

Motor Insurance Quotation Request Form

Upon completion of this form, please email it to motorquotation.sg@libertymutual.com

Contact Details of Requester

Name:	_____
Mobile No.:	_____
Email:	_____

1. Personal Particulars of Applicant

Name:		NRIC/ROC No.:
_____		_____
Date of Birth:	Marital Status:	If Others, please provide details:
_____	_____	_____
Occupation:	Job Title:	Industry:
_____	_____	_____
Gender:	Years of Driving Experience:	Current Insurer:
_____	_____	_____
NCD Entitlement (%) on Renewal:	Claims Experience (past 3 years): If Yes, please provide details:	
_____	_____	
NCD Transfer from (Vehicle No.):	Number of Claims:	Total Claim Amount:
_____	_____	_____

2. Named Driver(s) Particulars (compulsory if any)

Name of Driver(s)	NRIC No.	Date of Birth	Gender	Relationship to Insured	Any Claims in past 3 years	Years of Driving Experience	Marital Status	Occupation



DECLARATION

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.

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

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) or visit the GIA/LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

