

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  
 Toll Free : 1800 266 5844  
 IRDAI of India Reg. No.150, CIN: U66000MH2010PLC269656  
 Website Link: [www.libertyinsurance.in](http://www.libertyinsurance.in)



## LIBERTY ETERNIA HEALTH POLICY Proposal Form

### For Office Use Only

<b>Product Code:</b>	<b>Proposal Number</b>
<b>Intermediary/Agent/Broker Name:</b>	<b>Intermediary/ Agent/Broker Code:</b>
<b>Sales Manager Name:</b>	<b>Sales Manager Code:</b>
<b>Branch Name</b>	
<b>Business Type : New <input type="checkbox"/> Renewal <input type="checkbox"/> Rollover <input type="checkbox"/> Endorsement <input type="checkbox"/> Other <input type="checkbox"/> (Please Specify) _____</b>	

URN: LRH001V012025

<p><b>GUIDELINES TO FILL THE FORM</b></p> <p>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".</p> <p>2. Please attach extra sheets wherever the space is insufficient to provide the additional underwriting information. Put a (✓) mark wherever applicable.</p> <p>3. Kindly contact the Company's Office or Intermediary for any doubts or clarifications on the Proposal Form.</p>	<p style="text-align: center;">GOING GREEN JUST GOT EASIER!!! SAVE PAPER. SAVE TREES.</p> <p>I wish to avail physical policy document</p> <p><b>Yes</b>    <input type="checkbox"/></p>
--	---

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 submission 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.

### 1. Proposer Details

<b>Proposer(Mr./Mrs./Ms.)</b>			
	<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>
<b>Permanent Address:</b>			
		<b>City/Town:</b>	
<b>District:</b>		<b>State:</b>	
<b>Pin Code:</b>		<b>Mobile:</b>	
<b>Present Address:</b>		<b>Nationality</b>	<b>Indian <input type="checkbox"/> Others (Please Specify) :</b>
		<b>Residential Status</b>	<b>Resident Indian <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Other :</b>
		<b>City/Town:</b>	
<b>District:</b>		<b>State:</b>	
<b>Pin Code:</b>		<b>Mobile:</b>	
<b>Telephone:</b>		<b>E Mail:</b>	
<b>Date of Birth:</b>		<b>Gender:</b>	<b>Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/></b>
<b>Annual Income:</b>	<b>Less than 5 Lacs <input type="checkbox"/></b>	<b>Marital Status:</b>	<b>Married <input type="checkbox"/> Unmarried <input type="checkbox"/></b>
	<b>Between 5 - 10 Lacs <input type="checkbox"/></b>		
	<b>Between 10 - 20 Lacs <input type="checkbox"/></b>	<b>Educational Qualification</b>	
	<b>20 Lacs and above <input type="checkbox"/></b>		

UIN: LIBHLIP27040V012627

\*Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license



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

Toll Free : 1800 266 5844

IRDAI of India Reg. No.150, CIN: U66000MH2010PLC269656

Website Link: [www.libertyinsurance.in](http://www.libertyinsurance.in)



