

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

|                                     |                                   |  |
|-------------------------------------|-----------------------------------|--|
| <b>Name of Proposer:</b><br>_____   |                                   | <b>Business Registration No.:</b><br>_____ |
| <b>Mailing Address:</b><br>_____    |                                   | <b>Postal Code</b> ( )                     |
| <b>Email:</b><br>_____              | <b>Contact No.:</b><br>_____      |  |
| <b>Nature of Business:</b><br>_____ | <b>No. of Employees:</b><br>_____ |  |

## Name of Director/Registered Proprietor to be Insured for Personal Accident

| Name | NRIC/FIN No. | Date of Birth |
|------|--------------|---------------|
|      |              |               |
|      |              |               |
|      |              |               |

## Details of Risk Premises

|  |  |                        |
|--|--|------------------------|
| <b>Address:</b><br>_____   |  | <b>Postal Code</b> ( ) |
| <b>Name of Landlord (if to be named in the Policy):</b><br>_____ | <b>Ownership of Building:</b><br>_____                                 |                        |
| <b>Occupancy:</b><br>_____                                       | <b>If shared, please state the nature of shared business:</b><br>_____ |                        |

## Selection of Plan

|                             |  |  |  |
|-----------------------------|--|--|--|
| <b>Period of Insurance:</b> |  |  |  |
| From _____                  | To _____                                       |  |  |
| <b>Type of Plan:</b>        | <input type="checkbox"/> Plan A:<br>S\$288.90* | <input type="checkbox"/> Plan B:<br>S\$395.90* | <input type="checkbox"/> Top-Up Plan*<br>(From Plan B) S\$ _____ |

\* Premiums above include prevailing GST.

**Name of Proposer:** \_\_\_\_\_

### Top-Up Plan

| Coverage  | Top-Up Rate                   | Top-Up Sum Insured | Additional Premium |
|---|-------------------------------|--------------------|--------------------|
| <input type="checkbox"/> <b>Section 1: All Risks^</b><br>(Excess: S\$200 each and every loss except for Fire, Lightning and Burglary) | S\$107 for every S\$50,000    | S\$ _____          | S\$ _____          |
| <input type="checkbox"/> <b>Section 4: Money Insurance</b>  |                               |                    |                    |
| <input type="checkbox"/> a) In Transit  | S\$5.35 for every S\$500      | S\$ _____          | S\$ _____          |
| <input type="checkbox"/> b) In Premises During Business Hours   | S\$5.35 for every S\$500      | S\$ _____          | S\$ _____          |
| <input type="checkbox"/> c) In Locked Safe After Business Hours   | S\$5.35 for every S\$500      | S\$ _____          | S\$ _____          |
| <input type="checkbox"/> d) In Locked Drawers After Business Hours  | S\$5.35 for every S\$500      | S\$ _____          | S\$ _____          |
| <input type="checkbox"/> <b>Section 6: Public Liability</b><br>(Any One Accident/Unlimited Any One Period)                            | S\$53.50 for every S\$500,000 | S\$ _____          | S\$ _____          |
| <input type="checkbox"/> <b>Food &amp; Beverage Extension</b><br>(Any One Loss and in the Aggregate)                                  | S\$26.75 for every S\$50,000  | S\$ _____          | S\$ _____          |

### Optional Coverage

|   |                         |                           |
|---|-------------------------|---------------------------|
| <input type="checkbox"/> <b>Work Injury Compensation^</b>     | <b>No. of Employees</b> | <b>Additional Premium</b> |
| <b>a) Non-Manual Employees</b><br>Annual earning <= S\$30,000 | _____                   | S\$ _____                 |
| Annual earning > S\$30,000                                    | _____                   | S\$ _____                 |
| <b>b) Manual Employees</b><br>Annual earning <= S\$30,000     | _____                   | S\$ _____                 |
| Annual earning > S\$30,000                                    | _____                   | S\$ _____                 |
| <b>c) Driver/Dispatch/Delivery</b><br>(Exclude 2-wheelers)    | _____                   | S\$ _____                 |
| <input type="checkbox"/> <b>Fidelity Guarantee^</b>           | <b>Occupation</b>       | <b>No. of Employees</b>   |
|   | a) _____                | S\$ _____                 |
|   | b) _____                | S\$ _____                 |
|   | c) _____                | S\$ _____                 |
| <input type="checkbox"/> <b>Deterioration of Stocks</b>       | <b>Sum Insured</b>      | <b>Additional Premium</b> |
|   | S\$ _____               | S\$ _____                 |
|   | S\$ _____               | S\$ _____                 |
| <b>Total Annual Premium including prevailing GST (7%):</b>    |                         | <b>S\$ _____</b>          |

Name of Proposer: \_\_\_\_\_

### Information Required

|  |                              |                             |
|--|------------------------------|-----------------------------|
| a) Have you suffered any losses or had any claims made against you whether insured or otherwise, under any of the covers provided under this policy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Are any workers involved in manual works outside insured premises other than delivery staffs?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Do any of the persons to be insured under Personal Accident section suffer from any physical defect or infirmity?                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) Has any insurance (for the risk proposed) been canceled due solely or in part of a breach of premium payment warranty in the last 12 months?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### Mode of Payment

☐ **Cash**

☐ **Check<sup>1</sup>** Bank: \_\_\_\_\_ Check No.: \_\_\_\_\_

☐ **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.

