Liberty General Insurance Limited
10th Floor, Tower A, Peninsula Business Park,
Ganpatrao Kadam Marg, Lower Parel, Mumbai - 400 013
Phone: +91 22 6700 1313 Fax: +91 22 6700 1606
Email: care@libertyinsurance.in
IRDA of India registration number: 150 ● CIN: U66000MH2010PLC209656

Liberty General Insurance

LIBERTY INDIVIDUAL PERSONAL ACCIDENT POLICY PROPOSAL FORM (FLEXI PLAN OPTIONS)

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

Occupation : Nationality :

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

Address :

City / Town : District :

State : Pin Code :

Telephone : Mobile :

E-mail :

Plan Details

Policy Tenure : ☐ 1 Yr ☐ 2 Yrs ☐ 3 Yrs Plan Option : Individual Flexi : ☐ Option I ☐ Option II ☐ Option III ☐ Option IV

Proposed Policy Period : From : d d m m y y y y To : d d m m y y y y

Proposed Insured(s) details

To be filled by Individual Insured only. Proper disclosure of Monthly Income is mandatory; falling which any claim under the Policy is prejudiced.

Is any insured(s) Politically Exposed Person or relative of Politically Exposed Person : ☐ Yes ☐ No If yes, please give 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	☐ Salaried ☐ Self Employed ☐ Other _____	☐ Salaried ☐ Self Employed ☐ Other _____	☐ Salaried ☐ Self Employed ☐ Other _____	☐ Salaried ☐ Self Employed ☐ Other _____
Risk Group				
*Capital Sum Insured				
Previous / Existing Injury / Disability				
Nominee Name				
Relationship with Nominee				
Nominee Address				
ABHA Id :				

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

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.

Family Discount (Available for proposal on Individual Capital Sum Insured Basis) : Avail 5% discount in case of 2 family members, 10% discount in case of 3 family members and 15% discount in case of 4 family members.

UIN : LVGPAIP14004V011314

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

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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)

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
• Form 16 • ITR • Salary slips	• Income Tax Return • Networth Certificate	• Income Tax Return • Form J (7/12) / CA certificate / Mandi receipt	• 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/W e 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.

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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 af fects 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."

Ayushman Bharat Health Account (ABHA) Declaration : I/We provide my/ our consent to access my/ our (all insured) medical and personal records/ details, as are available in my/ our Ayushman Bharat Health Account (ABHA) and share the same with Third Party Administrators, Reinsurer (if applicable), Service Provider/s of Company and/or with any Governmental and/or Regulatory authority for the sole purposes of underwriting my/ our proposal and/ or for checking the authenticity of claims lodged by me/ us and/ or to comply with the applicable Law/ Regulations.

I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through CERSAI records, UIDAI or National Securities Depository Limited or such other authorities as may provide such services from time to time for the purpose of compliance with prevention of money laundering act read with anti-money laundering guidelines issued by IRDAI.

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.

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Date : d d m m y y y y

Signature of Proposer

UIN : LVGPAIP14004V011314

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. : 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 _____

Signature of the Receiver & Office Seal : _____

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