**Liberty**  
General Insurance™

## 2. Plan Details

Business Type	<input type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> Roll Over	<input type="checkbox"/> Endorsement	<input type="checkbox"/> Other
Policy Type	<input type="checkbox"/> Individual	<input type="checkbox"/> Family Floater			
Policy Tenure	<input type="checkbox"/> 1 Yr	<input type="checkbox"/> 2 Yr	<input type="checkbox"/> 3 Yr		
If Family floater, then persons to be covered	<input type="checkbox"/> 2 Adults	<input type="checkbox"/> 2Adults+1Child <input type="checkbox"/> 1Adults+1Child	<input type="checkbox"/> 2Adults+2Childr <input type="checkbox"/> 1Adults+2Childr	<input type="checkbox"/> 2Adult+3Children <input type="checkbox"/> 1Adult+3Children	
Plan	<input type="checkbox"/> Eternia Basic	<input type="checkbox"/> 5 Lac	<input type="checkbox"/> 7.5 Lac	<input type="checkbox"/> 10 Lac	
	<input type="checkbox"/> Eternia Enhanced	<input type="checkbox"/> 5 Lac <input type="checkbox"/> 20 Lac	<input type="checkbox"/> 7.5 Lac <input type="checkbox"/> 25 Lac	<input type="checkbox"/> 10 Lac <input type="checkbox"/> 30 Lac	<input type="checkbox"/> 15 Lac <input type="checkbox"/> 50 Lac <input type="checkbox"/> 75 Lac
	<input type="checkbox"/> Eternia Infinite	<input type="checkbox"/> 100 Lac	<input type="checkbox"/> 200 Lac	<input type="checkbox"/> 300 Lac	
Zone	<input type="checkbox"/> Zone A	Mumbai (including Mumbai Metropolitan Region), Jalna, Delhi (including National Capital Region, Noida, Faridabad, Ghaziabad, Gurgaon, Barabanki), Ahmedabad, Gandhinagar, Surat, Hyderabad, Rupnagar, Nashik, Jhajjar, Panipat, Meerut, Palwal.			
	<input type="checkbox"/> Zone B	Vadodara, Rajkot, Karnal, Hisar, Srinagar, Ludhiana, Sonapat, Rohtak, Gwalior, Hyderabad and Pune			
	<input type="checkbox"/> Zone C	Tiruppur, Baghat, Hapur, Shamli, Mysuru, Lucknow, Dehradun, Bangalore, Bengaluru Rural, Bengaluru Urban, Chennai, Barwani, Aurangabad (Mh), Beed, Kolhapur, Erode, Botad, Bhiwani, Nuh.			
	<input type="checkbox"/> Zone D	Anand, Wayanad, Raipur, Jabalpur, Udaipur, Chengalpattu, Madurai, Namakkal, Tiruchirappalli, Palghar, Karimnagar, Warangal Urban, Sirsa, Shimoga, Raigad (Mh), Agra, Muzaffarnagar, Udham Singh Nagar, Darjeeling, Kozhikode, Jalgaon, Jalandhar, Kurukshetra, Kanpur Nagar, Ernakulam, Amritsar, Bathinda, Yamunanagar, Bulandshahr, Kanniyakumari and Kolkata.			
	<input type="checkbox"/> Zone E	Vellore, Ranga Reddy, Kollam, Thiruvananthapuram.			
	<input type="checkbox"/> Zone F	Ahmednagar, Bhopal, Indore, Panchkula, Jaipur, Coimbatore.			
	<input type="checkbox"/> Zone G and beyond	Mysore, Solapur, Tumkur, Satara and Rest of India The			
Optional Cover	1. Cataract Capping	<input type="checkbox"/> Yes	<input type="checkbox"/> No	11. OPD cover *	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2. Compassionate Travel	<input type="checkbox"/> Yes	<input type="checkbox"/> No	12. Pause the age	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Domestic Travel Plus	<input type="checkbox"/> Yes	<input type="checkbox"/> No	13. PED Protector**	<input type="checkbox"/> Yes <input type="checkbox"/> No
	4. Emergency Domestic Medical Evacuation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	14. Room Type Modifier (Twin Sharing)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	5. EMI Protector Benefit for CI***	<input type="checkbox"/> Yes	<input type="checkbox"/> No	15. Super Booster	<input type="checkbox"/> Yes <input type="checkbox"/> No
	6. EMI Protector Benefit for prolonged admission	<input type="checkbox"/> Yes	<input type="checkbox"/> No	16. Unlimited Claim	<input type="checkbox"/> Yes <input type="checkbox"/> No
	7. Global Cover for Emergency Hospitalization	<input type="checkbox"/> Yes	<input type="checkbox"/> No	17. Vector Borne Disease Benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No
	8. Green Channel Benefit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	18. Voluntary Co-Pay****	<input type="checkbox"/> Yes <input type="checkbox"/> No
	9. Maternity waiting period reduction to 1 year	<input type="checkbox"/> Yes	<input type="checkbox"/> No	19. Voluntary Deductibles*****	<input type="checkbox"/> Yes <input type="checkbox"/> No
	10. Nursing at home	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Optional Cover	<p><b>Important Points:</b></p> <p>Maternity Benefit Optional Cover will not be available outside the geographical boundaries of India.</p> <p>New Born Baby Cover and Maternity waiting period reduction to 1 year will be available only if Maternity Benefit is opted</p> <p>Global Cover is not available in optional covers Maternity Cover, infinite care, Reset Benefit, Claim Protector, NRI Advantage Cover for NRI, Waiting Period Reduction Option and Specific Illness Waiting Period Reduction Option.</p> <p>Waiting Period Reduction Option will have to be opted for a period of 3 continuous policy years</p> <p>Maternity Benefit Waiting Period Reduction Option, Specific Illness Waiting Period Reduction, Worldwide Cover Waiting Period Reduction Option will have to be opted for a period of 2 continuous policy years</p> <p>If Voluntary Co - payment is opted Voluntary deductible will not be available and visa versa.</p> <p>Aggregate discount towards optional discount covers will be restricted to 35% and other policy discounts (Direct Policy Purchase Discount, Complete Insurance Package Discount, Discount for LGI_Group_Customer and LGIL Employee Discount) to 15%.</p> <p>Voluntary Deductible will be on aggregate basis</p>				
	OPD cover* <i>If opted</i>	<input type="checkbox"/> 5000	<input type="checkbox"/> 10000	<input type="checkbox"/> 15000	<input type="checkbox"/> 20000
	PED Protector** <i>If opted</i>	<input type="checkbox"/> 1 Year	<input type="checkbox"/> 2 Years		
	EMI Protector Benefit for CI*** <i>If opted</i>	<input type="checkbox"/> 3 EMI's	<input type="checkbox"/> 5 EMI's		
	Voluntary Co-Pay**** <i>If opted</i>	<input type="checkbox"/> 5%	<input type="checkbox"/> 10%	<input type="checkbox"/> 15%	<input type="checkbox"/> 20%
	Voluntary Deductibles***** <i>If opted</i>	<input type="checkbox"/> 25000	<input type="checkbox"/> 50000	<input type="checkbox"/> 75000	<input type="checkbox"/> 100000

