

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: _____

Particulars of Proposer

Name of Proposer: _____		Business Registration No.: _____
Mailing Address: _____		
		Postal Code ()
Email: _____		Contact No.: _____
No. of Years in Business: _____	Period of Insurance:	
	From _____ To _____	
Nature of Business: (Please provide full description) _____		

Details of Risk Premises

Address: _____		Postal Code ()
Use of Premises:		
<input type="checkbox"/> Dwelling	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Shop
<input type="checkbox"/> Engineering	<input type="checkbox"/> Office	<input type="checkbox"/> Warehouse
<input type="checkbox"/> Others (please specify): _____		

Security Systems of Premises

1) 24 hours Watchman Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2) Burglar Alarm System	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Brand: _____	Is it connected to a central station?	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3) Grilled Doors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4) Security Checkpoint	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5) Surveillance Camera	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6) Others (please specify): _____		

Name of Proposer: _____

Money to be Insured

a) Money in transit	S\$ _____
b) Money kept in premises during business hours	S\$ _____
c) Money kept after business hours:	
i. In locked safe	S\$ _____
ii. In locked drawer/cash register	S\$ _____
d) Others	S\$ _____

Other Information

a) Is the premises shared with others? If Yes, please state its Nature of Business:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

b) Does the building adjoin any other Premises? If Yes, please state its Nature of Business:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

c) Please state the location(s) of the bank(s) where you deposit or withdraw cash.		

d) Please state your approximate daily collection of cash:		

e) Please state the no. of trips per day or per week to the bank for deposit of cash:		

f) Do you go to the bank to withdraw cash? If Yes, please state:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. Purpose for which the cash is withdrawn?		

ii. Maximum amount withdrawn each time		
S\$ _____		
ii. How often is the cash withdrawn?		

g) Do you employ salesmen or delivery men to collect cash from customer? If Yes, please state the frequency and the maximum amount collected each time:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name of Proposer: _____

Other Information

h) Is there any Money Policy in force for the same period of insurance being proposed? If Yes, please state: Name of Insurer: _____ Sum Insured: _____ S\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i) Has any insurer ever declined your application for Money Insurance or refused to renew your Money Policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j) Has your insurance been canceled solely or in part due to a breach of premium payment warranty in the last 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Claims Experience

Please provide full particulars of all losses for the last 5 years.

Date of Loss	Nature of Loss	Amount Claimed

Details of Expiring Insurance

Name of Insurer: _____		Sum Insured: S\$ _____
Annual Premium: S\$ _____	Excess: _____	Expiry Date: _____
Special Terms and Conditions: _____		

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.

Name of Proposer: _____

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 Data Protection Policy at <https://www.libertyinternational.com/sg/footer/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@libertyglobalgroup.com, subject to legal and contractual obligations.

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