



Liberty Insurance Pte Ltd
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House Singapore 069428
Tel: 1800-LIBERTY (542 3789)
Fax: (65) 6223 6434
Reg. No. 199002791D | GST
Reg. No. M2-0093571-3
www.libertyinsurance.com.sg

AAS Insurance Agency Pte Ltd
2 Kung Chong Road #06-01
AA Centre Singapore 159140
Tel: (65) 6389 4241
Fax: (65) 6734 6704
Reg. No. 200304531R
www.aas-insurance.com.sg

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)

Particulars of Proposer

Name of Proposer:		NRIC/FIN No. of Proposer:	
<hr/>		<hr/>	
Mailing Address of Proposer:			
<hr/>		Postal Code ()	
Contact No. of Proposer:	Email of Proposer:		
<hr/>	<hr/>		
Name of Insured Person (if different from Proposer):		Date of Birth of Insured:	
<hr/>		<hr/>	
Occupation of Insured:	PMD Make/Model:	PMD Registration No.:	
<hr/>	<hr/>	<hr/>	
Period of Insurance:			
From <hr/> To <hr/>			

Benefits

Description of Benefits (for Insured Person)	Limit of Liability	Excess*
Section 1. Accidental Death	S\$100,000	N.A.
Section 2. Permanent Disablement per Scale of Benefits	S\$100,000	N.A.
Section 3. Medical Expenses	S\$2,000	S\$100 for each & every claim



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Name of Proposer: _____		
Description of Benefits (for Insured Person)	Limit of Liability	Excess*
Section 4. Personal Liability	S\$200,000 for any one accident/ aggregate any one period (inclusive of legal costs & expenses)	For personal use: S\$100 for each & every claim For commercial use: S\$300 for each & every claim (e.g. food and parcel delivery)
Annual Premium including prevailing GST: For Personal use only	S\$65.61	
Annual Premium including prevailing GST: For Personal and Commercial use	S\$85.80	

*"Excess" means the first portion of any claim for which the Insured is liable. The excess is subject to the Goods & Services Tax (GST)

Mode of Payment

<input type="checkbox"/> Cheque ¹	Bank: _____	Cheque No.: _____
<input type="checkbox"/> Credit Card		
Type of Credit Card: _____	Name of Cardholder (as shown on card): _____	
Credit Card No.: _____	Expiry Date: _____	Card Verification Value (CVV): _____

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

¹Please 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.

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/We do hereby declare and warrant that:

- All information provided by me/us in connection with this application are true, accurate and complete
- I/We agree that all documents, representations & information furnished in and in connection with this application shall form the basis of the contract between Liberty and myself/ourselves
- I/We agree to the policy terms, exclusions and conditions as expressed in the brochure, proposal form, policy wordings and endorsements
- If I/we do not fully and faithfully give the facts as I/we know them or ought to know them, I/we may receive nothing from the policy
- 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



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Name of Proposer: _____

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 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

