

## Proposal Form - PASafe

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/Main Insured

Name of Proposer/Main Insured:		Contact No.:
_____		_____
Mailing Address:		Postal Code ( )
_____		_____
NRIC/FIN No.:	Date of Birth:	Gender:
_____	_____	_____
Occupation:	Nationality:	Business Registration No.:
_____	_____	_____
Email:		Nature of Business:
_____		_____
Period of Insurance:		Class:
From _____ To _____		_____

### Particulars of Additional Insured Person(s) (Spouse/Children)

Name	Gender	Date of Birth	NRIC/FIN No.	Nationality	Relationship	Occupation	Class



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

### Selection of Benefits

Name of Main Insured:	Sum Insured	Premium Before GST
Death	S\$	S\$
Permanent Disablement <input type="checkbox"/> Scale I <input type="checkbox"/> Scale II	S\$	S\$
Temporary Total Disablement (per week)	S\$	S\$
Temporary Partial Disablement (per week)	S\$	S\$
Medical Expenses	S\$	S\$
Daily Hospital Cash	S\$	S\$
Personal Liability	S\$	S\$
Annual Premium Excluding Prevailing GST		S\$

Name of Insured Person:	Sum Insured	Premium Before GST
Death	S\$	S\$
Permanent Disablement <input type="checkbox"/> Scale I <input type="checkbox"/> Scale II	S\$	S\$
Temporary Total Disablement (per week)	S\$	S\$
Temporary Partial Disablement (per week)	S\$	S\$
Medical Expenses	S\$	S\$
Daily Hospital Cash	S\$	S\$
Personal Liability	S\$	S\$
Annual Premium Excluding Prevailing GST		S\$

Name of Insured Person:	Sum Insured	Premium Before GST
Death	S\$	S\$
Permanent Disablement <input type="checkbox"/> Scale I <input type="checkbox"/> Scale II	S\$	S\$
Temporary Total Disablement (per week)	S\$	S\$
Temporary Partial Disablement (per week)	S\$	S\$
Medical Expenses	S\$	S\$
Daily Hospital Cash	S\$	S\$
Personal Liability	S\$	S\$
Annual Premium Excluding Prevailing GST		S\$



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

### Selection of Benefits (cont'd)

<b>Total Annual Premium Excluding Prevailing GST</b>	S\$
<b>Prevailing GST</b>	S\$
<b>Total Annual Premium Including Prevailing GST</b>	S\$

### Job Description

In the nature of your work, do you:	
a) Superintend manual work?	
b) Do manual work?	
c) Use any machinery?	
Do you engage in any hazardous sports or activities?	
Do you travel by air more than once a month?	
Does your occupation fall within any of the Declined or Referred Risks?	
If any of your answers are "Yes", please provide full details:	
_____ _____	

### Insurance History

Has any application made by you for Accident or Life proposal/renewal been declined, withdrawn or subject to special terms and conditions?	
Will this insurance be an additional to any other personal accident policies?	
If any of your answers are "Yes", please provide full details:	
_____ _____	



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### Health

Have you sustained any accidents necessitating medical attention during the last 5 years?	
Have you ever had any physical defects or infirmity?	
Any other ailment, impairment, Bodily Injury, Accident, condition(s) or medical investigations not mentioned above?	
Have you ever made a claim against any insurer in respect of Bodily Injury or sickness during the last 3 years?	
If any of your answers are "Yes", please provide full details:	

### Mode of Payment (Mastercard/Visa/Amex/UOB IPP/DBS IPP)

Total annual premium including prevailing GST:	S\$ _____
<input type="checkbox"/> Credit Card	
<ol style="list-style-type: none"><li>1. The Proposer will receive a payment link from the Producer/Liberty via email. Please ensure the Proposer's email address is provided in this Proposal Form.</li><li>2. Upon clicking on the link, the Proposer will be directed to our authorized third-party payment gateway, 2C2P, for secure credit card payment.</li><li>3. The Policy will be issued upon successful payment of premium.</li><li>4. For information regarding other payment methods, please refer to <a href="https://www.libertyinternational.com/sg/footer/finance">https://www.libertyinternational.com/sg/footer/finance</a></li></ol>	

### Automatic Renewal (Optional)

<input type="checkbox"/> Yes, I wish to opt for auto renewal by annual GIRO payment <sup>1</sup>
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<sup>1</sup> Please complete the Interbank GIRO form and submit together with the Proposal Form

### 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.



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### DECLARATION

I, the Proposer, 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 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](mailto:privacy.officer.ap@libertyglobalgroup.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:

- g) You agree that you have been validly & legally authorised by the Proposer to do so; and
- h) You warrant that you have shown this entire completed document to the intended Proposer and had obtained his/her agreement to everything; and
- i) 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 Proposer  
Company Stamp (if any)

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

