Liberty General Insurance Limited,
Unit 1501 & 1502, 15th Floor, Tower 2, One International Center,
Senapati Bapat Marg, Prabhadevi, Mumbai - 400 013.
Phone: +91 22 6700 1313 Fax: +91 22 6700 1606
Email: care@libertyinsurance.in
IRDA registration number: 150 ● CIN: U66000MH2010PLC209656

Liberty General Insurance™

LIBERTY SECURE FUTURE CONNECT GROUP POLICY PROPOSAL FORM

The acceptance of the proposal is subject to receipt of the total premium and realization of payment will be as per the policy terms and conditions. Kindly fill the form completely in CAPITAL LETTERS to help us to serve you better. The Company is under no obligation to accept this Proposal. Receipt of this Proposal by the Company along with the premium payment & medical reports, if applicable, does not tantamount to the acceptance of the Proposal by the Company and does not result in a concluded contract of insurance. Coverage is as per the terms and conditions of our Standard Policy Wordings. The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description, failure to disclose or suppression of any material facts in response to the questions in the proposal form or on non-disclosure of any material particular.

Company / Proposer / Financier / Bank Details

Name of Entity :

Address :

Industry Type :

Contact Person :

Position :

Designated Email Address :

Fax : Contact Number / Mobile Number :

Proposal Details

Business Type : ☐ New ☐ Renewal ☐ Rollover Policy Type : ☐ Individual

Proposed Policy Period : From d d m m y y y y To d d m m y y y y Total No. of Members :

Proposed Covers :

Critical illness	Option A ☐ Option B ☐ Option C ☐ Option D ☐ Option E ☐	Involuntary Loss of Job
Personal Accident	Option A ☐ Option B ☐	30 Day survival period
Child Education Benefit		Permanent Partial Disability under Personal Accident

Proposed Member (s) Details

Name	Contact No.	Email Address	Occupation	Loan Account No.	DOB	Gender	Nationality	Applicant / Co-applicant	Sum Insured	Pre-existing Disease	Height	Weight	Loan Amount	Purpose of Loan	Annual Income	Loan Tenure	EMI Amount	PAN No.	Nominee Name	Relationship with Nominee

Medical and Lifestyle related Information:

Name	Loan Account no.	DOB	Gender	Suffering/ suffered from any disease / illness / Injury	Suffering/ suffered/ treated for any heart related ailment / blood pressure / Diabetes / Cancer	Suffering/ suffered from Paralysis / Asthma / Epilepsy	Any present/ past history of surgery/ medication/ disability/ medical condition	Consumption of Alcohol / Smoke / Pan Masala / others	If answer to any questions isYes, please elaborate				
									Name of illness / injury suffering from or suffered in the past	Date of first diagnosed / detected	Treatment / medication received / receiving	Details of Hospitalization (If any)	Is it fully cured
				Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐					

(Individual member details to be furnished by way of annexure provided)

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Previous / Existing Insurance Details (if any)

Name of Insured	Amount Claimed	Amount Paid	Benefit under which claim is made	Year in which claim is made

Previous Policy Terms and Conditions

Additional Information (If any)

Payment Details

Instrument type (Cash / Cheque / DD / Others)	Name of the Premium Payer	Bank Name	Cheque Date	Amount in INR

Please make an A/C Payee Cheque / DD / Pay Order in favour of 'Liberty General Insurance Limited' only

For NEFT Payments, please fill the Bank details mentioned below:

Bank Name :
Branch :
City :
Account no:
IFSC Code :

Account Type : ☐ Savings ☐ Current

AML Details:

Please provide Permanent Account Number (PAN) if premium amount exceeds Rs. 1 Lac _____

- I/We hereby declare that the premium for the said policy is paid out of the legally declared and assessed sources of my/our income OR
- I/We hereby declare that the premium is paid from the Bank Account of Mr. /Ms. _____ the payment is allowed under the Income Tax Act 1961, and there is insurable interest with the payee.

Declaration

"I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.

I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable.

I/We further declare that I/we will notify in writing any change occurring in the occupation or general health of the life to be insured / proposer after the proposal has been submitted but before communication of the risk acceptance by the company.

