

Liberty Insurance Pte Ltd

51 Club Street #03-00 Liberty House Singapore 069428 Tel: 1800-LIBERTY (542 3789)

 $\label{eq:Reg.No.M2-0093571-3} Reg.\ No.\ M2-0093571-3 \\ www.libertyinsurance.com.sg$

Proposal Form - HomeCare

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

Statement pursuant to Section 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:					
Particulars of Proposer					
Name of Proposer:			IRIC/FIN No.:		
Mailing Address:					
		P	ostal Code	()
Date of Birth:	Contact No.:	0	occupation:		
Email:					
Details of Premises					
Address of Premises to be Insured:		P	ostal Code	()
Type of Premises:	Please specify if you select "Others" under 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:		Т	ype of Plan:		
From	To				



Nar	ne of Proposer:				
Top	o-up Plan				
Coverage		Top-up Rate	Top-up Sum	Annual Premium	
	Section 1: Building including Renovations and/or Improvements (Fire & Extraneous Perils)			S\$	S\$
				S\$	S\$
	Section 3: Personal & Family Liability (Any one accident/ unlimited any one period)		for every \$\$500,000	S\$	S\$
Opt	tional Coverage				
Upgrade my Personal Effects Cover (unspecified) on jewellery, watches,		Limit Per Article (S\$2,000)			N.A.
spectacles and handbags/wallets anywhere in Singapore (Excess: S\$250 each and every loss)	Top-up Rate		Sum Insured required (Max. up to S\$20,000)	Top-up Premium	
				s\$	s\$
to V	grade my Personal & Family Liability Worldwide excluding USA, Canada d Sanctioned Countries		y S\$500,000		
(An peri	y one accident/unlimited any one	y S\$1,000,000			
			Т	otal Annual Premium:	S\$
a)	Any incurred and/or reported claims for the past three (3) years?				
b)		proposed) been cancelled due solely or in part to a breach of			
If th	premium payment warranty in the later answer to any of the above is Yes,		s:		
	,	'			
Мо	de of Payment				
	AXS Online/AXS Stations ¹				
	Cheque ²	Bank: Cheque No.:			
	Credit Card				

Name of Cardholder (as shown on card):



Type of Credit Card:

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

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

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
- 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.qia.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.

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.