<sup>1</sup>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.

### IMPORTANT NOTES

- The liability of the Company does not commence until this Proposal has been accepted by the Company.
- Unless exempted, any employer who fails to insure himself in accordance with the Work Injury Compensation Act shall be guilty of an offence and shall be liable on conviction to a fine not exceeding S\$10,000 or to imprisonment for a term not exceeding one year or to both.
- The Insured will be deemed to be his own insurer to the extent of the shortfall in the total number of employees and/or Total Annual Wages declared, and shall bear a ratable proportion of the liability accordingly.
- The information pertaining to Work Injury Compensation insurance declared in this form may be made known to the Ministry of Manpower as and when required.

### 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/](http://www.libertyinsurance.com.sg/data-protection-policy/).

Name of Proposer: \_\_\_\_\_

**PERSONAL DATA PROTECTION**

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

\_\_\_\_\_  
Signature of Proposer  
Company Stamp (if any)  
Date:

\_\_\_\_\_  
Signature WITNESS &  
Company Stamp (if witness is Broker/  
Agent; or Name & NRIC/FIN No. (if  
witness is Employee of Insured)  
Date:

**Name of Proposer:** \_\_\_\_\_

## Notes

- The sum insured on Section 1—All Risks must represent the:
  - Full reinstatement values for renovations/improvements
  - Full replacement costs for contents other than stock-in-trade
  - Market value for stock-in-trade
 Without allowance for wear, tear and depreciation otherwise any claim settlement will be proportionately reduced.
- Section 1-All Risks and Section 6-Public Liability are extended to cover Outdoor Display Areas authorized for such use by the landlord and the relevant authorities
- The sum insured on Section 1-All Risks and Section 4-Money Insurance are automatically increased by 25% for the two weeks prior to Chinese New Year, Hari Raya Puasa, Deepavali and Christmas Day
- If you have a chain of 3 or more shops insured with us, you will enjoy the following Chain Store Discount from gross premium

| Number of Outlets | Discount |
|-------------------|----------|
| 3–5               | 10%      |
| 6 or more         | 15%      |

- You will enjoy the following No Claim Discount (after any Chain Store Discount) if you continue to insure with us:
  - 10% of the gross premium on 1<sup>st</sup> renewal if there were no claims during the preceding year
  - 15% of the gross premium on 2<sup>nd</sup> and subsequent renewals if there were no claims during the preceding 2 years
- The covers and premiums indicated are not available for the following:
 

Types of Trade

  - Accommodation providers such as hotels, hostels, guest houses, etc
  - Aesthetic business like tattoo, parlours, ear piercing services and any form of body art
  - All types of kiosks, including pushcarts
  - Battery and tyre dealer, auto spare parts trading
  - Chinese medical hall engaging in traditional Chinese practices such as acupuncture, bone setting, etc
  - Food and beverage outlet
  - Glassware, chinaware, curios, work of art, furs, antiques, stamps and coins
  - Health centre, massage parlour, spa, health and fitness centre and gym
  - Healthcare service such as medical and dental clinics
  - Industrial hardware wholesaler
  - Joss sticks or joss paper, candles, charcoal, kerosene, or LPG and other flammable substances and related business (unless incidental to the business)
  - Junk goods and second-hand goods dealer
  - Market stall
  - Money changer, money lender, betting outlet and remittance outlet
  - Motor showroom, motor workshop, and repair workshop
  - Nightclub, karaoke, pub, bar or discotheque
  - Paint and varnish retailer
  - Pawnshop, goldsmith, jewellery/gems/silver/precious tones, metal retailer and watch retailer
  - Pest control
  - Petrol Kiosk
  - Retailer of bird's nest and dried marine products
  - Storage and sale of hazardous/combustible goods
  - Tobacco, wine or spirits retailer
  - Risks involving on-board vessels, manufacturing or production
  - Any offsite contract works/activities other than for delivery, sales calls, meetings, non-manual/sedentary duties

### Types of Premises/Construction

- Premises not of brick/tile/concrete construction
- Premises with property kept in the open or without perimeter, fence or security
- Premises which are part of more extensive premises used mainly for industrial, manufacturing, assembly, warehousing or wholesale (including use as megastore retail outlets) purposes

**Name of Proposer:** \_\_\_\_\_

Types of Premises/Construction

- Pre-war premises
- Premises shared with other businesses or sublet to other occupants
- Premises outside Singapore

^For such services or premises, please refer to the Company.

