

Proposal Form

Personal Accident AA Personal Mobility Plus

Please complete all sections to facilitate the processing of your application.

Statement pursuant to Section 25(5) Cap. 142 of the Insurance Act 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: AAS Insurance Agency Pte Ltd (A1481) (SMU Mobility Program)

Particulars of Proposer

| | | |
|---|--------------------------------|--|
| Name of Proposer: _____ | | Contact No.: _____ |
| Mailing Address: _____ Postal Code () | | |
| NRIC No.: _____ | Date of Birth: _____ | Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male |
| Occupation: _____ | Nationality: _____ | Business Registration No.: _____ |
| Email: _____ | | Nature of Business: _____ |
| Period of Insurance: From _____ To _____ | | Type of Mobility Device: <input type="checkbox"/> Bicycle <input type="checkbox"/> PMD |

Benefits

| Description of Benefits | Sum Insured |
|---|---|
| Accidental Death | Bicycle – S\$20,000 Personal Mobility Device – S\$50,000 |
| Permanent Disablement: Scale I | Bicycle – S\$20,000 Personal Mobility Device – S\$50,000 |
| Medical Expenses (per Policy Year) subject to an excess of S\$100 for each and every claim | S\$1,000 |
| Personal Liability – any one accident / aggregate any one period (inclusive of legal cost and expenses) | S\$100,000 |
| Annual Premium including prevailing GST (7%): | S\$60 |
| Less 10% discount: | S\$6 |
| Total Premium Payable including prevailing GST (7%): | S\$54 |

Name of Proposer: _____

Insurance History

Has any application made by you for Accident or Life proposal/renewal been declined, withdrawn or subject to special terms and conditions? Yes No

Will this insurance be an additional to any other personal accident policies? Yes No

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

Mode of Payment

Check¹ Bank: _____ Check No.: _____

Credit Card

Name of Cardholder:
(as shown on card) _____

Credit Card No.: _____

Expiry Date: _____ / _____

Card Verification Value (CVV): _____

I hereby authorize Liberty Insurance Pte Ltd to debit my Credit Card account specified above.

¹Please cross your check & make payable to "LIBERTY INSURANCE PTE LTD". Kindly indicate (1) Name of Proposer; (2) Contact No.; (3) Name of Product; (4) Producer Code at the back of your check.

²Only applicable for instalment payment through participating banks in Singapore and is subject to their Credit Card Agreement Terms & Conditions.

Automatic Renewal (Optional)

Yes, I wish to opt for auto renewal by annual GIRO payment.*

* Please complete the Interbank GIRO form and submit together with the Proposal Form.

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 canceled and no benefits whatsoever shall be payable by the Company.

PERSONAL DATA PROTECTION

I hereby give consent to Liberty and third-parties including related entities, employees, agents, insurers, collaborators, contractors, service-providers, the Monetary Authority of Singapore, General Insurance Association, etc ("appointees"), and each of their downstream appointees in turn, to collect, use, process, transfer and/or disclose all personal data whatsoever howsoever about myself and other individuals, from any source, whether they were, are and/or will be collected by Liberty and/or the appointees in the past, present and/or future, for the purpose of redemption and in accordance with the terms in & for one or more of the purposes as described in Liberty's Data Protection Policy at www.libertyinsurance.com.sg/data-protection-policy/ to which I agree to entirely, both now and as it may be amended from time to time. All personal data are true, accurate and complete, and I shall inform Liberty of any changes to the personal data to my knowledge, as soon as practicable. If I have given any personal data about or belonging to other individuals howsoever I continually warrant that I had obtained prior consent from them (or if they are lacking in legal capacity, from their legal representatives, guardians or parents as the case may be) for Liberty and/or the appointees to collect, use, process and disclose their personal data for the purposes and on the terms stated herein and in accordance with Liberty's Data Protection Policy, as if they were me. All consents are given now, unconditionally and independently of any contract, last beyond any contractual term and remain in force until I or the individuals request to withdraw or amend the consents with Liberty by writing to The Data Protection Officer, Liberty Insurance Pte Ltd, 51 Club Street, Singapore 069428 or by email to dpo@libertyinsurance.com.sg.

Name of Proposer: _____

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 Insurance Pte Ltd'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

Signature of Proposer