UIN: LIBHLIP27040V012627

\*Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license

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  
 Toll Free : 1800 266 5844  
 IRDAI of India Reg. No.150, CIN: U66000MH2010PLC269656  
 Website Link: [www.libertyinsurance.in](http://www.libertyinsurance.in)



Complete Insurance Package	Do you hold any of below active Liberty's policy?	Type of Insurance	Policy Number	Proposer Name	From (date)	To (date)
		Motor			DD/MM/YYYY	DD/MM/YYYY
		Critical Connect			DD/MM/YYYY	DD/MM/YYYY
		Personal Accident Policy			DD/MM/YYYY	DD/MM/YYYY
		Health Connect Supra - Super Top-up			DD/MM/YYYY	DD/MM/YYYY
Liberty Group Policyholder Cover Discount	Are you covered under Liberty's Group Health policy? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	If Yes, please provide	Member ID	Policy No.	Empl. ID	Company Name	

Please provide the details below if you have opted for the EMI Protector Benefit : CI and/or prolonged admission :

Proposed Insured Name	Type of Loan	Loan Account Number	Loan Tenure	Loan Amount	Loan Disbursement Date	Bank/NBFC Name	Monthly EMI Amount	Outstanding Loan amount

Instalment Options	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If, Yes, Premium payment frequency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly
Proposed Policy Period	From (date)	To (date)
	DD/MM/YYYY	DD/MM/YYYY

Details of Other Health Insurance Products till date

Product Name	Policy No. / Proposal No.	Period of Insurance	Sum Insured	Claims lodged during policy period (Yes/No)