The information provided here is a summary. Please refer to the actual policy wordings for the terms and conditions.

**Summary of Benefits**

| Description of Benefits  | Plan A           | Plan B           | Top-Up Plan<br>(from Plan B)  |                           |
|--|------------------|------------------|-------------------------------|---------------------------|
|  | Sum Insured      | Sum Insured      | Top-Up Rates                  | Maximum Sum Insured Limit |
| Section 1: <b>All Risks^</b><br>(Excess: S\$200 each and every loss except for Fire, Lightning and Burglary) | S\$100,000       | S\$200,000       | S\$107 for every S\$50,000    | S\$1,000,000              |
| Section 2: <b>Consequential Loss</b><br>(Excess: 3 days by order of a Public Authority)                      | S\$20,000        | S\$30,000        | N.A.                          | N.A.                      |
| Section 3: <b>Rental Expenses</b>  | S\$20,000        | S\$30,000        | N.A.                          | N.A.                      |
| Section 4: <b>Money Insurance</b>  |                  |                  |                               |                           |
| <b>a) In Transit</b>   | S\$5,000         | S\$7,500         | S\$5.35 for every S\$500      | S\$10,000                 |
| <b>b) In Premises During Business Hours</b>  | S\$5,000         | S\$7,500         | S\$5.35 for every S\$500      | S\$10,000                 |
| <b>c) In Locked Safe After Business Hours</b>  | S\$5,000         | S\$7,500         | S\$5.35 for every S\$500      | S\$10,000                 |
| <b>d) In Locked Drawers After Business Hours</b>   | S\$1,000         | S\$2,000         | S\$5.35 for every S\$500      | S\$3,000                  |
| Section 5: <b>Personal Accident</b>  | S\$50,000        | S\$50,000        | N.A.                          | N.A.                      |
| Section 6: <b>Public Liability</b><br>(Any One Accident/Unlimited Any One Period)                            | S\$500,000       | S\$1,000,000     | S\$53.50 for every S\$500,000 | S\$3,000,000              |
| <b>Food &amp; Beverage Extension</b><br>(Any One Loss and in the Aggregate)                                  | S\$50,000        | S\$50,000        | S\$26.75 for every S\$50,000  | S\$100,000                |
| Section 7: <b>Goods-In-Transit</b><br>(Any One Loss and in the Aggregate)                                    | S\$2,000         | S\$2,000         | N.A.                          | N.A.                      |
| <b>Annual Premium including prevailing GST (7%)</b>  | <b>S\$288.90</b> | <b>S\$395.90</b> |                               |                           |

**Name of Proposer:** \_\_\_\_\_

### Optional Coverage

|  | Sum Insured  | Top-Up Rates   |
|--|--|--|
| <b>Work Injury Compensation<sup>^</sup></b>  |  |  |
| <b>a) Non-Manual Employees</b><br>Admin/Accounts/Management/<br>Cashiers/Marketing/Sales | Compensation to your employees for death or bodily injury arising out of and in the course of employment, including your liability at Common Law | S\$32.10 per employee earning S\$30,000 or less per annum or S\$58.85 per employee earning above S\$30,000 per annum |
| <b>b) Manual Employees</b><br>Technicians/Engineers/Cleaners                             |  | S\$64.20 per employee earning S\$30,000 or less per annum or S\$107 per employee earning above S\$30,000 per annum   |
| <b>c) Driver/Dispatch/Delivery</b><br>(Exclude 2-wheelers)                               |  | S\$214 per employee  |
| <b>Fidelity Guarantee<sup>^</sup></b><br>(Any One Employee and in the Aggregate)         | S\$2,000   | S\$10.70 per employee  |
| <b>Deterioration of Stocks</b><br>(Any One Loss and in the Aggregate)                    | S\$1,000   | S\$32.10 + S\$10.70 per additional S\$500 insured limit up to a maximum of S\$5,000                                  |

- <sup>^</sup> Work Injury Compensation
  - Please declare occupation, headcount and estimated annual wages per Category. Estimated Annual Wages consists of salary (including overtime pay), bonuses and allowances excluding transport allowance
- <sup>^</sup> Fidelity Guarantee
  - Please declare occupation and headcount
- <sup>^</sup> All Risks
  - Premises situated on road level or basement is subject to an excess of S\$2,500 each and every loss in respect of flood claims
  - Accidental breakage of plate glass up to S\$25,000 per event