

Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license.

2. Proposal Details

Business Type:

New

Renewal

Rollover

Policy Tenure:

1 Yr

2 Yrs

Policy Type:

Individual

Family Floater

Installment of Premium:

Monthly/Quarterly/Half -yearly

Proposed Policy Period: From

d

d

m

m

y

y

y

y

To

d

d

M

m

y

y

y

y

Basic Sum Insured (Lakhs):

INR

Plan:

Essential

Optimum

Optimum Plus

Employee No. (if applicable)

Proposed Cover (s):

	Proposed Insured I	Proposed Insured II	Proposed Insured III	Proposed Insured IV
Name				
Relationship with proposer				
Gender				
Date of Birth				
Height (cm)				
Weight (Kg)				
Occupation				
First Policy Inception Date of any other Insurer: (dd-mm-yyyy)				
Nominee Name				
Relationship of Nominee				
Nominee Address				
Optional Cover (s) (available as per the Plan selected)	Please select the Optional Cover (s) & the desired limit (s) by ticking against boxes provided below. The Optional cover(s) mentioned below are available as per the Plan selected above mentioned under 'Proposal details.			
		Essential	Optimum	Optimum Plus
	Cumulative Bonus Enhancer			
	OPD cover		INR 10,000 INR 15,000 INR 20,000 INR 30000	INR 10,000 INR 15,000 INR 20,000 INR 30000
	Critical Illness & Personal Accident Cover		Yes No (If Yes, please select the desired limits)	
	Critical Illness Sum Insured (As per the		Available as per the Plan	INR 5 Lakhs INR 10 Lakhs
	Plan Selected)			
	Personal Accident Cover (Capital Sum Insured)		100% of Basic Sum Insured 150% of Basic Sum Insured	100% of Basic Sum Insured 150% of Basic Sum Insured
	Adventurous Sports: Cover		Available as per the Plan	Available as per the Plan
	Worldwide coverage			

ABHA ID-	
----------	--

(If ABHA ID is not available, we urge you to visit abdm.gov.in for creation of ABHA ID and inform the same to us once created)

Note : In case of additional member/s, please share all above detail in a separate document.

4. Medical & Lifestyle Information

Medical History: Please answer the below mentioned questions in Yes (Y)/No (N). If the answer to any of the questions is Yes, please give details in the table given below. Alternatively attach a separate sheet of paper.

- Does any person, proposed to be insured, suffered from/ suffering from any disease/illness /Injury - Yes No
- Does any person, proposed to be insured, suffer from or have been treated for any heart related ailment/blood pressure/Diabetes/Cancer? Yes No
- Does any person, proposed to be insured, suffer from Paralysis/Asthma/Epilepsy? Yes No
- Is any person, proposed to be insured, receiving any treatment/medication or have in the past received treatment or undergone surgeries for any medical condition/disability? Yes No
- Does any person, proposed to be insured consume Alcohol/ Smoke/ Pan masala/ others - Yes No

Please provide details of hereditary medical history, if any:

If answer to the above questions is Yes, please elaborate:

Sr. No	Name of the Proposed member	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
1						
2						
3						
4						

5. Additional Information (If any)

6. Previous/Existing Insurance Details (if any)

Is the proposer or the persons proposed, already insured under or proposed for a health insurance policy for in-patient hospitalisation 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? Please specify the Inception Date of the first Indemnity Health Insurance Policy

Do you want Us to consider these details for Portability? Yes No

Policy No/ Appl no	Insured Name	Insurance Company	From (date)	To (date)	Sum Insured	Cumulative Bonus if any earned	*Claim (Yes/ No)
			D d M m y y y Y	d d m m y y y y			
			D d M m y y y Y	d d m m y y y y			
			D d M m y y y Y	d d m m y y y y			
			D d M m y y y Y	d d m m y y y y			
			D d M m y y y Y	d d m m y y y y			

Please provide claim details

Instrument Type (Cash/Cheque/DD/Others)	Name of the premium payer	Bank Name	Cheque Date	Amount in Rs

[illegible]

UPI ID	UPI No. (Mobile No.)	Bank Name	Amount in Rs

Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license. Insurance is the subject matter of the solicitation.

10. 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 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 insured / proposer has been made for the purpose of underwriting the proposal and / or claim settlement.

I/We hereby give voluntary consent to Liberty General Insurance Limited/Company to process/share my/our personal information and data provided in this form with its group companies or any other person/ Service Provider of Company in connection with the Insurance Policy/ claims made there under or otherwise, including for providing other products of the Company that may be of interest to me/us, to be used in accordance with their respective privacy policies.

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 provide my/our consent in accordance with Aadhar Act. 2016 and Prevention of Money Laundering Act and rules/regulations made thereunder for validating/authenticating my/our Aadhar details and updating the same in all my polices held with the company

Date

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.

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 initio and the premium paid shall be forfeited to the Company.

IMD name:
IMD Code:
IMD Sign*:

Proposer name:
Proposer 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

10. For office use only

Intermediary Name:	Intermediary Code:
Sales Manager Name:	Sales Manager Code:

11. Receipt of Acknowledgement

ApplicationNo:

--	--	--	--	--	--	--	--	--	--

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:

Liberty General Insurance Limited
Registered Office: