

LIBERTY INDIVIDUAL PERSONAL ACCIDENT POLICY PROPOSAL FORM (UNIT PLAN)

Application No. : _____

URN: LPA019V12021

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 Personal Accident Policy. 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.

Proposer Details

Last Name _____ First Name _____ Middle Name _____

Proposer (Mr / Mrs / Ms) : _____

Gender : ☐ Male ☐ Female Date of Birth *max age of entry is 70 yrs :

d	d	m	m	y	y	y	y
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Occupation : _____ Nationality : _____

Profession : ☐ Salaried ☐ Self Employed ☐ Others Income Proof : ☐ Salary Slip ☐ IT Return

Address : _____

City / Town : _____ District : _____

State : _____ Pin Code : _____

Telephone : _____ Mobile : _____

E-mail : _____

Are you Politically Exposed Person or relative of Politically Exposed Person : ☐ Yes ☐ No If yes, please give details _____

Confirmation for Issuance of e-Insurance Policy

E Insurance account no. _____ . I would like to open E insurance account with _____ Insurance Repository.

*PAN number : _____ Aadhar number : _____

Plan Details

Policy Tenure : ☐ 1 Yr ☐ 2 Yrs ☐ 3 Yrs Plan Type : ☐ Basic ☐ Wide ☐ Comprehensive No. of Units : _____

Proposed Policy Period : From :

d	d	m	m	y	y	y	y
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 To :

d	d	m	m	y	y	y	y
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Proper disclosure of Monthly Income is mandatory; failing which any claim under the policy would be prejudiced.

Proposed Insured(s) Details

	Insured I	Insured II	Insured III	Insured IV
Name				
Relationship with Proposer				
Gender				
Date of Birth *max age of entry is 70 yrs				
Occupation				
Monthly Income (Rs.)				
Profession	<input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Other _____	<input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Other _____	<input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Other _____	<input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Other _____
Income Proof Submitted	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Risk Group				
Capital Sum Insured				
Previous / Existing Injury / Disability				
Nominee Name				
Relationship with Nominee				
Nominee Address				

Risk Group I : Doctors, Lawyers, Accountants, Architects, Consulting engineers, Teachers, Bankers, Builders, Contractors, Engineers on site engaged in superintending functions only, Veterinary Doctors, business owners wherein the business is not dealing in hazardous goods or not involving manual labour, Persons engaged in clerical functions & administrative functions and such other persons engaged in occupations of similar hazard listed above.

Risk Group II : Professional Athletics & Sportsmen, Wood working Machinists, Workers, Mechanics, Drivers, Manual labourers (except those falling under Group III) & such other persons engaged in occupation of similar hazard listed above.

Long Term Discount : Avail 8% discount in case of 2 years and 15% discount in case of 3 years policy tenure.

Loyalty Bonus : 5% discount if the client already has 1 policy from LV & 7.5% if the client already has at least 2 policies from LV relating to any product line.

Previous / Existing Insurance Details (If any)

Is the proposer or the persons proposed, already insured 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)

Insured Name	Policy No. / Appl. No.	Insurer	From Date	To Date	Sum Insured	No. of Claims	Amount of Claims	Cumulative Bonus %	Cumulative Bonus Amount

Payment Details

Instrument Type (Cash / Cheque / DD / Others)	Payee Name	Bank Details	Cheque Date	Amount in INR

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

Bank Details of the Proposed Insured:

For NEFT Payments, please fill the details mentioned below:

A/C Type : ☐ Savings ☐ Current Bank

Bank Name :

Branch :

City :

A/C No. : IFSC :

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.

Checklist of Documents

Please attach following documents with the proposal form

Salaried	Businessmen	Agricultural Income	Income from agency / commission
<ul style="list-style-type: none"> Form 16 ITR Salary slips 	<ul style="list-style-type: none"> Income Tax Return Networth Certificate 	<ul style="list-style-type: none"> Income Tax Return Form J (7/12) / CA certificate / Mandi receipt 	<ul style="list-style-type: none"> Form 16A

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 ten lakh (10,00,000) Rupees.



Acknowledgement

Application No. :

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 Date :

d	d	m	m	y	y	y	y
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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 _____

Please Note: For more details on risk factors, terms and conditions please read sales brochure carefully before concluding a sale.