

## GROUP PERSONAL ACCIDENT POLICY – PROPOSAL FORM

**IMPORTANT GUIDELINES:** 1. Insurance is the contract of utmost good faith requiring of the Proposer and the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. 2. This form can be used to apply for Liberty Group Personal Accident Product. 3. It is important to fill all questions. 4. Cover shall commence not earlier than the date and the time of acceptance and subsequent to payment of the premium

### 1. Proposer Details

|                      |                  |                  |  |
|----------------------|------------------|------------------|--|
| <b>Proposer Name</b> |                  |                  |  |
| <b>Address:</b>      |                  |                  |  |
|                      |                  | <b>City/Town</b> |  |
|                      | <b>District:</b> | <b>State</b>     |  |
| <b>Pin Code:</b>     |                  | <b>Mobile</b>    |  |
| <b>Telephone:</b>    |                  | <b>E Mail</b>    |  |
| <b>Industry Type</b> |                  |                  |  |

### 2. Plan Details

**Plan Option:** Individual / Family Floater      **Sum Insured:** \_\_\_\_\_

**Proposed Policy Period:** From 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| d | d | m | M | y | Y | y | Y |
|---|---|---|---|---|---|---|---|

**To**

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| d | d | m | m | y | y | y | y |
|---|---|---|---|---|---|---|---|

**Coverage Sought:**  
**Accident Benefit(s)** \_\_\_\_\_

**Extensions:** \_\_\_\_\_

### 3. Proposed Insured(s) Details format

| Sr. No | Name | Dependent Name | Relationship | Gender | Grade | Occupation | DOB<br>(dd/mm/yyyy)<br><small>*max age of entry is 75 yrs</small> | Monthly Salary | Existing injury/disability | Nominee Name & Relation |
|--------|------|----------------|--------------|--------|-------|------------|---|----------------|----------------------------|-------------------------|
|        |      |                |              |        |       |            |   |                |                            |                         |

### 4. Previous/Existing Insurance Details (if any)

Is the proposer or the persons proposed, already insured under or proposed for a Personal Accident policy with Liberty General Insurance Limited or any other insurance company?

If yes, please indicate below the Policy/ Application number(s) (Please mention application number in case of pending proposal)

Since when are you continuously insured? \_\_\_\_\_

### 5. Payment details

| Instrument type (Cheque / DD / Others) | Name of the premium payor | Bank details | Date | Amount in Rs |
|--|---------------------------|--------------|------|--------------|
|  |                           |              |      |              |

### 6. Declaration & Authorization

“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 authorised 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 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 after the proposal has been submitted but before communication of the risk acceptance by the Company.

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

I/We authorise the Company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Government and/or Regulatory Authority”.

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Signature of Proposer**

**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 punishable with a fine which may extend to five hundred (500) Rupees.

#### 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.

### 7. Acknowledgement

Application No:

Date:

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 \_\_\_\_\_

Signature of the receiver & office Seal:

### 8. For Office Use Only

|                    |                    |
|--------------------|--------------------|
| Intermediary Name: | Intermediary Code: |
| Sales Manger Name: | Sales Manger Code: |

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**Liberty General Insurance Limited**

**Registered Office:** 10th Floor, Tower A, Peninsula Business Park, Lower Parel, Mumbai-400013