Liberty General Insurance Ltd.
Unit 1501&1502, 15th Floor, Tower 2, One International Center,
Senapati Bapat Marg, Prabhadevi, Mumbai – 400013,
Phone: +91 226700 1313 Fax: +91 226700 1606
IRDAI of India Reg. No.150, CIN: U66000MH2010PLC269656

URN - LH011V022024

Liberty Complete Protect Group Policy
Proposal Form

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.

GUIDELINES TO FILL THE FORM	GOING GREEN JUST GOT EASIER!!! SAVE PAPER. SAVE TREES.
1. Please answer all the questions completely. If a particular question is not applicable to you, please mark that question as not applicable "N/A". 2. Please attach extra sheets wherever the space is insufficient to provide the additional underwriting information. Put a (✓) mark wherever applicable. 3. Kindly contact the Company's Office or Intermediary for any doubts or clarifications on the Proposal Form.	How would you want the policy pack to be received? **Electronic/Soft Copy** ☐ **Physical/Hard copy** ☐

Company/Proposer Details

Name of Entity / Proposer:

Address:

Industry Type:

Contact Person:

Designation:

Designated Email Address: **Fax:** **Contact No/Mobile No:**

PAN No / Form 60: **GSTN No:** **CKYC No:**

Nationality: **If Non-Indian, please specify Country:**

Proposal Details

Business Type: New ☐ Renewal ☐ Rollover ☐

Proposed Policy Period: **From** d d M M y y y Y **To** d d m m y y y y

Total No. of Members: _____

Proposed Covers

Detailed Coverage	Please tick (✓) the Proposed cover			Please mention the Limits Proposed				
	Insured-1	Insured-2	Insured-3	Insured-4	Insured-1	Insured-2	Insured-3	Insured-4
Daily Hospital Cash Benefit – Illness/Injury								
Daily Hospital Cash Benefit – Only Accidents								
Single event No of days Limit								
Multiple Event Maximum No of days Limit								

Double ICU Benefit – Sickness								
Double ICU Benefit – Only Accidents								
Day Care Procedure Cash								
Deductible								
Family Floater Cover								
Waiting Period Waiver								
Hospitalisation due to Maternity								
Pre and Post natal Hospitalisation								
Section II – Personal Accident Benefit								
Benefit Opted (AD/PTD/PPD/TTD)								
Child Education Support								
Accidental Medical Expenses								
Transportation of Mortal Remains								
Performance of Funeral Ceremony								
Modification of Residence/ Vehicle								
Ambulance Hiring Charges								
PTD Enhanced Option								
Accidental Hospitalization Expenses (Inpatient)								
Accidental Hospitalization Expenses (Outpatient)								
Coma of Specified Severity								
Burns Cover								
Broken Bones								
Vacation Cancellation Cover								
Return to Home Benefit								
Section III – Critical Illness Benefit								
Critical Illness Benefit (Plan Details)								
Option to reduce Survival Period								
Waiting Period Waiver								
Second Opinion Cover								
Section IV – Vector Borne Diseases Benefit								
In-patient Hospitalization Benefit								
Double Vector Borne Diseases Benefit								
Waiting Period Waiver								
Section V – EMI Protector Benefit								
In Patient Hospitalisation Benefit								
Personal Accident Benefit								
Critical Illness Benefit								
Vector Borne Diseases Benefit								
Waiting Period Waiver								
Option to reduce Survival Period for CI								
Section VI – Loan Protector Benefit								
Personal Accident Benefit								
Critical Illness Benefit								
Critical Illness Plan								
Waiting Period Waiver								

Option to reduce Survival Period for CI								
Section VII – Infectious Diseases Benefit								
Set A: Infectious diseases								
Set B: HIV Infection								
Set C: Covid Infection								
Waiting Period Wavier								
Sum Insured Type (Common / Separate)								
Coverage Type (Diagnosis / Hospitalisation)								
Section VIII – Income Protection Benefit								
Loss of Income due to Disability								
Loss of Income Due to Critical Illness								
Critical Illness – Plan								
Waiting Period Wavier								
Option to reduce Survival Period for CI								
Optional Cover								
Surgical Benefit Cover								
Maternity Benefit Cover								
Double Maternity Benefit Cover								
Joint hospitalization Cover								
Convalescence Benefit								

