



Policy Reinstatement Application

Statement pursuant to Section 25 (5) Cap. 142 of the Insurance Act or any subsequent amendments thereof – You are to disclose in this proposal form fully and faithfully all the facts which you know or ought to know about the risk that is being proposed, otherwise the policy issued hereunder may be void.

Company Name: _____

Name of Policyholder: _____

Job Title: _____

Date of Birth (dd/mm/yyyy): _____ **Gender (M/F):** _____

Height (cm): _____ **Weight (kg):** _____

Email Address: _____

DEPENDANTS

Name	Date of Birth (dd/mm/yyyy)	Gender (M/F)	Height (cm)	Weight (kg)	Occupation

- Have you or any of your dependants consulted a physician in the past 2 years?
 No Yes (explain)

- Are you or any of your dependants under treatment, special diet, or medication for any illness, injury, or medical condition?
 No Yes (explain)

- Have you or any of your dependants been advised to undergo any test, treatment, special diet, medication, procedure, check-up, or hospitalisation?
 No Yes (explain)

- Have you or any of your dependants incurred any medical expense (or other expense covered by the policy) during the past two years which has not been reported to the Company?
 No Yes (explain & state amount)

Personal Data Protection Statement

I give consent to Liberty Insurance Pte Ltd and third-parties including related entities, employees, agents, contractors & service-providers (collectively, "Appointees") to collect, use and disclose all personal data relating to myself or other individuals that I have furnished via any means 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 policies, communications, 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 via any means 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:

1. All information provided by me/us in connection with this application is true, accurate and complete. I/We have not withheld any material fact and except as declared herein all persons to be insured are currently in good health to the best of my/our knowledge and belief.
2. 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.
3. I/We agree that this application and declaration shall be the basis of the contract between Liberty and myself.
4. 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. I understand that no insurance shall be in force until and unless the application has been accepted and the appropriate premium paid.
5. I/We agree to inform if there is any change in any of the details I have provided to Liberty in this application. I understand and agree that it is my sole responsibility to inform and update Liberty of any changes to the health or personal information of any person to be insured. I hereby agree to indemnify and absolve Liberty of any liability arising out of any use and/or disclosure by Liberty of any inaccurate or incomplete information due to my failure to update Liberty promptly of any changes to the health or personal information of any person to be insured.

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact Liberty Insurance or visit the GIA or SDIC websites (www.gia.org.sg or www.sdic.org.sg).

This policy is not a Medisave-approved policy and you may not use Medisave to pay the premium for this policy.

This is a short-term accident and health policy and the insurer is not required to renew this policy. The insurer may terminate this policy by giving you 30 days' notice in writing.

Name and Title:	Signature:	Date:
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Please send completed form to APRIL Singapore Pte Ltd

Underwritten by:

Liberty Insurance Pte Ltd
Registration No. 199002791D
GST Registration No. M2-0093571-3
51 Club Street #03-00 Liberty House
Singapore 069428
Tel : 1800-LIBERTY(5423 789) | Fax : (+65) 6223 6434

Arranged and administered by:

APRIL Singapore Pte Ltd
Co. Reg. No. 200613924G
60 Paya Lebar Road, #06-45 Paya Lebar Square
Singapore 409051
Tel: (+65) 6736 0057 | Fax: (+65) 6557 0796
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