



Newborn Additions Form

- Please complete a Medical Questionnaire instead of a Newborn Additions form, for any child:
- whose mother has not been covered under the policy identified below for 366 consecutive days;
 - who is 28 days old or older
 - who was adopted or was carried by a surrogate; or
 - who was born following *assisted conception*.

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.

Name of Insured Mother: _____

Policyholder Name: _____

Policy Number: _____

Newborn Details

Name (Last, First, Middle): _____

Date of Birth (dd/mm/yyyy): ____ / ____ / ____ Gender (M/F): ____ Height (cm): _____ Weight (kg): _____

Date of Discharge from Hospital (dd/mm/yyyy): ____ / ____ / ____

Newborn Details

1. Was your new born discharged from hospital in a healthy state?

- Yes No (please explain)

2. Does your newborn have, or have symptoms suggestive of, any birth defects or congenital condition(s)?

- No Yes (please explain)

3. Other than well child examinations, have you been advised to have your newborn undergo any test, treatment, procedure, or hospitalisation?

- No Yes (please explain)

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 by Proposer

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:

Please send completed form to APRIL Singapore Pte Ltd

Underwritten by:

Liberty Insurance Pte Ltd
Registration No. 199002791D
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Arranged and administered by:

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