

Proposal Form - PetCare

Please complete all sections and e-mail the completed form to petcare@marsh.com to facilitate the processing of your application

Statement pursuant to Section 23(5) of the Insurance Act 1966 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 (Same as NRIC/FIN): _____ | | NRIC/FIN No.: _____ |
| Mailing Address: _____ _____ Postal Code () | | |
| Email: _____ | | Type of Residence: _____ |
| Date of Birth: _____ | Contact No.: _____ | |
| Period of Insurance: From _____ To _____ | | |

Particulars of Pet(s)

| | Pet 1 |
|---------------|-------|
| Name of Pet | |
| Gender of Pet | |
| Date of Birth | |
| Species | |
| Breed | |
| Microchip No. | |
| Sterilised | |



Proposal Form - PetCare

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Selection of Plan

| Types of Plan | Pet 1 | Premium |
|--|--------------------------|---------|
| Essential Plan | <input type="checkbox"/> | S\$ |
| Comprehensive Plan | <input type="checkbox"/> | S\$ |
| Comprehensive Wellness Plan | <input type="checkbox"/> | S\$ |
| Total Annual Premium including prevailing GST: | | S\$ |

Particulars of Vet

Was the Pet referred by another Vet?

If Yes, please provide details:

Name of Vet: _____

Contact No. of Vet: _____

Address: _____

Postal Code ()

Pet's Medical Declaration

1. Has your Pet gotten into any Accident resulting in bodily Injury which may or may not have required Veterinary Treatment?

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?

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?

If Yes, please provide details:

Reason for surgery: _____

Status of recovery: _____

4. Is your Pet undergoing any Veterinary Treatment arising from Illness or Injury?

If Yes, please provide details:

Details of Illness/Injury: _____

Type of Treatment received: _____

Status of recovery: _____



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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?

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?

If Yes, please note that your Pet is not eligible for cover under this Policy.

2. Does your Pet have any vicious tendencies?

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?

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?

If Yes, please provide details:

Details of Illness/Injury: _____

Details of Injury/damage: _____

What measures have you taken to prevent such Injury/Incident since? _____

Additional Information (if any)



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Mode of Payment

- AXS Online/AXS Stations¹
- PayNow PayNow ID: 199002791D555
- Credit Card
- Full Payment
- 0% Interest Instalment Plan²
- i. 6 months instalment
- ii. 12 months instalment

Type of Credit Card: _____ Name of Cardholder (as shown on card): _____

Credit Card No.: _____ Expiry Date: _____

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

For PayNow and AXS payment, please email application form with payment details (transaction details/ proof of payment) to **petcare@marsh.com**

¹ Please select Liberty Insurance as billing organisation and enter the policyholder name and contact number.

² Only applicable for instalment payment through participating banks in Singapore and is subject to their Credit Card Agreement Terms & Conditions. Minimum premium is S\$500 and above.

Automatic Renewal (Optional)

- Yes, I wish to opt for auto renewal by annual GIRO payment⁴

⁴ 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 cancelled 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 cancelled and no benefits whatsoever shall be payable by the Company.

DECLARATION

I, the Proposer, declare and warrant that:

- All information provided by me/us in connection with this application are true, accurate and complete
- I agree that this application and declaration shall be the basis of the contract between Liberty and myself
- I agree to accept the Company's policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto
- If I do not fully and faithfully give the facts as I know them or ought to know them, I may receive nothing from the policy



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- e) I agree to the policy terms, exclusions and conditions as expressed in the brochure, proposal form, policy wordings and endorsements
- f) I/We have read & agreed entirely to all terms in Liberty's Data Protection Policy, available on request & also at www.libertyinsurance.com.sg/data-protection-policy, both now & in advance as it may be amended from time to time

IMPORTANT NOTICE TO SUBMITTER

If you, the submitter of this form, are submitting this form for another person who is the actual Proposer; and in consideration for Liberty processing this application upon your request:

- a) You agree that you have been validly & legally authorised by the Proposer to do so; and
- b) You warrant that you have shown this entire completed document to the intended Proposer and had obtained his/her agreement to everything; and
- c) You, in your personal capacity, agree to indemnify and keep Liberty Insurance Pte Ltd indemnified against all proceedings, costs, expenses, claims, liabilities, losses or damages if any part of this Notice turns out to be false, howsoever whatsoever, on a strict liability basis, that is, even if your state of mind was unintentional, intentional, negligent, inadvertent, accidental, unknowing, etc

Date

Signatory of Proposer

