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 registration number: 150 ● CIN: U66000MH2010PLC209656



LIBERTY JANATA PERSONAL ACCIDENT POLICY (Group) **PROPOSAL FORM**

URN LT020V12021

The acceptance of the proposal is subject to receipt of the total premium and realization of payment will be as per the policy terms and conditions. Kindly fill the form completely in CAPITAL LETTERS to help us to serve you better. The Company is under no obligation to accept this Proposal. Receipt of this Proposal by the Company along with the premium payment & medical reports, if applicable, does not tantamount to the acceptance of the Proposal by the Company and does not result in a concluded contract of insurance. Coverage is as per the terms and conditions of our Standard Policy Wordings. The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description, failure to disclose or suppression of any material facts in response to the questions in the proposal form or on non-disclosure of any material particular. URN: LPA022V22021

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IRDA registration number: 150 • CIN: U66000MH2010PLC209656



LIBERTY JANATA PERSONAL ACCIDENT POLICY (Group)

	PROPOSAL FORM																											
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5. 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

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."

We understand that the Master Cover shall become void at the Company's option, in the event of any untrue or incorrect statement, misrepresentation, misdeclaration, non-description or non-disclosure of any material fact in the Proposal form/personal statement, declaration and corresponding documents or any material information having been withheld by us or anyone acting on our behalf.

We consent to receive information from the Company through physical, electronic or telecommunication means from time to time.

I hereby declare that the above statements, answers and/or particulars given by me in this proposal form are true and complete in all respects to the best of my knowledge and that I am authorized to propose on behalf of the Master Cover Holder. I/We hereby declare that, in case any of the statement provided hereinabove is found to be false or misrepresentation, the Company at its option may terminate the Insurance Policy, forfeiting

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Company.	nicy from the
the premium paid by me/us under the said Policy. The Company may also initiate such action against me/us as it may deem appropriate of me/us furnishing any false statement or in case of any misrepresentation by me/us in connection with obtaining the insurance po	

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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

DECLARATION BY INTERMEDIARY/PROPOSER

Email: care@libertyinsurance.in

IRDA registration number: 150 • CIN: U66000MH2010PLC209656



LIBERTY JANATA PERSONAL ACCIDENT POLICY (Group) **PROPOSAL FORM**

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.

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

Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakh rupees.

proposal form. I have also exinformation/statement given in	•																				ce. If	any
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6. Receipt of Acknowled	gment																					
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INSURANCE IS THE SUBJECT MATTER OF THE SOLICITATION.

Liberty General Insurance Limited

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

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