I/We declare that I/we consent to the company seeking medical information from any doctor or hospital who/which at anytime has attended on the person to be in insured/ proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be assured / proposer has been made for the purpose of underwriting the proposal and / or claim settlement.

I/We authorize the company to share information pertaining to my/our proposal including the medical records of the insured/proposer for the sole purpose of proposal underwriting and / or claims settlement and with any Governmental and / or Regulatory authority."

I/We hereby confirm the receipt of acknowledgement issued by Liberty General Insurance Ltd. against the premium paid by me toward health insurance policy.

Date d d m m y y y y

Signature of Proposer

Statutory Warning: Prohibition of Rebates as per Section 41 of the Insurance Act 1938 (4 of 1938)`No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer'. Violations of Section 41 of the Insurance Act 1938, as amended, shall be - Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakhs.

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DECLARATION BY INTERMEDIARY / PROPOSER

I, the intermediary / proposer hereby declare and confirm that I have explained/understood the features, terms and conditions of the policy and questions contained in the proposal form. I have also explained / understood that the answers to the questions contained in the proposal form, forms the basis of the contract of insurance. If any information / statement given in proposal is found to be untrue, the policy shall be treated as void ab intio and the premium paid shall be forfeited to the Company.

IMD Name		**Proposer Name**	
IMD Code		**Proposer Sign**	
IMD Sign*			

*Stamp in case of Company

DECLARATION IN CASE THE PROPOSER IS ILLITERATE OR PROPOSAL FORM IS IN LANGUAGE OTHER THAN UNDERSTOOD BY PROPOSER

(To be signed by person who has explained the contents of the proposal form to the Proposer)

I, the declarant / proposer hereby declare and confirm that I have explained/understood the contents of the proposal form in _____ language understood by proposer/me and proposer have affixed his/her signature/thumb impression on the proposal form only after understanding the contents thereof.

Declarant's Name : _____ Signature : _____

Proposer Name : _____ Signature / Thumb Impression : _____

For Office Use Only

Intermediary Name		**Intermediary Code**	
Sales Manager Name		**Sales Manager Code**	

Receipt of Acknowledgement

Application No : | | | | | | | | | | | Date : | d | d | m | m | y | y | y | y |

We acknowledge with thanks the receipt of your application and amount by Cash / Cheque / Demand Draft / Others _____

of the amount of Rs. _____ dated _____ drawn on _____

The Company will have no liability until the proposal is accepted by the Company and communicated so to the proposer and on receipt of full premium against the proposal.

Please note the following:

1. This acknowledgment letter confirms only receipt of premium towards insurance policy. Issuance of this receipt neither confirms assumption of risk nor guarantees issuance of policy.
2. Assumption of risk is subject to realization of full premium amount and acceptance of risk in form of issuance of an insurance policy as per underwriting policy of the Company.
3. In case premium is not realized by the company due to any reason, Company shall not be on cover and contract of insurance shall be treated as void ab-initio.
4. In the event of any refund of premium or claim amount being payable under the policy, the same shall be paid directly to the Proposer/Insured/Nominee (as applicable), as per the details mentioned in duly filled proposal form.

Signature of the Receiver & Office Seal : _____

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ANNEXURE 'A'

Name	Contact No.	Email Address	Occupation	Loan Account No.	DOB	Gender	Nationality	Applicant / Co-applicant	Sum Insured	Pre-existing Disease	Height	Weight	Loan Amount	Purpose of Loan	Annual Income	Loan Tenure	EMI Amount	PAN No.	Nominee Name	Relationship with Nominee

Medical and Lifestyle related Information:

Name	Loan Account no.	DOB	Gender	Suffering/ suffered from any disease / illness / Injury	Suffering/ suffered/ treated for any heart related ailment / blood pressure / Diabetes / Cancer	Suffering/ suffered from Paralysis / Asthma / Epilepsy	Any present/ past history of surgery/ medication/ disability/ medical condition	Consumption of Alcohol / Smoke / Pan Masala / others	If answer to any questions isYes, please elaborate				
									Name of illness / injury suffering from or suffered in the past	Date of first diagnosed / detected	Treatment / medication received / receiving	Details of Hospitalization (If any)	Is it fully cured
				Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐					