



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.

Intermediary Name:

Code: B9115 -

## PA Smart 365 Proposal Form

### 1. Proposer's Particulars

Proposer's/Insured's Name:		Industry Type: (Applicable to corporate entities)	Company ROC No. if applicable
NRIC No.:	Nationality:	Mailing Address:	
Passport No./Fin No. (Foreigner):			
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Telephone No.: (H/P)	(O)
Occupation:	Class: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Email Address:	

### 2. Spouse's/Children's Particulars (if applicable)

Name	Gender	Date of Birth	NRIC / Passport / Fin No.	Nationality	Relationship	Occupation	Class 1/2/3 (please indicate)

### 3. Coverage Required

Plan	Self	Spouse	Child	Premium Applicable	Premium
Successful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Adaptable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Innovative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				Total Premium: S\$	
				Add 7% GST: S\$	
				Total Premium Payable: S\$	
The Choice of Plan for Spouse must be equal or lower than that of main insured (Self).					
Period of Insurance: From _____ To _____					

### 4. Other Information

(a) Does your occupation fall within any of the Declined or Referral Risks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Do you engage in any sports/activities which are excluded by any policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Do you suffer from any disease, physical defect or infirmity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) Do you have any other personal accident insurance? If YES, what is the sum insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(e) Has your application for life or accident insurance been declined or has any such insurance been cancelled or renewal refused or subject to special terms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If any answer is YES, please provide details:	

### 5. Mode of Payment

<input type="checkbox"/> Cash	Cheque Number:	Card No.:
<input type="checkbox"/> Cheque / Bank:		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Visa Card		Expiry Date
<input type="checkbox"/> MasterCard		<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
		Cardholder's Name:

I hereby authorize LIBERTY INSURANCE PTE LTD to debit my Credit Card account specified above.

#### 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 coverage, failing which the Policy shall be deemed to be automatically cancelled and no benefits and 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 cancelled and a pro-rata premium is to be charged for the period that this Company is on risk.

**Declaration:** I hereby declare and warrant the answers given above in every respect are true and correct and I have not withheld any information likely to affect acceptance of this Proposal, and agree that this Proposal, and agree that this Proposal Declaration shall be the basis of the Contract between the Company and myself, and I further 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

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

For Official use