



www.libertyinsurance.com.sg

Proposal Form

Paymaster

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:

Contact No.:

Mailing Address:

Postal Code ()

NRIC/FIN No.:

Date of Birth:

Gender:

Female

Male

Email:

Nationality:

Details of Profession

Occupation:

Rank (where applicable):

Name of Current Employer:

Years of Experience:

Type of License Held:

Air Traffic Controller License

Airline Transport Pilot License (ATPL)

Aircraft Maintenance license

Commercial Pilot License (CPL)

License No.:

Country of Issue:

Licensing Authority:

License Validity:

From To

Have you ever been grounded, declared unfit to fly or had your license invalidated for medical reasons?

Yes

No

Has any limitation ever been endorsed on any of your licenses?

Yes

No

If any of your answer are "Yes", please provide full details (please use additional paper if necessary):

Name of Proposer:

Health Declaration

1. Date of your last aviation medical
2. Do you currently have any symptoms of injury or illness or are you taking prescribed medication of any kind? Yes No
3. Have you ever suffered from any condition which necessitated hospital attendance, admission, diagnosis or treatment? Yes No
4. After or during a medical examination, have you ever:
 - a) been required to take additional tests? Yes No
 - b) been referred for specialist examination? Yes No
 - c) had the issue or renewal of your medical certificate deferred? Yes No
 - d) had to return for examination at less than the normal interval? Yes No
 - e) been ordered to take drugs or follow any special diet? Yes No
5. Have you ever been investigated, diagnosed, treated or received advice from a registered medical practitioner in relation to:
 - a) brain, epilepsy or disorders of the central nervous system? Yes No
 - b) heart, arteries, cholesterol, blood pressure or disorders of the circulatory system? Yes No
 - c) lungs, asthma, tuberculosis or disorders of the respiratory system? Yes No
 - d) stomach, oesophagus or disorders of the digestive system? Yes No
 - e) kidney, bladder, liver, spleen, bowel or disorders of the genito-urinary system? Yes No
 - f) head, back, neck or spine or any disorders of the musculoskeletal system? Yes No
 - g) depression, psychological, psychiatric or personality disorder? Yes No
 - h) cancer or tumour? Yes No
 - i) diabetes? Yes No
 - j) any disorder of the eyes or ears? Yes No
 - k) any disorder of the skin? Yes No
 - l) hepatitis? Yes No
 - m) any hernia or associated condition? Yes No
 - n) arthritis or rheumatism? Yes No
 - o) physical impairment or deformity? Yes No
 - p) drug or alcohol dependence? Yes No
 - q) HIV, AIDS or AIDS related conditions? Yes No

If any of your answer are "Yes", please provide full details (please use additional paper if necessary):

Name of Proposer:

Other Insurance

1. Are you entitled to any other loss of licence insurance arranged by you, your association or your employer? Yes No
2. Has any insurance policy or application for loss of license insurance ever been declined, modified, accepted at an increased premium, canceled or refused renewal? Yes No
3. Have you ever claimed for benefits under any loss of license policy? Yes No

If any of your answer are "Yes", please provide full details (please use additional paper if necessary):

Selection of Cover

Annual Premium (inclusive of prevailing GST)

Sum Insured

Pilots and Flight Instructors

Air Traffic Controllers and Aircraft Maintenance Engineers

S\$300,000

S\$1,338

S\$1,220

S\$200,000

S\$960

S\$835

S\$100,000

S\$520

S\$450

Total Premium: S\$

Period of Insurance:

From: _____ To: _____

Mode of Payment

Cash VISA MasterCard Check Bank: _____ No.: _____

Please cross your check and make payable to "LIBERTY INSURANCE PTE LTD".

Kindly indicate (1) Name of Insured; (2) Contact No.; (3) Name of Product; (5) Producer Code at the back of your check.

For Credit Card Payment:

Name of Cardholder (as shown on card):

Credit Card No.:

- - -

Expiry Date:

/

CVV:

Name of Proposer:

Mode of Payment

Full Payment

Instalment Payment (0% Interest*): 6 months 12 months

Participating banks for Instalment Payment:

Citibank (min S\$500)

DBS/POSB (min S\$100)

Standard Chartered (min S\$500)

I hereby authorize Liberty Insurance Pte Ltd to debit my Credit Card account specified above.

Automatic Renewal (Optional)

Yes, I wish to opt for auto renewal by annual GIRO payment.*

*Please complete the Interbank GIRO form and submit together with the Proposal Form.

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

Liberty Insurance Pte Ltd ("Liberty") takes the responsibilities under Singapore's Personal Data Protection Act 2012 (the "PDPA") seriously. We also recognise the importance of the personal data you have entrusted to us and believe it is our responsibility to properly manage, protect and process your personal data.