Proposed Insured Person(s) Details format

Name	Mobile No.	Email Address	Occupation	Loan Account no.	DOB	Gender	Nationality	Relationship with Primary Insured	Sum Insured	Pre-existing Disease	Height (cm)	Weight (kg)	Loan Amount	Purpose of Loan

Annual Income	Loan Tenure	EMI Amount	PAN No.	Nominee / Assignee Name	Relationship with Nominee / Assignee	Permanent Address	Present Address	Account No	IFSC	Bank Name	Branch Name	ABHA No	Do any of the proposed insured persons have / had any disability?	Name of Disability	Percentage of disability

Nominee Name & Relationship	Mobile No	Email ID	Specify % of claim	Permanent Address	Present Address	Nominee in case of Minor Details of Authorized person	Ac No	IFSC	Bank Name	Branch

Medical and Lifestyle related Information:

Part A

Liberty General Insurance Ltd.
Unit 1501&1502, 15th Floor, Tower 2, One International Center,
Senapati Bapat Marg, Prabhadevi, Mumbai – 400013,
Phone: +91 226700 1313 Fax: +91 226700 1606
IRDAI of India Reg. No.150, CIN: U66000MH2010PLC269656

Name	Loan Account no.	DOB	Gender	Suffering /suffered from any disease / illness / Injury	Suffering/suffered/treated for any heart related ailment / blood pressure / Diabetes / Cancer	Suffering /suffered from Paralysis / Asthma / Epilepsy	Any present/past history of surgery/medication/disability/ medical condition	Consumption of Alcohol / Smoke / Pan Masala / others	If answer to any questions is Yes, please elaborate				
									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
				Yes ☐ No☐	Yes ☐ No☐	Yes ☐ No☐	Yes ☐ No☐	Yes ☐ No☐					

Part B

Have any of the proposed insured ever suffered from/currently suffering from any of the following	**Self**	**Spouse**	**Child-1**	**Child-2**
HIV/AIDS/any sexually transmitted disorder				
Psychiatric/mental illness or sleep disorders				

(Individual member details to be furnished by way of annexure provided)

Additional Information (If any)

_____

_____

_____

Previous/Existing Insurance Details (if any)

Year	Previous Policy Terms and Conditions	Premium	Claim Details								Group Size
			Claims Paid		Claims O/s		Claims Rejected		Claims Closed		
			No.	Amount	No.	Amount	No.	Amount	No.	Amount	
Year 1											
Year 2											
Year 3											
Year 4											
Year 5											

Liberty General Insurance Ltd.
Unit 1501&1502, 15th Floor, Tower 2, One International Center,
Senapati Bapat Marg, Prabhadevi, Mumbai – 400013,
Phone: +91 226700 1313 Fax: +91 226700 1606
IRDAI of India Reg. No.150, CIN: U66000MH2010PLC269656

Payment details

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

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

For NEFT Payments, please fill the Bank details mentioned below:

Bank Name																	
Branch																	
City																	
Account No																	
IFSC Code																	

Account Type: Savings ☐ **Current** ☐

AML Details:

Are you or any of your relatives a Politically Exposed Person? Yes ☐ No ☐

If yes, please provide details: _____

Politically Exposed Persons (PEP) are individuals who are or have been entrusted with prominent public functions i.e., Heads/Ministers of central or state government, senior politicians, senior government, judicial or military officials, senior executives of government companies, important party officials.

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.

☐ I/ We hereby confirm that all premiums are paid from bonafide sources and no premium have been paid out of the proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act 2002 and its subsequent amendments thereof. I/We understand that the company has the right to call for the documents to establish source of funds. The Company has the right to cancel the insurance contract in case I am/We have been found guilty by any competent court of law under any of the statues, directly/ indirectly governing the prevention of Money Laundering in India.

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 r/w Insurance Laws (Amendment) Act, 2015, 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

