



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

BizTraveler – Employee on Un-Named Basis

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: _____				
Name of Policyholder: _____		Nature of Business: _____		
Occupation of Insured Persons: _____		Total No. of Employees: _____		
Duties Performed during Trips: _____				
Total No. of Travelers: _____	No. of Frequent* Travelers: _____		No. of Infrequent^ Travelers: _____	
Travel Information	ASEAN	Asia Pacific	Worldwide	Total
No. of Trip Per Year				
Average Duration Per Trip				

*No. of travels at least 3 times per year

^No. of travels less than 3 times per year

Apart from commercial aircraft, do Insured Persons travel in privately chartered/leased aircraft?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
(Note: Military Aviation is excluded from cover)			
Purpose of Flight: _____	Average Occupancy Per Flight: _____	Type of Aircraft Used: _____	

Asia Pacific Includes Asean, China, Hong Kong, Macau, Taiwan, South Korea, Japan, India, Sri Lanka, Pakistan, Australia, New Zealand, Mongolia, Tibet, Bhutan, North Korea, Nepal, Maldives, East Timor and Bangladesh

Worldwide Includes any destinations in the world except Afghanistan, Cuba, Democratic Republic of Congo, Iran, Iraq, Liberia, Sudan, Syria and Lebanon



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Name of Policyholder: _____

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 and Company
Stamp

