



**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

## PMD Insurance

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:                                    |                    | NRIC/FIN No. of Proposer: |
| _____  |                    | _____                     |
| Mailing Address of Proposer:                         |                    |                           |
| _____  |                    | Postal Code ( )           |
| Contact No. of Proposer:                             | Email of Proposer: |                           |
| _____  | _____              |                           |
| Name of Insured Person (if different from Proposer): |                    | Date of Birth of Insured: |
| _____  |                    | _____                     |
| Occupation of Insured:                               | PMD Make/Model:    | PMD Registration No.:     |
| _____  | _____              | _____                     |
| Period of Insurance:                                 |                    |                           |
| From _____ To _____                                  |                    |                           |

### Benefits

| Description of Benefits (for Insured Person)           | Limit of Liability  | Excess <sup>1</sup>  |
|--|---|--|
| Section 1. Accidental Death                            | S\$100,000  | N.A.   |
| Section 2. Permanent Disablement per Scale of Benefits | S\$100,000  | N.A.   |
| Section 3. Medical Expenses                            | S\$1,000  | S\$100 for each & every claim  |
| Section 4. Personal Liability                          | S\$200,000 for any one accident/ aggregate any one period (inclusive of legal costs & expenses) | For personal use: S\$100 for each & every claim<br>For commercial use: S\$500 for each & every claim (e.g. food and parcel delivery) |
| Annual Premium including prevailing GST (9%):          |   | <b>S\$91.68</b>  |



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<sup>1</sup> "Excess" means the first portion of any claim for which the Insured is liable. The excess is subject to the Goods & Services Tax (GST)

### Mode of Payment

Bank Transfer /  
PayNow Corporate



- Name of Bank: United Overseas Bank Ltd
- Account Number: 451-304-455-5
- PayNow UEN: 201538069C
- Entity Name: Liberty Pte Limited
- Remarks: Enter Full Name and Contact Number
- Please provide a screen capture of the payment

Upon making payment, kindly email proposal form and payment screenshot to  
[Accountsreceivable.sg@libertymutual.com](mailto:Accountsreceivable.sg@libertymutual.com)

### 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.

### DECLARATION

I, the Proposer, do hereby declare and warrant that:

- All information provided by me in connection with this application are true, accurate and complete
- I agree that this application and declaration shall be the basis of the contract between Liberty and myself
- I agree to accept the Company's policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto
- 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
- I am aware that this electronic system may reside outside of Singapore and I am the transferor (not Liberty) of all personal data out of Singapore, upon submission
- 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](mailto: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:

- You agree that you have been validly & legally authorised by the Proposer to do so; and
- You warrant that you have shown this entire completed document to the intended Proposer and had obtained his/her agreement to everything; and
- 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.



## PMD Insurance

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signatory of Proposer