☐ 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 Insurer and that the policy will come into force only after full payment of the premium Chargeable.
- ☐ I/We further declare that insured represented under this proposal forms group within the meaning of the group guidelines issued by IRDAI and the group is formed for the purpose other than obtaining the insurance policy.
- ☐ 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/insured person or from any past or present employer concerning anything which affects the physical and mental health of the life to be insured/insured person and seeking information from any Insurer to whom an application for insurance on the life to be insured/insured person 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 of the life to be insured/insured person 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 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 in the event of me/us furnishing any false statement or in case of any misrepresentation by me/us in connection with obtaining the insurance policy from the Company.
- ☐ 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 hereby provide my/our consent in accordance with Aadhar Act. 2016 and Prevention of Money Laundering Act, 2002 including amendments thereafter therein and Rules/Regulations made thereunder including amendments thereafter for validating/authenticating my/our Aadhar details and updating the same in all my polices held with the company.
- ☐ I understand if a physical policy pack is required, I may request the insurance company at the call center number or email id, or address mentioned on the company website to issue the same at the registered address mentioned above.
- ☐ I/We hereby provide consent to share my/our medical records with the insurer or TPA and encourage creation of ABHA ID for all Policy holders at www.healthid.ndhm.gov.in and may notify in case customer wishes to the same with Insurer.
- ☐ I hereby give my consent to receive phone calls, SMS/E mail on the below mentioned registered number/ E mail address from / on behalf of Liberty General Insurance with respect to my insurance policy/regarding servicing of insurance policies/enhancing insurance awareness/ notifying about the status of Claim etc
- ☐ I/We hereby extend my/our consent to the Company for sharing my/our personal data with Liberty Insurance Group entities/affiliates for the specific purpose of claim settlement quality, data analysis purpose, reinsurance related services (please strike this clause in case you do not wish to disclose the personal data).
- ☐ I agree to receive service-related information from LGI and its service providers, through electronic and telecom modes including WhatsApp and further understand that no unsolicited information will be sent to me. The information/ data provided by me through this Proposal Form, to LGI and / or LGI authorized personnel / agency shall be stored by LGI, throughout the term of my relationship with LGI and used for the purpose relating to my proposal for insurance cover and/or servicing policies issued in my favor, whether by LGI or its authorized partners. I also understand that the said storage is necessary for my consumption of the services and consent to not hold LGI and / or its authorized partners / agency / personnel liable for legal utilization of the submitted information / data.
- ☐ I hereby consent to the collection, use and disclosure of my personal information for the assessment of this application and in accordance with Liberty General Insurance Privacy Notice ('Privacy Notice') available at https://www.libertyinsurance.in/ which I have read, understood and agree to the contents of the Privacy Notice.

Important Note

I hereby give my/our consent to Liberty General Insurance to collect, use, process, and share my/our personal information for policy servicing, claim settlement quality, and data analysis purpose, which may be carried out by an empanelled third-party vendor **Yes**☐ **No**☐

Date **Signature of Proposer/Authorized signatory**

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

IMD name: **Proposer name:**

IMD Code:

IMD Sign*: **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: **Proposer Name:**

Signature: **Signature/thumb impression**

For Office Use Only

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

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 _____

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 Ltd.
Unit 1501&1502, 15th Floor, Tower 2, One International Center,
Senapati Bapat Marg, Prabhadevi, Mumbai – 400013,
Phone: +91 226700 1313 Fax: +91 226700 1606
IRDAI of India Reg. No.150, CIN: U66000MH2010PLC269656

ANNEXURE 'A'

Name	Mobile No.	Email Address	Occupation	Loan Account no.	DOB	Gender	Nationality	Relationship with Primary Insured	Sum Insured	Pre-existing Disease	Height (cm)	Weight (kg)	Loan Amount	Purpose of Loan

Annual Income	Loan Tenure	EMI Amount	PAN No.	Nominee / Assignee Name	Relationship with Nominee / Assignee	Permanent Address	Present Address	Account No	IFSC	Bank Name	Branch Name	ABHA No	Do any of the proposed insured persons have / had any disability?	Name of Disability	Percentage of disability

Nominee Name & Relationship	Mobile No	Email ID	Specify % of claim	Permanent Address	Present Address	Nominee in case of Minor Details of Authorized person	Ac No	IFSC	Bank Name	Branch

Medical and Lifestyle related Information:

Name	Loan Account no.	DOB	Gender	Suffering /suffered from any disease / illness / Injury	Suffering/ suffered/treated for any heart related ailment / blood pressure / Diabetes / Cancer	Suffering/ suffered from Paralysis / Asthma / Epilepsy	Any present/past history of surgery/medication/ disability/ medical condition	Consumption of Alcohol / Smoke / Pan Masala / others	If answer to any questions is Yes, please elaborate				
									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
				Yes ☐ No☐	Yes ☐ No☐	Yes ☐ No☐	Yes ☐ No☐	Yes ☐ No☐					