

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: INSURED UNITED AGENCY PTE LTD (A1254)

Particulars of Proposer

Name of Proposer:		NRIC/FIN No.:
<hr/>		<hr/>
Date of Birth:	Contact No.:	
<hr/>	<hr/>	
Mailing Address:		
<hr/>		Postal Code ()
Email:		Type of Residence:
<hr/>		<hr/>
Period of Insurance:		
From <hr/> To <hr/>		

Particulars of Pet

Name of Pet	<hr/>	
Gender of Pet	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Date of Birth	<hr/>	
Species	<input type="checkbox"/> Cat	<input type="checkbox"/> Dog
Breed	<hr/>	
Microchip No.	<hr/>	
Sterilized	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Selection of Plan

Types of Plan	Annual Plan	2-Year Plan
Standard Plan	<input type="checkbox"/> S\$350	<input type="checkbox"/> S\$630
Enhanced Plan	<input type="checkbox"/> S\$450	<input type="checkbox"/> S\$810
Superior Plan	<input type="checkbox"/> S\$750	<input type="checkbox"/> S\$1,350

Premiums above include prevailing GST.

Name of Proposer: _____

Particulars of Vet

Has your Pet been to a Vet? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please provide details:	
Name of Vet:	Contact No. of Vet:
Address of Vet:	
Postal Code	()

Pet's Medical Declaration

1. Has your Pet had any Accident resulting in bodily Injury which may or may not have required Veterinary Treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please provide details:	
Date of Accident: _____	Details of Injury: _____
Status of recovery: _____	
2. Has your Pet had any physical disability which may or may not have required Veterinary Treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please provide details:	
Type of disability: _____	Is it a Congenital Condition? _____
Is your Pet receiving regular Veterinary Treatment to manage the Condition? _____	
3. Has your Pet undergone surgery during the last 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please provide details:	
Reason for surgery: _____	Status of recovery: _____
4. Is your Pet undergoing any Veterinary Treatment arising from Illness or Injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please provide details:	
Details of Illness/Injury: _____	Type of Treatment received: _____
Status of recovery: _____	
5. Has your Pet ever experienced or shown signs or symptoms of any of the following conditions: lameness, seizures, anal gland conditions, fractures, skin/ear/eye conditions, vomiting or diarrhoea? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please provide details:	
Date of first symptom/sign: _____	Type of Treatment received: _____
Status of recovery: _____	

Other Information

1. Is your Pet used for breeding, commercial, sporting, guarding and security or working purpose(s), or in any trade/profession/occupation? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please note that your Pet is not eligible for cover under this Policy.

Name of Proposer: _____

Other Information

2. Does your Pet have any vicious tendencies? Yes No
 If Yes, please provide details:
 Has your Pet been treated by a professional animal behaviorist or trainer for aggression? _____
 What measures do you take to prevent Injury to a Third Party or loss of Third Party property? _____

3. Has a claim or complaint involving your Pet ever been lodged to the authorities? Yes No
 If Yes, please provide details:
 Nature of claim/complaint: _____ Action taken to prevent such claim/complaint in future: _____

4. Has your Pet ever caused Injury to a Third Party, or loss or damage to Third Party property? Yes No
 If Yes, please provide details:
 Date of Injury/Incident: _____ Details of Injury/damage: _____ What measures have you taken to prevent such Injury/Incident since? _____

Additional Information (if any)

Mode of Payment

Cash

Check¹ Bank: _____ Check No.: _____

Credit Card

Full Payment

0% Interest Instalment Plan²

I. Premium S\$500 and above:

II. Premium below S\$500 (subject to minimum premium S\$100)

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.

¹Please 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.

²Only applicable for instalment payment through participating banks in Singapore and is subject to their Credit Card Agreement Terms & Conditions.

Name of Proposer: _____

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.

PROOF OF OWNERSHIP

Please note that a copy of Pet License or other documentary proof of ownership of the Pet will be required to be submitted to the Company when making a claim, failing which the policy shall be deemed to be automatically canceled and no benefits whatsoever shall be payable by the Company.

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

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/. 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

Date

Signature of Proposer

Referral:

Schedule of Benefits

Description of Benefits	Co-Insurance percentage to be borne by the Insured (per Incident)	Deductible per Incident	Benefit Limit (per Incident & in the aggregate)		
			Standard Plan	Enhanced Plan	Superior Plan
Accident					
Accidental Death Death of the Insured Pet due to Accidental Injury or an Act of God	N.A.	N.A.	S\$1,000	S\$2,000	S\$3,000
Accidental Injury Vet expenses arising from Accidental Injury or an Act of God	N.A.	S\$50	S\$500	S\$750	S\$3,000
Theft Loss due to reported Theft (Not Applicable for Cats)	N.A.	N.A.	S\$300	S\$500	S\$1,250
Medical					
Illness Vet expenses for non-surgical Treatment	50%	N.A.	S\$500	S\$750	S\$3,000
Illness Vet expenses for surgical Treatment	30%	N.A.	S\$1,500	S\$2,000	S\$10,000
Liability					
Third Party Liability arising from owning the Insured Pet	N.A.	S\$500	S\$100,000	S\$250,000	S\$500,000
Additional Benefit					
Farewell Benefit Cost and expenses incurred for euthanasia, cremation, funeral service and handling charges following death	N.A.	N.A.	S\$250	S\$250	S\$250

Premium

	Standard Plan	Enhanced Plan	Superior Plan
Annual Plan	S\$350	S\$450	S\$750
2-Year Plan	S\$630	S\$810	S\$1,350

Premiums above include prevailing GST 7%

No Claim Discount

No Claim Period	Discount Applicable
One year (applicable only to one year policy)	5%
Two consecutive years	10%
Three consecutive years	15%

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

Underwritten by: Liberty Insurance Pte Ltd
(Registration No. 199002791D) | GST Registration No. M2-0093571-3

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