

Liberty Insurance Pte Ltd

One Raffles Quay #25-01 North Tower Singapore 048583 Tel: 1800-LIBERTY (542 3789) Reg. No. 199002791D | GST Reg. No. M2-0093571-3 www.libertyinsurance.com.sg

Proposal Form - HomeCare

Please complete all sections to faciliate 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 Proposer:		NRIC/FIN No.:
Mailing Address:		
		Postal Code ()
Date of Birth:	Contact No.:	Occupation:
Email:		
Details of Premises		
Address of Premises to be Insured:		
		Postal Code ()
Type of Premises:	Please specify if you select "Others" und	der Type of Premises:
Mortgagee (if to be named in the policy):	Name of Landlord (if to be named in the policy):	
Is the Premises:	Please specify if you select "Others" under Type of Premises:	
Selection of Plan		
Period of Insurance:		Type of Plan:
From	To	



Proposal Form - HomeCare Name of Proposer: Top-up Plan **Annual Premium** Coverage Top-up Rate Top-up Sum Section 1: Building including Renovations and/or Improvements S\$ S\$ (Fire & Extraneous Perils) Section 2: SŚ Contents (All Risks) SŚ Excess: Please refer to policy wordings Section 3: Personal & Family Liability S\$ S\$ (Any one accident/ for every unlimited any one period) \$\$500,000 **Optional Coverage** Upgrade my Personal Effects Cover Limit Per Article (S\$2,000) N.A. (unspecified) on jewellery, watches, spectacles and handbags/wallets Sum Insured anywhere in Singapore Top-up Rate required (Max. up Top-up Premium (Excess: S\$250 each and every loss) to S\$20,000) S\$ S\$ Upgrade my Personal & Family Liability For Plan A, B & C: to Worldwide excluding USA, Canada Limit of Liability S\$500,000 and Sanctioned Countries (Any one accident/unlimited any one For top-up plan: period) Limit of Liability S\$1,000,000 (Excess: S\$250 each and every loss) Total Annual Premium including prevailing GST: S\$ Any incurred and/or reported claims for the past three (3) years? a) Has any insurance (For the risk proposed) been cancelled due solely or in part to a breach of premium payment warranty in the last 12 months? If the answer to any of the above is Yes, please provide details: **Mode of Payment**

	AXS Online/AXS Stations ¹		
	Cheque ²	Bank: Cheque No.:	
	Credit Card		
Type of Credit Card:		Name of Cardholder (as shown on card):	



Proposal Form - HomeCare

Name of Proposer:		
Credit Card No.:	Expiry Date:	

Upon making payment, kindly email to accountsreceivable@libertyinsurance.com.sg with payment details.

² 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.

IMPORTANT NOTES:

The liability of the Company does not commence until this Proposal has been accepted by the Company.

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:

- a) All information provided by me/us in connection with this application are true, accurate and complete
- b) I agree that this application and declaration shall be the basis of the contract between Liberty and myself
- c) I agree to accept the Company's policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto
- d) 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
- e) I agree to the policy terms, exclusions and conditions as expressed in the brochure, proposal form, policy wordings and endorsements
- f) 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, 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:

- 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

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



¹ Please select Liberty Insurance as billing organisation and enter the policyholder name and contact number.