

TRAVEL Smart 365 Proposal Form

Producer Code: **PIAS (B9115-**

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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.

1. Proposer's/Insured's Particulars

Proposer's/Insured's Name:		Company ROC No. <i>(If applicable)</i>	
		Mailing Address:	
NRIC No.:	Nationality:	Postal Code: <input type="text"/>	
Fin No./Passport No. (Foreigner):		Telephone No.: (H/P) (O)	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth : <input type="text"/>	Email Address:	

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

Name	Gender	Date of Birth	NRIC No.	Fin No.	Passport No.	Nationality	Relationship
		<input type="text"/>					
		<input type="text"/>					
		<input type="text"/>					
		<input type="text"/>					

Any existing PA Smart 365 Policy? Yes / No

If yes, please provide policy number and NRIC no:

3. Coverage Required

Plan Type:	<input type="checkbox"/> Insured <input type="checkbox"/> Insured and Spouse <input type="checkbox"/> Family
Area of Travel:	<input type="checkbox"/> Asia Pacific <input type="checkbox"/> Worldwide
Effective Date:	<input type="text"/> For 1 Year

4. Mode of Payment

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

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 the coverage, failing which the Policy shall be deemed to be automatically cancelled 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 cancelled and a pro-rata premium is to be charged for the period that the Company is on risk.

WARRANTY:

The person(s) to be insured warrant that they are not travelling contrary to the advice of a medical practitioner or for the purpose of obtaining medical treatment.

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 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