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 – Personal Accident

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: Please select
Occupation: _____	Nationality: _____	Business Registration No.: _____
Email: _____		Nature of Business: _____
Period of Insurance: From _____ To _____		Class: Please select

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

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

Proposal Form – Personal Accident

Name of Proposer:	_____

Selection of Benefits

Name of Main Insured:	Sum Insured	Premium Before GST
Death	S$	S$
Permanent Disablement ☐ Scale I ☐ 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 ☐ Scale I ☐ 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 ☐ Scale I ☐ 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$

Proposal Form – Personal Accident

Name of Proposer:	_____

Selection of Benefits (cont'd)

Total Annual Premium Excluding Prevailing GST	S$
Prevailing GST	S$
Total Annual Premium Including Prevailing GST	S$

Job Description

In the nature of your work, do you:	
a) Superintend manual work?	Please select
b) Do manual work?	Please select
c) Use any machinery?	Please select
Do you engage in any hazardous sports or activities?	Please select
Do you travel by air more than once a month?	Please select
Does your occupation fall within any of the Declined or Referred Risks?	Please select
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?	Please select
Will this insurance be an additional to any other personal accident policies?	Please select
If any of your answers are "Yes", please provide full details: _____	

Proposal Form – Personal Accident

Name of Proposer:	_____

Health

Have you sustained any accidents necessitating medical attention during the last 5 years?	Please select
Have you ever had any physical defects or infirmity?	Please select
Any other ailment, impairment, Bodily Injury, Accident, condition(s) or medical investigations not mentioned above?	Please select
Have you ever made a claim against any insurer in respect of Bodily Injury or sickness during the last 3 years?	Please select
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$

☐ Credit Card

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.
2. Upon clicking on the link, the Proposer will be directed to our authorized third-party payment gateway, 2C2P, for secure credit card payment.
3. The Policy will be issued upon successful payment of premium.
4. For information regarding other payment methods, please refer to https://www.libertyinternational.com/sg/footer/finance

Automatic Renewal (Optional)

☐ Yes, I wish to opt for auto renewal by annual GIRO payment[1]

[1] 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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Name of Proposer: _____

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 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:

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