

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: _____
Reference No.: _____

Particulars of Proposer/Company

Name of Proposer/Name of Company: _____		NRIC/FIN No.: _____
Business Registration No.: _____	Occupation: _____	Nature of Business: _____
Mailing Address: _____		
		Postal Code ()
Contact No.: _____	Date of Birth: _____	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Email: _____		Nationality: _____
Period of Insurance: From _____ To _____		Years of Driving Experience: _____
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widow/Divorced	How often do you drive to West Malaysia? <input type="checkbox"/> Never <input type="checkbox"/> 12 times or less per year <input type="checkbox"/> More than 12 times per year	

Particulars of Additional Driver(s)

Name of Driver(s)	NRIC/FIN No.	Date of Birth	Gender	Relationship to the Proposer	Any Claims in past 3 years	Years of Driving Experience	Occupation

Commercial Vehicle

Name of Proposer: _____

Details of Claims

Date	Total Claim Amount	Description

Details of Vehicle

Brand New Vehicle: <input type="checkbox"/> Yes <input type="checkbox"/> No		Registration No.: _____	Make and Model: _____
Laden Weight (A): _____	Unladen Weight (B): _____	Tonnage [(A-B)/1016]: _____	
Type of Body: _____	Chassis No.: _____	Engine No.: _____	
Year of Manufacture/Year of Registration: _____	Parallel Import: <input type="checkbox"/> Yes <input type="checkbox"/> No	Turbo Engine: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Usage of Vehicle: <input type="checkbox"/> Business <input type="checkbox"/> Private <input type="checkbox"/> Hire	Name of Finance Company: _____		
No. of Seats: _____	No-Claim Discount (NCD): _____	Current Vehicle for NCD Transfer: _____	
Current Insurance Company: _____	Date of Current Policy Expiry/Cancelation: _____		
If NCD is "NIL", please provide reasons: <input type="checkbox"/> First time buying a vehicle <input type="checkbox"/> Have been driving other's vehicle <input type="checkbox"/> 2 nd or 3 rd vehicle <input type="checkbox"/> Other reasons: _____			
Any Modification/Accessories: If Yes, please provide details: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
No. of Trailers attached: _____	Is the vehicle used to carry passengers who are not the employees of the Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Additional Coverage required: <input type="checkbox"/> Airside <input type="checkbox"/> SRCC <input type="checkbox"/> Others <input type="checkbox"/> Flood & Windstorm, Strike Riot & Civil Commotion <input type="checkbox"/> Third Party Work Risk			

Commercial Vehicle

Name of Proposer: _____

Details of Vehicle

Will the vehicle be used for:	<input type="checkbox"/> Carriage of goods (other than samples) in connection with own business but not for hire or reward	<input type="checkbox"/> Carriage of passengers for hire or reward
	<input type="checkbox"/> Carriage of goods for hire or reward	<input type="checkbox"/> Other purposes, please specify _____

Type of Coverage

<input type="checkbox"/> Comprehensive	<input type="checkbox"/> Third Party Fire & Theft	<input type="checkbox"/> Third Party Only
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Other Information

Have you or your Named Driver(s):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1. Been convicted of any motoring offences (other than parking) in the last 3 years or have prosecutions pending?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Been given demerit points for traffic offences? If Yes, please provide Name of Driver: _____ Total demerit points accumulated during last 24 months: _____ Date & Type of Offence: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you suffered from defective vision or hearing, heart condition, epilepsy, diabetes or any physical or mental disability or infirmity that could impair the ability to drive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Been refused motor insurance at any time or subjected to special conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do you have any insurance terminated in the last 12 months due to breach of any premium payment conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you ever had been identified as unfit to drive in any Medical Examination for Driving License in the past?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If any of the above answers are "Yes", please provide details: _____		

Mode of Payment

Annual Premium excluding prevailing GST (7%): S\$ _____	plus prevailing GST (7%): S\$ _____	Total Annual Premium including prevailing GST (7%): S\$ _____
<input type="checkbox"/> Check¹	Bank: _____	Check No.: _____
<input type="checkbox"/> Credit Card		
<input type="checkbox"/> Full Payment		
<input type="checkbox"/> 0% Interest Instalment Plan ²		
I. Premium S\$500 and above:		
II. Premium below S\$500: (subject to minimum premium S\$100)		

Name of Proposer: _____

Mode of Payment

Name of Cardholder:
(as shown on card) _____

Credit Card No.:

						-					-				
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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.

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.

PREMIUM PAYMENT WARRANTY (CORPORATE)

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) within 60 days of the inception date of the coverage, failing which the Policy shall be deemed to be automatically canceled and a pro-rata premium is to be charged for the period that the Company is on risk.

PERSONAL DATA PROTECTION

I give consent to Liberty Insurance Pte Ltd and third-parties including related entities, employees, agents, other insurers, contractors & service-providers (collectively, "Appointees") to collect, use and disclose all personal data relating to myself or other individuals that I have furnished in the past, present & in the future, for one or more of the purposes described in Liberty's Data Protection Policy, including but not limited to considering whether to provide insurance, carrying out due diligence, pricing, administering and servicing my policies, communicating with me, renewals, reinsurance, collections, claims, accounting, audit, legal, compliance, research, analysis, information-sharing, surveys, data storage & backups. I have read and agreed to the full Policy at www.libertyinsurance.com.sg/data-protection-policy/. If there is any personal data relating not to myself but to other individuals that I have furnished in the past, present & in the future, I warrant that I have obtained prior consent from these data subjects (or if they are lacking in legal capacity, from their legal representatives, guardians or parents as the case may be) for Liberty Insurance Pte Ltd and its Appointees to collect, use and disclose their personal data for the abovementioned purposes and on the same terms herewith. I warrant that all personal data I have provided are accurate and complete, and I shall inform Liberty of any changes to the personal data to my knowledge as soon as practicable.

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
- f) I/We undertake to pay any difference arising from a discrepancy in the NCD declared, failing which the policy shall be canceled by the Company

Date

Signature of Proposer