The personal data which Liberty collect from you in this application, that was previously collected and/or in the future, may be collected, used, disclosed and/or processed for one or more of the following purposes:

- a) considering whether to provide you with the insurance you applied for. This includes Liberty considering your application for a policy with Liberty and another Insurer considering your application (whether now or in the future) for a policy with that Insurer ("Insurer" means any insurer or company operating insurance business in Singapore)
- b) processing your application for underwriting and insurance. This includes dealing with your application with Liberty and any other application that you may make (whether now or in the future) with another Insurer
- c) administering and/or managing your relationship, account and/or policy with Liberty including but not limited to renewing or reinstating your policy, accounting and dealing with or collection or refund of any outstanding amounts due from/to you
- d) processing and/or dealing with any claims including the settlement of claims and any necessary investigations relating to the claims, under your policy or policies, whether such policy is issued by Liberty or another Insurer
- e) carrying out due diligence or other screening activities (including background checks) in accordance with legal or regulatory obligations or risk management procedures that may be required by law or that may have been put in place by Liberty, whether for this policy with Liberty or a policy with another Insurer
- f) carrying out your instructions or responding to any enquiries by you
- g) conducting research, analysis and development activities (including but not limited to data analytics, surveys (such as insurance survey, customer service survey, branding survey), branding campaign, product and service development and/or profiling) to improve Liberty's services or products and/or to enhance the product or service for your benefit
- h) dealing in any matters relating to the services and/or products which you are entitled to under this policy and/or dealing in any matters relating to this policy, which you are applying for or have applied. This includes but is not limited to contacting you or communicating with you via phone/voice call, text message and/or fax message, email and/or postal mail for the purposes of administering and/or managing your contractual relationship with us such as but not limited to communicating with you on matters related to your policy with us. You acknowledge and agree that such communication by us could be by way of the mailing of correspondence, documents or notices to you, which could involve disclosure of certain personal data about you to bring about delivery of the same as well as on the external cover of envelopes/mail packages

Name of Proposer:

PERSONAL DATA PROTECTION

- i) investigating fraud, misconduct, any unlawful action or omission, whether relating to your application, your claims or any other matter relating to your policy or policies, whether such policy is issued by us or another Insurer, and whether or not there is any suspicion of the aforementioned
- j) storing, hosting, backing up (whether for disaster recovery or otherwise) of your personal data, whether within or outside Singapore; and/or
- k) complying with applicable law in administering and managing your relationship with Liberty
- l) Any other purposes which we notify you of at the time of obtaining your consent

(collectively the "Purposes")

Liberty may/will also be collecting from sources other than yourself, personal data about you, for one or more of the above Purposes, and thereafter using, disclosing and/or processing such personal data for one or more of the above Purposes.

You also consent that any other Insurer may/can collect from Liberty (and that Liberty may disclose to them), use, disclose (including disclose to Liberty) and/or process your personal data for one or more of the above Purposes.

Your personal data may/will be disclosed by Liberty and/or any of the other Insurers to third parties, whether located within or outside Singapore, for one or more of the above Purposes, as such third parties, would be processing your personal data for one or more of the above Purposes. In this regard, you hereby acknowledge, agree and consent that Liberty may/are permitted to disclose your personal data to such third parties (whether located within or outside Singapore) for one or more of the above Purposes and for the said third parties to subsequently collect, use, disclose and/or process your personal data for one or more of the above Purposes including engaging and disclosing to their third party service providers or agents (whether sited in or outside of Singapore) to do so, and the aforementioned collection, use, disclosure and processing activities and permissions in this sub-clause apply to these third party service providers or agents and any third party service providers or agents they in turn engage and so on. Without limiting the generality of the foregoing, such third parties include:

- a) Liberty's associated or affiliated organizations or related corporations
- b) any of Liberty's agents, contractors or third party service providers who process your personal data on Liberty's behalf including but not limited to those which provide administrative or other services to Liberty such as mailing houses, telecommunication companies, information technology companies, data storage or hosting companies, data centres, disaster recovery service providers, banks
- c) lawyers/law firms, legal process participants and their advisors
- d) any third party in connection with any proposed or actual reorganization, merger, sale, joint venture, assignment, transfer or other disposition or all or any portion of Liberty's business, assets or stock (including in connection with any bankruptcy or similar proceedings); and/or
- e) third parties to whom disclosure by Liberty is for one or more of the Purposes and such third parties would in turn be collecting and processing your personal data for one or more of the Purposes

I/We have read and I/we accept the terms of Liberty's Data Protection Policy at www.libertyinsurance.com.sg/data-protection-policy/.

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

Name of Proposer:

DECLARATION

- f) 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 my personal information. 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 my personal information
- g) The personal data of the individuals (the **"3rd Party Individuals"**) which I/we am/are providing to you in this form are accurate and complete. I/we warrant that I/we have obtained consent from the 3rd Party Individuals (or if lacking in legal capacity, his/her legal representatives, guardians or parents as the case may be) for Liberty to collect, use and disclose his/her personal data for the above purposes and on the terms in this document, and as if the said data are about me/us. I/We will inform Liberty of any changes to the data as soon as practicable.
- h) I/We have read and agree to the above, including as to how my personal data may/will be collected, used, disclosed and processed by Liberty and others as stated above

Date

Signature of Insured