

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>_____<br>_____ Postal Code ( ) |  |
| <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. |
|------|--------------|
|      |              |
|      |              |
|      |              |

## Details of Risk Premises

|  |   |
|--|---|
| <b>Address:</b><br>_____<br>_____ Postal Code ( )                                  |   |
| <b>Name of Landlord (if to be named in the Policy):</b><br>_____                   | <b>Ownership of Building:</b><br><input type="checkbox"/> Owned <input type="checkbox"/> Rented |
| <b>Occupancy:</b><br><input type="checkbox"/> Shared <input type="checkbox"/> Sole | <b>If shared, please state the nature of shared business:</b><br>_____                          |

## Selection of Plan

|                             |  |
|-----------------------------|--|
| <b>Period of Insurance:</b> |  |
| From _____ To _____         | <input type="checkbox"/> All Risks Plan: S\$513.60* <input type="checkbox"/> Top-Up Sum Insured/Optional Covers* 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>All Risks</b><br>(Maximum S\$3,000,000)                   | S\$21.40 for every S\$10,000     | S\$ _____          | S\$ _____          |
| <input type="checkbox"/> <b>Consequential Loss</b><br>(Maximum S\$500 per day)        | S\$10.70 for every S\$50 per day | S\$ _____          | S\$ _____          |
| <b>Money Insurance</b>  |                                  |                    |                    |
| <input type="checkbox"/> a) In Transit (Maximum S\$10,000)                            | S\$5.35 for every S\$500         | S\$ _____          | S\$ _____          |
| <input type="checkbox"/> b) In Premises During Business Hours (Maximum S\$10,000)     | S\$5.35 for every S\$500         | S\$ _____          | S\$ _____          |
| <input type="checkbox"/> c) In Premises After Business Hours (Maximum S\$10,000)      | S\$5.35 for every S\$500         | S\$ _____          | S\$ _____          |
| <input type="checkbox"/> Sub-limit in locked drawer/cash register (Maximum S\$2,000)  | S\$5.35 for every S\$500         | S\$ _____          | S\$ _____          |
| <input type="checkbox"/> <b>Public Liability</b><br>(Maximum S\$5,000,000)            | S\$80.25 for every S\$500,000    | S\$ _____          | S\$ _____          |
| <input type="checkbox"/> <b>Food &amp; Beverage extension</b><br>(Maximum S\$150,000) | S\$26.75 for every S\$50,000     | S\$ _____          | S\$ _____          |

### Optional Coverage

|   |   |                           |           |
|---|---|---------------------------|-----------|
| <input type="checkbox"/> <b>Fire &amp; Extraneous Perils</b><br>(Building only)   | S\$5.35 for every S\$10,000                       | S\$ _____                 | S\$ _____ |
| <input type="checkbox"/> <b>Deterioration of Stock</b><br>(Maximum S\$5,000 Any One Loss and in the aggregate)              | S\$32.10 + S\$32.10 per additional S\$500 insured | S\$ _____                 | S\$ _____ |
| <input type="checkbox"/> <b>Fidelity Guarantee<sup>^</sup></b><br>(Please declare the no. of employees to be covered below) | S\$32.10 + S\$10.70 per employee                  |                           | S\$ _____ |
| <b>Type of Occupation</b>   | <b>No. of Employees</b>                           | <b>Additional Premium</b> |           |
|   |   |                           |           |
|   |   |                           |           |
|   |   |                           |           |

<sup>^</sup>This section needs to be taken up together with WIC section. Up to a maximum of 25 employees.

|   |                                 |                         |                           |
|---|---------------------------------|-------------------------|---------------------------|
| <input type="checkbox"/> <b>Work Injury Compensation</b>    | Up to a maximum of 25 employees |                         | S\$ _____                 |
| <b>Type of Occupation</b>                                   | <b>Top-Up Rates</b>             | <b>No. of Employees</b> | <b>Additional Premium</b> |
| Non-manual < S\$30,000                                      | S\$32.10 per employee           |                         | S\$ _____                 |
| Non-manual > S\$30,000                                      | S\$74.90 per employee           |                         | S\$ _____                 |
| Manual/Driver/Delivery<br>(Excludes 2-wheelers) < S\$30,000 | S\$214.00 per employee          |                         | 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) Have you ever had any insurance (for the risk proposed) been refused or cancelled or special circumstances imposed?   | <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 |
| e) The policy terms, exclusions and conditions as expressed in the brochure, proposal form and policy wordings have been fully disclosed and accepted by the insured | <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.

