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 - PetCare

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 (Same as NRIC/FIN): _____	NRIC/FIN No.: _____
Mailing Address: _____ Postal Code ( )	
Email: _____	Type of Residence: Please select
Date of Birth: _____	Contact No.: _____
Period of Insurance: From _____ To _____	

Particulars of Pet(s)

	Pet Details
Name of Pet	
Gender of Pet	Please select
Date of Birth	
Species	Please select
Breed	
Microchip No.	
Sterilised	

Proposal Form - PetCare

Name of Proposer:	_____

Selection of Plan

Types of Plan	Please Select	Premium
Adogable Plan	☐	S$
Ameowing Plan	☐	S$
Furtastic Plan	☐	S$
Ultipaw Plan	☐	S$
Pawsh Plan	☐	S$
Total Annual Premium including prevailing GST:		S$ 0.00

Particulars of Vet

Was the Pet referred by another Vet? If Yes, please provide details:		Please select
Name of Vet: _____	Contact No. of Vet: _____	
Address: _____	Postal Code ( )	

Pet's Medical Declaration

1.	Has your Pet gotten into any Accident resulting in bodily Injury which may or may not have required Veterinary Treatment? If Yes, please provide details:		Please select
	Date of Accident: _____	Details of Injury: _____	Status of recovery: _____
2.	Has your Pet had any physical disability which may or may not have required Veterinary Treatment? If Yes, please provide details:		Please select
	Type of disability: _____	Is it a Congenital Condition? Please select	Is your Pet receiving regular Veterinary Treatment to manage the Condition? _____
3.	Has your Pet undergone surgery during the last 6 months? If Yes, please provide details:		Please select
	Reason for surgery: _____	Status of recovery: _____	

Proposal Form - PetCare

Name of Proposer:	_____	
4.	Is your Pet undergoing any Veterinary Treatment arising from Illness or Injury? If Yes, please provide details:	Please select
	Details of Illness/Injury: _____	Type of Treatment received: _____ Status of recovery: _____
5.	Has your Pet ever experienced or shown signs or symptoms of any of the following conditions: lameness, seizures, anal gland conditions, fractures, skin/ear/eye conditions, vomiting or diarrhoea? If Yes, please provide details:	Please select
	Date of first symptom/sign: _____	Type of Treatment received: _____ Status of recovery: _____

Other Information

1.	Is your Pet used for breeding, commercial, sporting, guarding and security or working purpose(s), or in any trade/profession/occupation? If Yes, please note that your Pet is not eligible for cover under this Policy.	Please select
2.	Does your Pet have any vicious tendencies? If Yes, please provide details:	Please select
	Has your Pet been treated by a professional animal behaviorist or trainer for aggression? _____	What measures do you take to prevent Injury to a third-party or loss of third-party property? _____
3.	Has a claim or complaint involving your Pet ever been lodged to the authorities? If Yes, please provide details:	Please select
	Nature of claim/complaint: _____	Action taken to prevent such claim/complaint in future: _____
4.	Has your Pet ever caused Injury to a third-party, or loss or damage to third-party property? If Yes, please provide details:	Please select
	Details of Illness/Injury: _____	Details of Injury/damage: _____ What measures have you taken to prevent such Injury/Incident since? _____
Additional Information (if any)		

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Name of Proposer: _____

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.

PROOF OF OWNERSHIP

Please note that a copy of Pet License or other documentary proof of ownership of the Pet will be required to be submitted to the Company when making a claim, failing which the policy shall be deemed to be automatically cancelled and no benefits whatsoever shall be payable by the Company.

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.

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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 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, 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

_____ _____

Date Signatory of Proposer