

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 Proposer

Name of Proposer: _____		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Age: _____
Mailing Address: _____ _____			
		Postal Code	()
NRIC No.: _____	Contact No.: _____	Nationality: _____	
Email: _____		SB Transmission No.: _____	

Particulars of Maid

Name of Maid: _____		Passport No.: _____
Date of Birth: _____	Nationality: _____	Work Permit No.: _____
Effective Date (DD/MM/YYYY):	<input type="checkbox"/> 14 months <input type="checkbox"/> 26 months	From: _____

Choice of Insurance Coverage: <input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3	Reimbursement of Indemnity paid to Insurer: <input type="checkbox"/> Yes <input type="checkbox"/> No	Philippines Embassy Bond: <input type="checkbox"/> Bond amount: S\$2,000 Premium: S\$80.25* <input type="checkbox"/> Bond amount: S\$7,000 Premium: S\$107* <small>*Premiums above include prevailing GST</small>
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Remarks:

The Proposer will need to indemnify Liberty Insurance Pte Ltd for all sums that they may incur arising out of the Letter of Guarantee and/or Embassy Bond.

Mode of Payment

<input type="checkbox"/> Cash <input type="checkbox"/> Check¹ Bank: _____ Check No.: _____	
<input type="checkbox"/> Credit Card Name of Cardholder: (as shown on card) _____ Credit Card No.: _____ Expiry Date: _____ / _____ Card Verification Value (CVV): _____	
I hereby authorize Liberty Insurance Pte Ltd to debit my Credit Card account specified above.	
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.	

Name of Proposer: _____

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.

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

Name of Proposer: _____

Letter of Indemnity

To: **Liberty Insurance Pte Ltd**, 51 Club Street #03-00, Liberty House, Singapore 069428

Counter-Indemnity for Letter of Guarantee No.(s) _____

In consideration of Liberty Insurance Pte Ltd ("the insurer") agreeing at my/our request to issue a Letter of Guarantee ("the MOM Guarantee") in favor of Ministry of Manpower ("MOM") guaranteeing the payment on demand of any sum or sums not exceeding in total Singapore Dollars Five Thousand (S\$5,000) in lieu of the cash deposit of Singapore Dollars Five Thousand (S\$5,000) that the employer would otherwise have to provide as security under the Security bond executed by the employer in favor of MOM and/or to issue a Letter of Guarantee (hereinafter called the Labatt Guarantee) in favor of the Labor Attache (the Labatt), Embassy of the Philippines for the sum of S\$2,000 or S\$7,000, whichever applicable, (collectively known as the Guarantees) guaranteeing the satisfactory performance and observance of the conditions imposed on the Employer by the Labatt in the Embassy of the Philippines' Standard Employment Contract for Filipino workers in Singapore executed by the Employer in favor of the Labatt, I/we hereby jointly and severally irrevocably and unconditionally agree and undertake for myself/ourselves and my/our heirs executors administrators assigns and successors that

1. As a continuing obligation I/We shall indemnify and keep indemnified the insurer from and against all claims, demand, payment, actions, suits, proceedings, losses, expenses including legal costs on an indemnity basis and all other liabilities of whatsoever nature or description which may be made or taken against or incurred by the Insurer in relation to or arising out of the Guarantees and/or this Counter-Indemnity.
2. Where any request is made upon the Insurer by MOM and/or the Labatt for payment of any sum pursuant to the Guarantees, ("such request") the insurer shall at its absolute discretion be at liberty to contest or compromise or immediately pay upon such request and such request shall be sufficient authority to the insurer for making any payment thereon without requiring or obtaining any evidence or proof that the amount so claimed or requested is due and payable to MOM and/or the Labatt and without any notice or reference to or further authority from me /us notwithstanding that I/we may dispute the validity of any such claim or request.
3. I/We shall not at any time question or challenge the validity legality or otherwise of any payment made by the Insurer to MOM and/or the Labatt pursuant to such request or deny any liability under this Counter-Indemnity on the ground that such payment or any part thereof made by the insurer was not due or payable under the Guarantees or on any other ground whatsoever.
4. I/We shall not be discharged or released from this indemnity by any compromise, variation or arrangement made between MOM and/or the Labatt and the Insurer in relation to the obligation undertaken by the insurer under the Guarantees or by any forbearance whether as to payment, time, performance or otherwise given by MOM and/or the Labatt to the insurer.
5. My/Our liability hereunder is irrevocable and shall remain in full force and effect until the Insurer's liability under the Guarantees is fully discharged to the Insurer's satisfaction.
6. This indemnity shall be governed by and construed in accordance with the laws of Singapore.

In WITNESS WHEREOF I/we have hereto subscribed my/our name(s) this _____ day of _____ year.

Signature of Guarantor (Proposer/Employer)

Full Name:

Summary of Benefits

Section	Description of Benefits	Plan 1	Plan 2	Plan 3
1	Letter of Guarantee to Ministry of Manpower	S\$5,000	S\$5,000	S\$5,000
2	Personal Accident a. Death b. Permanent Disablement c. Medical Expenses	S\$40,000 As per scale in Policy S\$1,000	S\$40,000 As per scale in Policy S\$2,000	S\$40,000 As per scale in Policy S\$3,000
3	Hospital & Surgical Expenses	S\$15,000 per annum	S\$15,000 per annum	S\$30,000 per annum
4	Daily Benefit	Not Covered	S\$20 per day (Maximum 60 days)	S\$30 per day (Maximum 60 days)
5	Repatriation Expenses	S\$10,000	S\$10,000	S\$10,000
6	Wages & Levy Reimbursement	Not Covered	Up to S\$30 per day (Maximum 60 days)	Up to S\$30 per day (Maximum 60 days)
7	Re-hiring Expenses	Not Covered	S\$350	S\$500
8	Outpatient Kidney Dialysis/Cancer	Not Covered	S\$2,500 (Policy Limit)	S\$5,000 (Policy Limit)
9	Special Grant	Not Covered	S\$1,000	S\$3,000
10	Reimbursement of Indemnity Paid to Insurer	Optional	Optional	Optional
Premium for 26 months		S\$246.10	S\$267.50	S\$374.50
Premium for 14 months		S\$184.58	S\$200.63	S\$280.88

Reimbursement of Indemnity Paid to Insurer (OPTIONAL)

(Additional Premium: Flat S\$53.50 (inclusive of GST))

Premiums above include prevailing GST

In the event that Liberty Insurance is required to make payment under the Security Bond required by Ministry of Manpower, the Proposer will need only reimburse Liberty the "Excess" amount, provided that the payment is not caused by or resulting from the Proposer's breach of the conditions under the Security Bond.

The "Excess" amount will vary as follows :

- S\$ 250 if this extension of coverage is purchased when the insurance package is first arranged.
- S\$ 500 if this extension is purchased mid-term but within one month of the policy inception date subject to a waiting period of 30 days from the date of inclusion.