Proposal Form

EZCare

www.libertyinsurance.com.sg

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. This policy is not a Medisave-approved policy and you may not use Medisave to pay the premium for this policy.

Name of Producer & Producer Code: ____________________

Particulars of Proposer

Name of Company:	**Contact No.:**
Name of Company Subsidiary:	**Type of Business/Industry:**
Mailing Address:	Postal Code ( )
Presently Insured? *If Yes, name of current insurer: ❑ Yes ❑ No	**Business Registration No.:**
Email:	**Total No. of Employees:**

Group Eligibility

No. of Employees to be covered#:	**Period of Insurance:** From ____________ To ____________

Minimum 2 employees

+Classification of Benefits - Basis of Cover (Compulsory to be completed)
(e.g. Management and eligible dependents, Executives, All Staff & Plan)

Employee Category	No. of Employees & Dependents	Hospitalization & Surgery (Plan)	GP	SP	Dental	Group Personal Accident
		❑ Plan 1 ❑ Plan 2 ❑ Plan 3 ❑ Plan 4	❑ Plan 1 ❑ Plan 2	❑ Plan 1 ❑ Plan 2	❑ Plan 1 ❑ Plan 2	❑ Plan 1 ❑ Plan 2 ❑ Plan 3 ❑ Plan 4
		❑ Plan 1 ❑ Plan 2 ❑ Plan 3 ❑ Plan 4	❑ Plan 1 ❑ Plan 2	❑ Plan 1 ❑ Plan 2	❑ Plan 1 ❑ Plan 2	❑ Plan 1 ❑ Plan 2 ❑ Plan 3 ❑ Plan 4
		❑ Plan 1 ❑ Plan 2 ❑ Plan 3 ❑ Plan 4	❑ Plan 1 ❑ Plan 2	❑ Plan 1 ❑ Plan 2	❑ Plan 1 ❑ Plan 2	❑ Plan 1 ❑ Plan 2 ❑ Plan 3 ❑ Plan 4
		❑ Plan 1 ❑ Plan 2 ❑ Plan 3 ❑ Plan 4	❑ Plan 1 ❑ Plan 2	❑ Plan 1 ❑ Plan 2	❑ Plan 1 ❑ Plan 2	❑ Plan 1 ❑ Plan 2 ❑ Plan 3 ❑ Plan 4

Name of Company: _____

Group Eligibility

⁺Classification of Benefits - Basis of Cover (Compulsory to be completed)
(e.g. Management and eligible dependents, Executives. All Staff & Plan)

Employee Category	No. of Employees & dependents	Hospitalization & Surgery (Plan)	GP	SP	Dental	Group Personal Accident
_____	_____	❑ Plan 1 ❑ Plan 2 ❑ Plan 3 ❑ Plan 4	❑ Plan 1 ❑ Plan 2	❑ Plan 1 ❑ Plan 2	❑ Plan 1 ❑ Plan 2	❑ Plan 1 ❑ Plan 2 ❑ Plan 3 ❑ Plan 4

⁺Notes:
1. Participation of employees or eligible dependents, if taken up, is on compulsory basis. (Please complete and to submit the Employee Details Template together with this Proposal Form)
2. Eligible dependent's cover should be the same as the employee's cover.

Are there any members based outside Singapore? ❑ Yes ❑ No
If Yes, please provide details:

No. of Members/Age	Country Based in	Total Sum Insured/Plan
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are there any members engaged in hazardous occupation? (E.g. welder, diver, sandblaster, offshore workers etc) ❑ Yes ❑ No
If Yes, please provide details:

No. of Members/Age	Country Based in	Total Sum Insured/Plan
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are there any members currently in hospital or requires frequent admission (e.g. hospital admission more than 2 times per year) to hospital? ❑ Yes ❑ No
If Yes, please provide details.

No. of Members/Age	Reason for Hospitalization/ Nature of Illness	Total Sum Insured/Plan
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has any member suffered from any serious condition such as cancer, organ failure, heart disease, stroke, liver disorder, arthritis or any other disorder that cause progressive irreversible functional or physical disability? ❑ Yes ❑ No
If Yes, please provide details:

No. of Members/Age	Reason for Hospitalization/ Nature of Illness	Total Sum Insured/Plan
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Company: _____

Mode of Payment

❑ **Check[1] - Annual Payment Only** Bank: _____ Check No.: _____

❑ **Bank Transfer[2] – Annual Payment Only**

[1]Please 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.
[2]Relating to payment for SGD Singapore-related risks policies. Beneficiary details as follows:
Beneficiary Name: Liberty Insurance Pte Ltd
Beneficiary Address: 51 Club Street #03-00 Liberty House Singapore 069428
Bank Name: UOB
Bank Account No.: 451-304-455-5
Bank Address: 80 Raffles Place, #29-03 UOB Plaza 1 Singapore 048624
Bank Code: 7375
Branch Code: 001
Swift Code: UOVBSGSG
Currency: SGD

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

_____ _____

Date Signature of Proposer
Company Stamp (if any)