



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 – BizTraveler

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.: _____	
Email: _____		Contact No.: _____	
Mailing Address: _____ Postal Code ()			
Nature of Business: _____	Period of Insurance: From _____ To _____		
Selection of Plan (select either one): <input type="checkbox"/> Named Basis <input type="checkbox"/> Un-named Basis			

Particulars of Employees on Named Basis (Minimum 3 Employees)

No.	Name	NRIC/FIN No.	Date of Birth	Gender	Nationality	Designation
1						
2						
3						
4						

Selection of Plan

No.	Type of Plan	Area of Travel	Leisure Extension Required	Annual Premium
1				S\$ _____
2				S\$ _____
3				S\$ _____
4				S\$ _____

Remarks:

For details of coverage, please see page 4 to 5 of the BizTraveler Proposal Form.



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Name of Company: _____

Particulars of Employee on Un-Named Basis (Minimum 5 Employees)

Total No. of Employees: _____				No. of Employees to be insured: _____		
No.	Designation / Category of Employees	No. of Employees	Type of Plan	Area of Travel	Leisure Extension Required	Annual Premium
1						S\$ _____
2						S\$ _____
3						S\$ _____
4						S\$ _____
5						S\$ _____
6						S\$ _____

Claims History

Claims for the Last 3 Years: Yes No (If Yes, kindly provide more information)

Mode of Payment

Bank Transfer*

Cheque¹

Bank: _____ Check No.: _____

Please cross your check & 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 check.

* For bank transfer, please email Accountsreceivable.sg@libertymutual.com for bank details.



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Name of 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.

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 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.

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

Signatory of Proposer
Company Stamp (if any)

