

### Proposal Form - Overseas StudentCare

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

Statement pursuant to Section 23(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: \_\_\_\_\_

#### Particulars of Proposer

Name of Proposer:		Mobile No.:
_____		_____
Mailing Address:		Postal Code ( )
_____		_____
NRIC/FIN No.:	Date of Birth:	Gender:
_____	_____	_____
Email:		Nationality:
_____		_____
Educational Institution:	Course of Study:	Destination Country:
_____	_____	_____

#### Particulars of Additional Insured Person(s) (Spouse/Child<sup>1</sup>)

Name	Gender	Date of Birth	NRIC/FIN No.	Nationality	Mobile No.

<sup>1</sup> For family plan, child or children must be between the age of 6 months and 18 years and must not be employed

#### Particulars of Insured Person's Sponsor<sup>2</sup>

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

<sup>2</sup> Sponsor refers to the immediate family member financing the student's overseas education



## Proposal Form - Overseas StudentCare

Name of Proposer: \_\_\_\_\_

### Selection of Plan

#### Individual Plan

Duration	Basic Plan	Additional Premium for Optional Benefits		
		Option A	Option B	Option C
3 months	<input type="checkbox"/> S\$202	<input type="checkbox"/> S\$65	<input type="checkbox"/> S\$166	<input type="checkbox"/> S\$338
6 months	<input type="checkbox"/> S\$303	<input type="checkbox"/> S\$151	<input type="checkbox"/> S\$318	<input type="checkbox"/> S\$595
1 year	<input type="checkbox"/> S\$404	<input type="checkbox"/> S\$197	<input type="checkbox"/> S\$489	<input type="checkbox"/> S\$918

#### Family Plan<sup>3</sup>

Duration	Basic Plan	Additional Premium for Optional Benefits		
		Option A	Option B	Option C
3 months	N.A.	N.A.	N.A.	N.A.
6 months	<input type="checkbox"/> S\$681	<input type="checkbox"/> S\$339	<input type="checkbox"/> S\$717	<input type="checkbox"/> S\$1,336
1 year	<input type="checkbox"/> S\$908	<input type="checkbox"/> S\$485	<input type="checkbox"/> S\$1,092	<input type="checkbox"/> S\$2,065
Total Annual Premium including prevailing GST: S\$				S\$

<sup>3</sup> Family plan: valid only for legal spouse and up to three children aged 6 months to 18 years

- Premiums above include prevailing GST
- Discount:
  - If the period of insurance selected is years, a premium discount of 5% shall apply
  - If the period of insurance selected is in excess of 3 years, a premium discount of 7.5% shall apply

Period of Insurance:

From \_\_\_\_\_ To \_\_\_\_\_

### Mode of Payment

AXS Online/AXS Stations<sup>4</sup>

Cheque<sup>5</sup> Bank: \_\_\_\_\_ Cheque No.: \_\_\_\_\_

Credit Card

Full Payment

0% Interest Instalment Plan<sup>6</sup>

i. 6 months instalment

ii. 12 months instalment



## Proposal Form - Overseas StudentCare

Name of Proposer:	_____	
Type of Credit Card:	Name of Cardholder (as shown on card):	
_____	_____	
Credit Card No.:	Expiry Date:	
_____	_____	

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

Upon making payment, kindly email to [accountsreceivable@libertyinsurance.com.sg](mailto:accountsreceivable@libertyinsurance.com.sg) with payment details.

<sup>4</sup> Please select Liberty Insurance as billing organisation and enter the policyholder name and contact number.

<sup>5</sup> Please cross your cheque & make payable to "LIBERTY INSURANCE PTE LTD". Kindly indicate (1) Name of Proposer; (2) Contact No.; (3) Name of Product at the back of your cheque.

<sup>6</sup> Only applicable for instalment payment through participating banks in Singapore and is subject to their Credit Card Agreement Terms & Conditions. Minimum premium of S\$500 is required for 6 and 12 months instalment.

### 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
- I/We have read & agreed entirely to all terms in Liberty's Data Protection Policy, available on request & also at [www.libertyinsurance.com.sg/data-protection-policy](http://www.libertyinsurance.com.sg/data-protection-policy), both now & in advance as it may be amended from time to time

### 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 Insurance Pte Ltd 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

- I/We do hereby declare and warrant that:  
This is a digital application. No signature is required prior to online submission. You are required to print a copy of this proposal form, sign and email a softcopy to [servicecenter@libertyinsurance.com.sg](mailto:servicecenter@libertyinsurance.com.sg) for our records.

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 ([servicecenter@libertyinsurance.com.sg](mailto:servicecenter@libertyinsurance.com.sg)) 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)).

