



**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 – Group PASafe

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 Company		Contact No.:
_____		_____
GST Registered Company <sup>1</sup> ?	Name of Company Subsidiary:	
_____	_____	
Mailing Address:		
_____		Postal Code ( )
Type of Business/Industry:	Presently Insured?	If yes, name of current insurer:
_____	_____	_____
Business Registration No.:	Email:	Total No. of Employees:
_____	_____	_____
Period of Insurance:		Class:
From _____ To _____		_____

<sup>1</sup>If yes, please download and complete the GST Declaration Form [here](#).

### Particulars of Employee/Category of Employee

Name	Gender	Date of Birth	NRIC/FIN No.	Nationality	Relationship	Occupation	Class



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Name of Company: \_\_\_\_\_

### Selection of Benefits

Name of Employee/Category of Employee:	Sum Insured
Death	S\$
Permanent Disablement <input type="checkbox"/> Scale I <input type="checkbox"/> Scale II	S\$
Temporary Total Disablement (per week)	S\$
Temporary Partial Disablement (per week)	S\$
Medical Expenses	S\$

Name of Employee/Category of Employee:	Sum Insured
Death	S\$
Permanent Disablement <input type="checkbox"/> Scale I <input type="checkbox"/> Scale II	S\$
Temporary Total Disablement (per week)	S\$
Temporary Partial Disablement (per week)	S\$
Medical Expenses	S\$

Name of Employee/Category of Employee:	Sum Insured
Death	S\$
Permanent Disablement <input type="checkbox"/> Scale I <input type="checkbox"/> Scale II	S\$
Temporary Total Disablement (per week)	S\$
Temporary Partial Disablement (per week)	S\$
Medical Expenses	S\$



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### More Information

1. Does any employee any employee engage or involve in hazardous risk e.g. vessel risk, offshore risk, sites visit, manual work, work involving height exceeding 30 feet above ground or floor level, handle heavy machinery or hazardous, chemical/electrical/explosive materials, etc? If 'Yes', please provide full details:  _____					
2. Is there any employee/member based outside Singapore? If 'Yes', please provide full details:  _____					
3. Were there any claims made in the past 3 years? If 'Yes', please provide details in the table below:					
Period of Insurance (DD/MM/YYYY)	Number of Insured as at _____(DD/MM/YYYY)	Paid Claims		Outstanding Claims	
		No. of Claims	Amount (S\$)	No. of Claims	Amount (S\$)

### PREMIUM PAYMENT WARRANTY (CORPORATE)

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) within 60 days of the inception date of the coverage, failing which the Policy shall be deemed to be automatically cancelled and a pro-rata premium is to be charged for the period that the Company is on risk.

### 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 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



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Name of Company: \_\_\_\_\_

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](mailto: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:

- g) You agree that you have been validly & legally authorised by the Proposer to do so; and
- h) You warrant that you have shown this entire completed document to the intended Proposer and had obtained his/her agreement to everything; and
- i) 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 Company's Authorised  
Representative and  
Company Stamp

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)).

