

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.

<b>Name of Producer &amp; Producer Code:</b> _____
--

### Particulars of Proposer

<b>Name of Proposer:</b> _____		<b>Business Registration No.:</b> _____
<b>Mailing Address:</b> _____		
		Postal Code: (            )
<b>Email:</b> _____		<b>Contact No.:</b> _____
<b>No. of Years in Business:</b> _____	<b>Period of Insurance:</b>	
	From _____ To _____	
<b>Nature of Business:</b> (Please provide full description) _____		

### Particulars of Employees: Named Basis

Name	NRIC/FIN No.	Designation	Amount of Guarantee	No. of Years in Service	Annual Salary & Commission

### Unnamed Basis

<b>Amount of Guarantee Required:</b> _____	
<b>State total no. of employees (including all employees of subsidiary and associated companies to be included within the scope of the policy) subdivided as follows:</b>	<b>No. of Employees in Each Section</b>
a) Employees having responsibility for money, stock and/or accounts:	
i. Indoor (e.g. executives, managers, cashiers, wages clerks, book-keepers, stock-keepers, site clerks etc.)	_____
ii. Outdoor (e.g. commercial travelers, collectors, salesmen, van and lorry drivers, etc.)	_____

**Name of Proposer:** \_\_\_\_\_

## Unnamed Basis

<b>State total no. of employees (including all employees of subsidiary and associated companies to be included within the scope of the policy) sub-divided as follows:</b>	<b>No. of Employees in Each Section</b>
b) Employees not having responsibility for money, stock and/or accounts:	
i. Office Staff	
ii. All other employees (e.g. factory hands, mechanics, etc.)	

## Other Information

<b>a) Is written reference being obtained for the preceding 3 years of employment in confirmation of the honesty of each employee named?</b> If No, please state what enquires are made as to the honesty of each? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b) Are any employees empowered to operate your banking account?</b> If Yes, please state name(s) of employees. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>c) Are two signatures required on all checks?</b> If No, please state the maximum amount of any one check authorized by only one signature _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>d) When checks are signed, will supporting vouchers be examined independently of employees preparing checks?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>e) Do you have a system to prevent the inclusion of fictitious named in the Pay Roll?</b> If Yes, please state the system that is used. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>f) Are employees required to account for receipt of monies, checks or postal orders?</b> If Yes, please state how soon after receipt of monies, checks or postal orders are they required to account for these. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>g) Are your employees required to bank collections in full to your credit at once or remit to you forthwith?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>h) Apart from the professional audit, do you conduct physical independent checks of the following?</b>		
i. Employees' receipt book counterfoils or copy receipts against their reported collection or sales. If Yes, please state how often: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii. Cash book entries with bank statements, receipt, counterfoils and vouchers. If Yes, please state how often: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
iii. Petty cash against vouchers and receipts, and the capability of the employees to produce the balance tested. If Yes, please state how often: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Name of Proposer:** \_\_\_\_\_

## Other Information

iv. Travelers' stocks and samples. If Yes, please state how often: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
v. All other stock. If Yes, please state how often: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>i) Do you have an Internal Audit Department?</b> If Yes, please state the maximum period which elapses between the completion of two audit programs. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>j) Do you have a balance and reconcile your books and accounts?</b> If Yes, please state frequency. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>k) Are your accounts audited by professional audit firms?</b> If Yes, please state: i. Name of the audit firm: _____ ii. Frequency of the audits conducted: _____ iii. The maximum interval between the closing of your books of accounts at the end of your financial year and the submission of accounts for audit: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>l) Has any insurer ever declined your application for Fidelity Guarantee Insurance or refused to renew your Fidelity Guarantee Policy?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>m) Has your insurance been canceled solely or in part due to a breach of premium payment warranty in the last 12 months?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Claims Experience

Please give particulars of claims that have been made against you (or are pending) during the last 5 years:

Date of Loss	Nature of Loss	Amount Claimed

## Details of Expiring Insurance

<b>Name of Insurer:</b> _____	<b>Amount of Guarantee:</b> S\$ _____
<b>Annual Premium:</b> S\$ _____	<b>Excess:</b> _____
<b>Expiry Date:</b> _____	
<b>Special Terms and Conditions:</b> _____	

Name of Proposer: \_\_\_\_\_

## IMPORTANT NOTES

- The liability of the Company does not commence until this Proposal has been accepted by the Company

## PREMIUM PAYMENT WARRANTY (CORPORATE)

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) within 60 days of the inception date of the coverage, failing which the Policy shall be deemed to be automatically canceled and a pro-rata premium is to be charged for the period that the Company is on risk.

## 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/](http://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
- e) If we/I do not fully and faithfully give the facts as we/I know them or ought to know them, we/I may receive nothing from the policy

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Proposer &  
Company Stamp