Please cross your check and 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 undertake to pay any difference arising from a discrepancy in the NCD declared, failing which the policy shall be canceled by the Company
- e) 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

1. The sum insured on Fire & Extraneous Perils, Fire (Building) and All Risks must represent the following:
  - Full reinstatement values for building and 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.
2. Premises occupied as an office or store in an industrial building are accepted for SMECare.
3. Referred trades^ for underwriting:
  - Computer components, integrated circuit chips
  - Motor garages, showroom, workshop
  - Scrap metal
  - Ceremonial i.e. joss sticks and paper products
  - Spring mattress, bedding fabric
  - Paint & Vanish
  - Battery & Tyre
  - Alcohol, wines & Spirits
  - Accommodation providers, backpacker's inn
  - Traditional Chinese herbs, dried seafood products

^Standard terms are not applicable to referred trades
4. Excluded trades:
  - Blasting, smelting, or other operations involving hazardous activities
  - Hot work and/or spray painting
  - Jewellery, precious stones/metals, watches, work of arts
  - Contractors of all trades including landscaping
  - Charcoal, fireworks and other explosive goods
  - Livestock and/or Nurseries
  - Logistics, transportation, freight forwarders
  - Oil, kerosene, petroleum, LPG & other flammable liquid & gases, chemicals (flammable, toxic or explosives)
  - Rubber, Plastics, Foams
  - Woodworking
5. The following types of Premises/Construction are not covered:
  - Building not of Class 1 construction, shared premises, multi tenanted
  - Property kept in the open/without perimeter, fence, security, pre-war premises
  - Risks outside Singapore

Note: Please approach our underwriting team should you have questions on referred trades and excluded trades.

The information provided here is a summary. Please refer to the actual policy wordings for the terms and conditions. More information about SMECare is available on our website [www.libertyinsurance.com.sg](http://www.libertyinsurance.com.sg).

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

## Summary of Benefits

| Description of Benefits   | Standard Plan Sum Insured                                   | Top-Up Rates   | Maximum Sum Insured Limit                                     |
|---|---|--|---|
| <b>All Risks^ (for Contents)</b><br>(Sub-limit: Plate glass S\$25,000; Full-theft (maximum 20% of the sum insured or S\$100,000, whichever is lower))<br>(Excess: S\$500 each and every loss)   | S\$100,000  | S\$21.40 for every S\$10,000   | S\$3,000,000  |
| <b>Consequential Loss</b><br>(Excess: 3 days by order of a Public Authority) <ul style="list-style-type: none"> <li>Due to insured perils under All Risks</li> <li>Cost of material and labor incurred caused by fire and/or extraneous perils</li> </ul>   | S\$250 per day up to 100 days<br><br>S\$1,000               | S\$10.70 for every S\$50 per day   | S\$500 per day  |
| <b>Rental Expenses</b>  | S\$200 per day up to 100 days                               | N.A.   | N.A.  |
| <b>Money Insurance</b><br><b>a) In-Transit</b><br><b>b) In Premises During Business Hours</b><br><b>c) In Premises After Business Hours</b> <ul style="list-style-type: none"> <li>Sub-limit in locked drawer/cash register within insured premises</li> <li>Sub-limit in locked drawer/cash register within registered directors' residence</li> </ul> | S\$5,000<br>S\$5,000<br>S\$5,000<br>S\$1,000<br>S\$1,000    | S\$5.35 for every S\$500<br>S\$5.35 for every S\$500<br>S\$5.35 for every S\$500<br>S\$5.35 for every S\$500<br>N.A. | S\$10,000<br>S\$10,000<br>S\$10,000<br>S\$2,000<br>N.A.       |
| <b>Personal Accident</b><br>(Not exceeding 70 years of age)   | S\$50,000 or pro-rated if more than one insured person      | N.A.   | N.A.  |
| <b>Public Liability</b><br>(Excess: S\$500 each and every loss)   | S\$500,000 Any One Loss and unlimited during Any One Period | S\$80.25 for every S\$500,000  | S\$5,000,000 Any One Loss and unlimited during Any One Period |
| <b>Food &amp; Beverage Extension</b><br>(Excess: S\$500 each and every loss)  | S\$50,000 Any One Loss and in the Aggregate                 | S\$26.75 for every S\$50,000   | S\$150,000 Any One Loss and in the Aggregate                  |
| <b>Goods-in-Transit</b><br>(Excess: S\$250 each and every loss)   | S\$5,000  | N.A.   | N.A.  |
| <b>Annual Premiums including prevailing GST (7%):</b>   | <b>S\$513.60</b>  |  |   |

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

## Optional Coverage

|   | Sum Insured  | Top-Up Rates   | Maximum Sum Insured Limit                  |
|---|--|--|--|
| <b>Fire &amp; Extraneous Perils<sup>^</sup></b><br>(Building Only)  | To be declared                                     | S\$5.35 for every S\$10,000  | N.A.                                       |
| <b>Deterioration of Stock</b>   | S\$2,000 Any One Loss and in the Aggregate         | S\$32.10 + S\$32.10 per additional S\$500 insured                        | S\$5,000 Any One Loss and in the Aggregate |
| <b>Fidelity Guarantee<sup>^</sup></b><br>(This section will need to be taken together with Work Injury Compensation section.)   | S\$3,000 Any One Loss and in the Aggregate         | S\$32.10 + S\$10.70 per employee   | Up to 25 employees                         |
| <b>Work Injury Compensation<sup>^</sup></b> <ul style="list-style-type: none"> <li>Non-Manual &lt; S\$30,000</li> <li>Non-Manual &gt; S\$30,000</li> <li>Manual/Driver/Delivery (Excludes 2-wheelers) &lt; S\$30,000</li> </ul> | To be declared<br>To be declared<br>To be declared | S\$32.10 per employee<br>S\$74.90 per employee<br>S\$214.00 per employee | Up to 25 employees                         |

<sup>^</sup> All Risks/Fire & Extraneous Perils (Building Only)

- 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

<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