

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: _____

Particulars of Principal Insured

Name of Principal Insured:		Contact No.:
Mailing Address:		
		Postal Code ()
NRIC/FIN No.:	Date of Birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Email:		Occupation:
Class: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		Period of Insurance: From _____ To _____

Particulars of Spouse and Children to be Insured

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

Selection of Plan

Types of Plan	Premium Applicable	Premium
<input type="checkbox"/> Plan A		
<input type="checkbox"/> Plan B		
Total Annual Premium excluding prevailing GST (7%):		S\$ _____
plus prevailing GST (7%):		S\$ _____
Total Annual Premium including prevailing GST (7%):		S\$ _____

Please contact the Company if additional sums are required.

Name of Proposer: _____

PERSONAL DATA PROTECTION

- h) dealing in any matters relating to the services and/or products which you are entitled to under this policy and/or dealing in any matters relating to this policy, which you are applying for or have applied. This includes but is not limited to contacting you or communicating with you via phone/voice call, text message and/or fax message, email and/or postal mail for the purposes of administering and/or managing your contractual relationship with us such as but not limited to communicating with you on matters related to your policy with us. You acknowledge and agree that such communication by us could be by way of the mailing of correspondence, documents or notices to you, which could involve disclosure of certain personal data about you to bring about delivery of the same as well as on the external cover of envelopes/mail packages
- i) investigating fraud, misconduct, any unlawful action or omission, whether relating to your application, your claims or any other matter relating to your policy or policies, whether such policy is issued by us or another Insurer, and whether or not there is any suspicion of the aforementioned
- j) storing, hosting, backing up (whether for disaster recovery or otherwise) of your personal data, whether within or outside Singapore; and/or
- k) complying with applicable law in administering and managing your relationship with Liberty
- l) Any other purposes which we notify you of at the time of obtaining your consent

(collectively the “**Purposes**”)

Liberty may/will also be collecting from sources other than yourself, personal data about you, for one or more of the above Purposes, and thereafter using, disclosing and/or processing such personal data for one or more of the above Purposes.

You also consent that any other Insurer may/can collect from Liberty (and that Liberty may disclose to them), use, disclose (including disclose to Liberty) and/or process your personal data for one or more of the above Purposes.

Your personal data may/will be disclosed by Liberty and/or any of the other Insurers to third parties, whether located within or outside Singapore, for one or more of the above Purposes, as such third parties, would be processing your personal data for one or more of the above Purposes. In this regard, you hereby acknowledge, agree and consent that Liberty may/are permitted to disclose your personal data to such third parties (whether located within or outside Singapore) for one or more of the above Purposes and for the said third parties to subsequently collect, use, disclose and/or process your personal data for one or more of the above Purposes including engaging and disclosing to their third party service providers or agents (whether sited in or outside of Singapore) to do so, and the aforementioned collection, use, disclosure and processing activities and permissions in this sub-clause apply to these third party service providers or agents and any third party service providers or agents they in turn engage and so on. Without limiting the generality of the foregoing, such third parties include:

- a) Liberty’s associated or affiliated organizations or related corporations
- b) any of Liberty’s agents, contractors or third party service providers who process your personal data on Liberty’s behalf including but not limited to those which provide administrative or other services to Liberty such as mailing houses, telecommunication companies, information technology companies, data storage or hosting companies, data centres, disaster recovery service providers, banks
- c) lawyers/law firms, legal process participants and their advisors
- d) any third party in connection with any proposed or actual reorganization, merger, sale, joint venture, assignment, transfer or other disposition or all or any portion of Liberty’s business, assets or stock (including in connection with any bankruptcy or similar proceedings); and/or
- e) third parties to whom disclosure by Liberty is for one or more of the Purposes and such third parties would in turn be collecting and processing your personal data for one or more of the Purposes

I/We have read and I/we accept the terms of Liberty’s Data Protection Policy at www.libertyinsurance.com.sg/data-protection-policy/.

Name of Proposer: _____

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 undertake to pay any difference arising from a discrepancy in the NCD declared, failing which the policy shall be canceled by the Company
- e) 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
- f) I/We agree to inform if there is any change in any of the details I have provided to Liberty in this application. I understand and agree that it is my sole responsibility to inform and update Liberty of any changes to my personal information. I hereby agree to indemnify and absolve Liberty of any liability arising out of any use and/or disclosure by Liberty of any inaccurate or incomplete information due to my failure to update Liberty promptly of any changes to my personal information
- g) The personal data of the individuals (the "**3rd Party Individuals**") which I/we am/are providing to you in this form are accurate and complete. I/we warrant that I/we have obtained consent from the 3rd Party Individuals (or if lacking in legal capacity, his/her legal representatives, guardians or parents as the case may be) for Liberty to collect, use and disclose his/her personal data for the above purposes and on the terms in this document, and as if the said data are about me/us. I/We will inform Liberty of any changes to the data as soon as practicable.
- h) I/We have read and agree to the above, including as to how my personal data may/will be collected, used, disclosed and processed by Liberty and others as stated above

Date

Signature of Principal Insured
Company Stamp (if any)