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 – CafeCare (Food Stall)

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./UEN No.: ______________________________
Name of Additional Proposer: ______________________________	Business Registration No./UEN No.: ______________________________
Mailing Address: ______________________________	Postal Code ( )
Email: ______________________________	Contact No.: ______________________________
Nature of Business: ______________________________	

Name of Director/Registered Proprietor to be Insured for Personal Accident

Note: Persons not residing permanently in Singapore will not qualify for PA Cover in package

Name	NRIC FIN No.	Date of Birth

Details of Risk Premises

Situation of Risk: ______________________________	Postal Code ( )
Is the risk premises within a shopping mall[1]?	Please select

[1] Shopping mall refers to building containing a group of retail or commercial establishment managed by a Management Corporation Strata Title (MCST) or Real Estate Investment Trust (REIT)

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Name of Proposer: ______________________________	
Name of Landlord (if to be named in Section 6 (Public Liability) of the Policy): ______________________________	Ownership of Building: ______________________________
Occupancy: ______________________________	If shared, please state the nature of shared business: ______________________________

Selection of Plan

Period of Insurance: From ______________________ To ______________________	Type of Plan: Please select

*Premiums above include prevailing GST

Top-up Plan

Coverage	Top-up Rate	Top-up Sum Insured	Additional Premium
☐ Section 1: All Risks Excess: S$300 each and every loss except for fire, lightning and burglary	S$11.99 for every S$5,000	S$	S$
Section 4: Money Insurance ☐ a) In transit	S$6.00 for every S$500	S$	S$
☐ b) In premises during business hours	S$6.00 for every S$500	S$	S$
☐ c) In locked safes after business hours	S$6.00 for every S$500	S$	S$
☐ d) In locked drawers after business hours	S$6.00 for every S$500	S$	S$
Section 6: ☐ Public Liability Any one accident/unlimited any one period	S$35.97 for every S$250,000	S$	S$
☐ Food & Beverage Extension Any one loss and in the aggregate	S$29.98 for every S$50,000	S$	S$

Optional Coverage

☐ Work Injury Compensation	Top-up Rate	No. of Employees	Annual Earnings	Additional Premium
a) Non-manual employees Annual earning ≤ S$30,000	S$35.97 per employee		S$	S$
Annual earning > S$30,000 up to S$75,000	S65.95 per employee		S$	S$

Name of Proposer:				
	Top-up Rate	No. of Employees	Annual Earnings	Additional Premium
b) Manual employees Annual earning ≤ S$30,000	S95.92 per employee		S$	S$
Annual earning > S$30,000 up to S$75,000	S$131.89 per employee		S$	S$
c) Driver/Dispatch/Delivery Annual earning ≤ S$50,000	S$239.80 per employee		S$	S$
		Total	S$	S$

☐ Fidelity Guarantee	Occupation	No. of Employees	Additional Premium
			S$
			S$
			S$
		Sum Insured	Additional Premium
☐ Deterioration of Stocks		S$	S$
		Total Annual Premium including prevailing GST:	S$

Information Required

a)	Have you suffered any losses or had any claims made against you whether insured or otherwise, under any of the covers provided under this policy?	Please select
b)	Are any workers involved in manual works outside insured premises other than delivery staffs?	Please select
c)	Are any workers involved in the use of 2-wheelers during and in the course of work?	Please select
d)	Do any of the persons to be insured under Personal Accident section suffer from any physical defect or infirmity?	Please select
e)	Has any insurance (for the risk proposed) been cancelled due solely or in part of a breach of premium payment warranty in the last 12 months?	Please select

Mode of Payment

☐ AXS Online/AXS Stations[2]

☐ Cheque[3] Bank: ________________ Cheque No.: ________________

Upon making payment, kindly email to Accountsreceivable.sg@libertymutual.com with payment details.

[2] Please select Liberty as billing organisation and enter the policyholder name and contact number.

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

Name of Proposer: ______________________________

IMPORTANT NOTES

- The liability of the Company does not commence until this Proposal has been accepted by the Company
- Unless exempted, any employer who fails to insure himself in accordance with the Work Injury Compensation Act 2019 shall be guilty of an offence and shall be liable on conviction to a fine or to imprisonment for a term not exceeding one year or to both
- The Insured will be deemed to be his own insurer to the extent of the shortfall in the total number of employees and/or Total Annual Wages declared and shall bear a ratable proportion of the liability accordingly
- The information pertaining to Work Injury Compensation insurance declared in this form and any supporting documents to this proposal or supplied separately may be made known to the Ministry of Manpower as and when required

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, 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:

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.

Name of Proposer: ____

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Signatory of Proposer
Company Stamp (if any)

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Signatory of Witness & Company Stamp (if witness is Agent/Broker; or Name & NRIC/FIN No. (if witness is Employee of Insured)

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).