Liberty Pte Limited
One Raffles Quay #40-01 North Tower
Singapore 048583
Tel: 1800-LIBERTY (5423 789)
UEN | GST Reg. No. 201538069C
libertyinternational.com/sg

Proposal Form – Foreign Workers Medical

Please complete all sections to faciliate 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)	_____	

Selection of Plan

☐ Basic Plan	☐ Basic Plus Plan	
Annual Premium per Foreign Worker: S$ _____	No. of Foreign Workers: _____	Total Annual Premium including prevailing GST: S$ _____

Proposal Form – Foreign Workers Medical

Name of Proposer:	_____

Particulars of Insured Members

Name of Foreign Worker	Gender	Date of Birth	Work Permit No.	S Pass No./ FIN No.
	Please select			
	Please select			
	Please select			
	Please select			
	Please select			

Mode of Payment

Bank Transfer[1] Cheque[2]	Bank: _____	Cheque No.: _____

[1] For bank transfer, please email Accountsreceivable.sg@libertymutual.com for bank details

[2] Please cross your cheque & make payable to "LIBERTY PTE LIMITED". Kindly indicate (1) Name of Proposer; (2) Contact No.; (3) Name of Product; (4) Producer Code at the back of your cheque

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.

PAYMENT BEFORE COVER 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.

DECLARATION

I, the Proposer, declare and warrant that:

a) None of the Insured Member(s):
(1) have had any medical claims for the past 3 years up to the inception date of the Policy; or
(2) is presently seeking and/or receiving any consultation or treatment at a hospital whether or not drugs and medicine have been prescribed; or
(3) have any existing condition(s) of any critical illness or dread disease (including without limitation of cancer, heart disease, stroke, liver disorder, or organ failure); or
(4) have any diagnosed condition(s) or symptom(s) or ailment(s) for which hospitalisation is anticipated or pending or
(5) have exceeded the maximum age eligibility of 65 years old at last birthday. The above-mentioned conditions, and this proposal form and statements made to the Company, shall be the basis of and shall form part of my Policy that may arise.

b) All information provided by me/us in connection with this application are true, accurate and complete

Name of Proposer: _____

c) I agree that this application and declaration shall be the basis of the contract between Liberty and myself

d) I 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 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

f) I agree to the policy terms, exclusions and conditions as expressed in the brochure, proposal form, policy wordings and endorsements

g) 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.

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

_____
Date

_____
Signatory of Authorised Officer &
Company Stamp

_____
Name

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).