





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 : 

d	d	m	m	y	y	y	y
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\_\_\_\_\_  
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 (10,000,00) 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 \_\_\_\_\_

Signature of the Receiver & Office Seal : \_\_\_\_\_

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

UIN : LVGPAP1400AV011314

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