### 3. Proposed Insured(s) Details

	Proposed Insured I	Proposed Insured II	Proposed Insured III	Proposed Insured IV	Proposed Insured V
Name					
Relationship with Proposer					
Gender					
Date of Birth					
Age					
Height					
Weight					
Profession / Occupation	Salaried" Self Employed" Others"_____	Salaried" Self Employed" Others"_____	Salaried" Self Employed" Others"_____	Salaried" Self Employed" Others"_____	Salaried" Self Employed" Others"_____

UIN: LIBHLIP27040V012627

\*Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license

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

Toll Free : 1800 266 5844

IRDAI of India Reg. No.150, CIN: U66000MH2010PLC269656

Website Link: [www.libertyinsurance.in](http://www.libertyinsurance.in)



**Liberty**  
General Insurance™

<b>First Policy Inception Date of any other Insurer:</b>	dd-mm-yyyy)	dd-mm-yyyy)	dd-mm-yyyy)	dd-mm-yyyy)	dd-mm-yyyy)
<b>**ABHA No</b>					
<b>Aadhaar No</b>					
<b>Pan No</b>					
<b>Politically Exposed person</b>	Y/N	Y/N	Y/N	Y/N	Y/N
<b>Nationality (Indian/Non Indian/Non-Resident Indian/Others)</b>					
<b>If Non-Indian; Please specify nationality</b>					
<b>If Non-Indian; Please specify Overseas Address</b>					
<b>If NRI; Please specify Resident Country name</b>					
<b>If NRI; Please specify Overseas Address</b>					

\*\*If ABHA ID is not available, we urge you to visit [abdm.gov.in](http://abdm.gov.in) for creation of ABHA ID and inform the same to us once created.

Please affix a passport size photograph against corresponding Proposed Insured Person Name	Photograph Proposed Insured I	Photograph Proposed Insured II	Photograph Proposed Insured III	Photograph Proposed Insured IV	Photograph Proposed Insured V
--	-------------------------------	--------------------------------	---------------------------------	--------------------------------	-------------------------------

**Digital KYC Process to Differently Abled Persons**

1. Differently Abled Status					
2 Type of Impairment					
3 Percentage of Impairment					
4 UDID (Unique Disability ID) Number					
Name of illness/injury suffering from or suffered in the past					
Date of first diagnosed/detected					
Treatment/medication received/ receiving					
Details of Hospitalisation ( If any)					
Is it fully cured					

Nominee Details	1st Nominee	2nd Nominee	3rd Nominee	4th Nominee
Nominee Name and Relationship				
Date of birth of nominee	DD/MM/YY	DD/MM/YY	DD/MM/YY	DD/MM/YY
Percentage of nomination	(%)	(%)	(%)	(%)
Mobile No of Nominee				
Email ID of nominee				
Present and Permanent address of Nominee				
Bank Account Details:				
Beneficiary Name:				

UIN: LIBHLIP27040V012627

\*Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license

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  
 Toll Free : 1800 266 5844  
 IRDAI of India Reg. No.150, CIN: U66000MH2010PLC269656  
 Website Link: [www.libertyinsurance.in](http://www.libertyinsurance.in)



Bank Name:				
Bank Account Number:				
IFSC Code				
MICR Number				
Branch				
Appointee Name if in case of Minor Nominee				
Appointee Relationship if in case of Minor Nominee				

