

## Proposal Form - HomeCare

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.:
_____		_____
Mailing Address:		
_____		Postal Code ( )
Date of Birth:	Contact No.:	Occupation:
_____	_____	_____
Email:		
_____		

### Details of Premises

Address of Premises to be Insured:	
_____ Postal Code ( )	
Type of Premises:	Please specify if you select "Others" under Type of Premises:
_____	_____
Mortgagee (if to be named in the policy):	Name of Landlord (if to be named in the policy):
_____	_____
Is the Premises:	Please specify if you select "Others" under Type of Premises:
_____	_____

### Selection of Plan

Period of Insurance:	Type of Plan:
From _____ To _____	_____



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### Top-up Plan

Coverage	Top-up Rate	Top-up Sum	Annual Premium
<input type="checkbox"/> Section 1: Building including Renovations and/or Improvements (Fire & Extraneous Perils)		S\$	S\$
<input type="checkbox"/> Section 2: Contents (All Risks) Excess: Please refer to policy wordings		S\$	S\$
<input type="checkbox"/> Section 3: Personal & Family Liability (Any one accident/ unlimited any one period)	for every S\$500,000	S\$	S\$

### Optional Coverage

Upgrade my Personal Effects Cover (unspecified) on jewellery, watches, spectacles and handbags/wallets anywhere in Singapore (Excess: S\$250 each and every loss)	Limit Per Article (S\$2,000)		N.A.
	Top-up Rate	Sum Insured required (Max. up to S\$20,000)	Top-up Premium
		S\$	S\$
Upgrade my Personal & Family Liability to Worldwide excluding USA, Canada and Sanctioned Countries (Any one accident/unlimited any one period) (Excess: S\$250 each and every loss)	For Plan A, B & C: <input type="checkbox"/> Limit of Liability S\$500,000		
	For top-up plan: <input type="checkbox"/> Limit of Liability S\$1,000,000		
Total Annual Premium including prevailing GST: S\$			

a) Any incurred and/or reported claims for the past three (3) years?

b) Has any insurance (For the risk proposed) been cancelled due solely or in part to a breach of premium payment warranty in the last 12 months?

If the answer to any of the above is Yes, please provide details:

\_\_\_\_\_

### 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



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

### IMPORTANT NOTES:

- The liability of the Company does not commence until this Proposal has been accepted 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.

### DECLARATION

I, the Proposer, declare and warrant that:

- All information provided by me/us 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 agree to the policy terms, exclusions and conditions as expressed in the brochure, proposal form, policy wordings and endorsements
- 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

\_\_\_\_\_  
Date

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

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](mailto:sgservicecenter@libertymutual.com)) or visit the GIA/LIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

