Driving Experience	Occupation



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Name of Proposer/Company: _____

Details of Claims (past 3 years claims)

Date	Total Claim Amount	Description
	S\$	
	S\$	
	S\$	

Details of Vehicle

Brand New Vehicle: _____	Registration No.: _____	Make and Model: _____
Engine Capacity: _____	Type of Body: _____	Chassis No.: _____
Engine No.: _____	Year of Manufacture/Year of Registration: _____	Parallel Import: _____
Turbo Engine: _____	Usage of Vehicle: _____	No. of Seats: _____
Name of Finance Company: _____		No Claim Discount (NCD): _____
Current Vehicle for NCD Transfer: _____	Current Insurance Company: _____	Date of Current Policy Expiry/ Cancellation (DD/MM/YYYY): _____
If NCD is 'NIL', please provide reasons: _____	Reasons if NCD is NIL: _____	
Any Modification/Accessories (If Yes, please provide details): _____		
Will Motorcycle be used solely for: _____		
Will Motorcycle be ridden by: _____	Does the motorcycle have a side-car? _____	

Type of Coverage




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Other Information

Have you or your Named Driver(s):		
1. Been convicted of any motoring offences (other than parking) in the last 2 years or have prosecutions pending?		
2. Been given demerit points for traffic offences? If Yes, please provide		
Name of Driver: _____	Total demerit points accumulated during last 24 months: _____	Date & Type of Offence: _____
3. Have you suffered from defective vision or hearing, heart condition, epilepsy, diabetes or any physical or mental disability or infirmity that could impair the ability to drive?		
4. Been refused motor insurance at any time or subjected to special conditions?		
5. Do you have any insurance terminated in the last 12 months due to breach of any premium payment conditions?		
6. Have you ever had been identified as unfit to drive in any Medical Examination for Driving License in the past?		
If any of the above answers are 'Yes', please provide details: _____		

Mode of Payment

Premium excluding prevailing GST:	Prevailing GST:	Total Premium including prevailing GST:
S\$ _____	S\$ _____	S\$ _____
<input type="checkbox"/> Credit Card through AXS Online /AXS Stations <ul style="list-style-type: none"> Select Liberty as the billing organization 		
<input type="checkbox"/> Bank Transfer / PayNow Corporate <div style="display: flex; align-items: center; justify-content: center;">  <div> <ul style="list-style-type: none"> Name of Bank: United Overseas Bank Ltd Account Number: 451-304-455-5 PayNow UEN: 201538069C555 Entity Name: Liberty Pte Limited Remarks: Key in Cover Note Number or Full Name & Contact Number Please provide a screen capture of the payment </div> </div>		
<p>Upon making payment, kindly email payment details and completed proposal form to Accountsreceivable.sg@libertymutual.com.</p> <p>Should you have any queries, you may contact Liberty at 1800-LIBERTY (5423 789), Monday to Friday, 8.30am – 5.30pm.</p>		



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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, do hereby 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) 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, subject to legal and contractual obligations.
- g) I/We undertake to pay any difference arising from a discrepancy in the NCD declared, failing which the policy shall be cancelled by the Company

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 Pte Limited 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

Please attach the quotation obtained from Liberty and submit together with the Proposal Form.

Date

Signatory of Proposer

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 (sgservicecenter@libertymutual.com) or visit the GIA/LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