#### 4. Medical & Lifestyle Information

**Medical History: Please tick the relevant disease and provide details.**

**In case of no medical history please mention 'No' against the respective column of the proposed Insured member**

Sr.No.	Section A - Medical and Lifestyle Information	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5
1.	<b>Hypertension (High Blood pressure) History:</b>	Y   N	Y   N	Y   N	Y   N	Y   N
	a) Duration					
	b) Medications					
	c) Related Complications if any					
	d) Hospitalization if any					
2.	<b>Diabetes Mellitus (Sugar) History:</b>	Y   N	Y   N	Y   N	Y   N	Y   N
	a) Type I or Type 2					
	b) Duration					
	c) Medications - Insulin/ Tablets					
	d) Related Complications if any					
	e) Hospitalization if any					
3.	<b>Hyperlipidemia (Cholesterol) History:</b>	Y   N	Y   N	Y   N	Y   N	Y   N
	a) Duration					
	b) Medications					
4	Does any of the proposed insured person uses Health Fitness App for Health Monitoring	Y/N	Y/N	Y/N	Y/N	Y/N
5	Is the average sleep habit of the proposed insured between 6-10 hours?	Y/N	Y/N	Y/N	Y/N	Y/N
6	Nature of work details					
7	Does any person proposed to be insured smoke or consume Tobacco in any form or alcohol. If yes, please indicate the quantity consumed. If not, please indicate 'No'.					
	<b>a) Smoking: Cigarettes/Bidi/Cigar</b>	Y   N	Y   N	Y   N	Y   N	Y   N
	1. Number of Cigarettes/Bidi/Cigar per day					
	2. Number of years					
	<b>b) Tobacco in any form</b>	Y   N	Y   N	Y   N	Y   N	Y   N
	1. Amount per day					
	2. Number of years					
	<b>c) Alcohol / Beer</b>	Y/N	Y/N	Y/N	Y/N	Y/N
	1. Number of Units per day					
	2. Number of Years					
	<b>c) Pan Masala/Gutka / Other</b>	Y   N	Y   N	Y   N	Y   N	Y   N
	1. Amount per day					
	2. Number of Years					

UIN: LIBHLIP27040V012627

\*Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license

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

Toll Free : 1800 266 5844

IRDAI of India Reg. No.150, CIN: U66000MH2010PLC269656

Website Link: [www.libertyinsurance.in](http://www.libertyinsurance.in)



**Liberty**  
General Insurance™

Section B: Have any of the proposed insured ever suffered from/currently suffering from any of the following	Proposed Insured I	Proposed Insured II	Proposed Insured III	Proposed Insured IV	Proposed Insured V
1. <b>Heart and Circulatory Conditions/Disorders:</b> chest pain, angina, palpitations, congestive heart failure, coronary artery disease, heart attack, bypass surgery/angioplasty/ PTCA, valve disorder/replacement, pacemaker insertion, rheumatic fever, congenital heart condition, varicose veins, clots in veins or arteries, blood disorders, anti-coagulant therapy etc.	Y/N	Y/N	Y/N	Y/N	Y/N
2. <b>Respiratory Conditions/Disorders:</b> Shortness/difficulty of breath, Tuberculosis, Asthma, Bronchitis, Chronic Obstructive Pulmonary Disease COPD, chronic cough, coughing of blood, etc. or any Other Lung / Respiratory Disease	Y/N	Y/N	Y/N	Y/N	Y/N
3. <b>Urinary Conditions/Disorders:</b> Blood in urine, increase in urinary frequency, painful/difficult urination Kidney and/or Bladder infections, stones of urinary system, kidney failure, dialysis or Any Other Kidney/Urinary Tract Or Prostate Disease	Y/N	Y/N	Y/N	Y/N	Y/N
4. <b>Musculoskeletal Conditions/Disorders:</b> Joint/back pain Arthritis, Spondylosis, Spondylitis, Spinal disorders/Surgeries Osteoporosis, Osteomyelitis Joint Replacement Or Any Other Disorder of Muscle/ Bone/ Joint/ ligaments, tendons or discs, gout, herniated disc, fractures/ accidents/ implants, amputation/prosthesis, Muscle weakness, Polio etc.	Y/N	Y/N	Y/N	Y/N	Y/N
5. <b>Digestive Conditions/Disorders:</b> Jaundice, chronic diarrhea, intestinal bleeding/problems/polyps, diseases of the pancreas, liver or gall bladder, hepatitis A/B/C/other, jaundice, Ulcerative colitis, Chron's disease, Inflammatory/Irritable bowel disease, Cirrhosis, unexplained weight loss or gain, eating disorder or any Other Gastrointestinal Condition	Y/N	Y/N	Y/N	Y/N	Y/N
6. <b>Cancer/Tumor:</b> Benign Or Malignant tumor, Any Growth/Cyst / Ulcer, any Cancer diagnosed earlier and/or treatment taken for Cancer.	Y/N	Y/N	Y/N	Y/N	Y/N
7. <b>Female Reproductive Conditions/Disorders:</b> Pelvic pain, abnormal, menstrual bleeding abnormal PAP smear, endometriosis, Fibroid, Cyst/ Fibroadenoma, Bleeding Disorder, Pelvic infection Or Any Other Gynecological / Breast cysts/lumps/tumor any other Gynecological disorder, menopause (to be filled for female lives only)	Y/N	Y/N	Y/N	Y/N	Y/N
8. <b>Brain/Nervous System/ Mental/Psychiatric Conditions/Developmental Disorders/Congenital/Birth defect:</b> Loss of consciousness, fainting, dizziness, numbness/tingling, weakness, paralysis, head injury, stroke, migraine headaches or chronic severe headaches, sleep apnea, multiple sclerosis, seizures/epilepsy or any Other Brain/ Nervous System Disease, Mental/Psychiatric disorder, ADHD, autism, disability or deformity whether physical or mental, etc.	Y/N	Y/N	Y/N	Y/N	Y/N
9. <b>Metabolic, Endocrine Conditions/Disorders and autoimmune/genetic disorder:</b> Adrenal/pituitary disorders, thyroid disorder, lupus, scleroderma, thyroid disorders, Thalassemia, anemia, Hemophilia, Obesity and related surgeries, leukemia or any other blood disorder	Y/N	Y/N	Y/N	Y/N	Y/N
10. <b>Eye, Ear, Nose and Throat Disorders / Dental:</b> Cataract, glaucoma, Optic neuritis, retinal detachment, conjunctivitis, squint, ptosis, Blindness, refractive error/ spectacle number in diopters; otitis media, Deviated Nasal Septum, Otosclerosis, Loss of speech, Hearing loss, nasal polyps, chronic sinusitis Any other disorder of Ear, Nose and Throat or any disorder of Dental	Y/N	Y/N	Y/N	Y/N	Y/N
11. <b>Sexually Transmitted Diseases:</b> HIV/AIDS, immunodeficiency or any venereal disease (VD)/ sexually transmitted disease (STD)	Y/N	Y/N	Y/N	Y/N	Y/N

UIN: LIBHLIP27040V012627

\*Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license

12. Is any female member pregnant, tested positive with a home pregnancy test, (If yes share the date of Delivery or ectopic pregnancy, infertility treatment, planning for surrogacy or oocyte donation)	Y/N	Y/N	Y/N	Y/N	Y/N
13. Does the person proposed to be insured suffer from any chronic or long-term medical condition, or have any other disability, abnormality or recurrent illness or injury or unable to perform normal activities?	Y/N	Y/N	Y/N	Y/N	Y/N
14. Has any member consulted with or received treatment from any doctor or other health care provider for any other condition or symptom(s)/undergone any hospitalization/illness/surgery/ currently taking medication(s) for any condition or medical procedures (including diagnostic testing) or any vector borne disease like Dengue, Malaria, Chikungunya, etc.	Y/N	Y/N	Y/N	Y/N	Y/N
14. Psychiatric/mental illness or sleep disorders	Y/N	Y/N	Y/N	Y/N	Y/N
<b>Section C: Have any of the proposed insured persons</b>	<b>Proposed Insured I</b>	<b>Proposed Insured II</b>	<b>Proposed Insured III</b>	<b>Proposed Insured IV</b>	<b>Proposed Insured V</b>
Been addicted to alcohol/narcotics/habit forming drugs or under any detoxification therapy	Y/N	Y/N	Y/N	Y/N	Y/N
Been under any regular medication (self/prescribed including hormones or OC Pills)	Y/N	Y/N	Y/N	Y/N	Y/N
Undertaken any lab tests like blood/urine/stool or any imaging tests like sonography/MRI/CT/X-Rays in the last 5 yrs	Y/N	Y/N	Y/N	Y/N	Y/N
Undertaken any surgery or advised any surgery in the last 10 yrs or is a surgery pending?	Y/N	Y/N	Y/N	Y/N	Y/N
Suffered from any other illness/disease/accident/injury	Y/N	Y/N	Y/N	Y/N	Y/N
Is any of the proposed insured pregnant? If yes please specify expected date of delivery	Y/N	Y/N	Y/N	Y/N	Y/N
Any complaint of diabetes, hypertension or any complication during current or earlier pregnancy?	Y/N	Y/N	Y/N	Y/N	Y/N

<b>Section d: Do any of the proposed insured persons have / had below complaints</b>	<b>Proposed Insured I</b>	<b>Proposed Insured II</b>	<b>Proposed Insured III</b>	<b>Proposed Insured IV</b>	<b>Proposed Insured V</b>
1. Do you have or ever experienced Blurring of vision	Y/N	Y/N	Y/N	Y/N	Y/N
2. Do you have or ever experienced uncomfortable breathing or fatigue on exertion or on walking	Y/N	Y/N	Y/N	Y/N	Y/N
3. Do you have or ever experienced increased frequency of Urination	Y/N	Y/N	Y/N	Y/N	Y/N
4. Do you have or ever experienced recurring pain in Lower Legs or Joints	Y/N	Y/N	Y/N	Y/N	Y/N
5. Do you have or ever experienced recurring headache	Y/N	Y/N	Y/N	Y/N	Y/N
6. Do you have or ever experienced recurring difficulty in swallowing	Y/N	Y/N	Y/N	Y/N	Y/N
7. Have anyone experienced any unexplained weight loss or weight gain in past one year.	Y/N	Y/N	Y/N	Y/N	Y/N

**Please provide details of**

**1. Hereditary medical history, if any:**

.....

**2. Family Medical History**

**Have any Insured Member's natural parents, brothers or sisters had cancer, heart problems, hypertension, stroke, kidney, lung disease, diabetes or any hereditary disease (e.g. Alzheimer's disease, Parkinson's disease, mental disorder)? YES / NO**

If Yes, please provide details

.....





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  
Toll Free : 1800 266 5844  
IRDAI of India Reg. No.150, CIN: U66000MH2010PLC269656  
Website Link: [www.libertyinsurance.in](http://www.libertyinsurance.in)



## 9. Declaration

I 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 am authorized to propose on behalf of these other persons. I have also understood the disclosures mentioned above.

I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.

I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.

I declare that I consent to the company seeking medical information from any doctor or hospital who/which at anytime has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured / proposer has been made for the purpose of underwriting the proposal and/or claim settlement.

I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority."

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 policies 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 address mentioned on the company website to issue the same at the registered address mentioned above.

I/we aware of premium loading, (if any declared above) for diseases as declared / mentioned by me or us 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](http://www.healthid.ndhm.gov.in) and may notify in case customer wishes to the same with Insurer.

I/We hereby confirm that all premiums have been/will be paid from Bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence as listed in Prevention of Money Laundering Act, 2002 & its subsequent amendments thereof I understand that the Company has the right to call for documents to establish sources of funds.

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 Liberty General Insurance 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 Liberty General Insurance and / or Liberty General Insurance authorized personnel / agency shall be stored by Liberty General Insurance, throughout the term of my relationship with Liberty General Insurance and used for the purpose relating to my proposal for insurance cover and/or servicing policies issued in my favour, 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 Liberty General Insurance 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.

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 vendors.

Liberty General Insurance (LGI/Liberty") will not be deemed to provide cover nor be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose Liberty or its parent to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of India, the European Union, United Kingdom, United States of America or other applicable jurisdiction

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Proposer

UIN: LIBHLIP27040V012627

\*Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license

