Application No. :_



URN: LH016V12021

LIBERTY HEALTH CONNECT POLICY PROPOSAL FORM

applicable to you pleas 2. Please attach extra sh the additional underv applicable. 3. Kindly contact the Cor clarifications on the Pre The acceptance of the proposal completely in CAPITAL LETTER along with the premium paymer concluded contract of insurance Insurer, in the event of any untre	questions completely. If a particula se mark that question as not applicated writing information. Put a (mpany's Office or Intermediary for oposal Form. I is subject to receipt of the total process to the pust to serve you better. It is medical reports, if applicable as Coverage is as per the terms a	ar question is not cable "N/A". ficient to provide mark wherever any doubts or empremium and realization of payr. The Company is under no obline, does not tantamount to the acand conditions of our Standard Foresentation, non-description, factors.	GOING GREEN JUST GOT EASIER!!! SAVE PAPER. SAVE TREES. CONSENT FOR ELECTRONIC DISPATCH OF POLICY PACK I want to Save Trees and Contribute to the Environment. Therefore, I hereby authorize Liberty General Insurance Limited to provide me Electronic Policy Pack. I understand, subscribing to Electronic Policy Pack means, the policy pack will only be sent to my registered email id and no physical policy pack will be sent across. zation of payment will be as per the policy terms and conditions. Kindly fill the form under no obligation to accept this Proposal. Receipt of this Proposal by the Compan ount to the acceptance of the Proposal by the Company and does not result in a our Standard Policy Wordings. The Policy shall become voidable at the option of the description, failure to disclose or suppression of any material facts in response to the												
Proposer Details															
Proposer (Mr / Mrs / Ms) :	Last Name	First	Name	Middle Name											
Address :															
City/Town:		State:													
District:			in Code :												
Telephone :		Mobile :	·												
E-mail:															
Date of Birth :		Gender:													
Nationality:		Martial St	tatus:												
Annual Income:		Education	Educational Qualification:												
Plan Details Business Type: New Rene If Family floater, then persons to let family floater. Plan: Section 1	be covered :	ildren] 7.5 Lacs] 5 Lacs 6Lacs 1] 6Lacs 7.5 Lacs	☐ Family Floater Policy Tenu + 2 Children ☐ 1 Adult + 1 Child 7.5 Lacs ☐ 10 Lacs 10 Lacs ☐ 15 Lacs 7.5 Lacs ☐ 10 Lacs ☐ 15 La												
	Proposed Insured I	Proposed Insured II	Proposed Insured III	Proposed Insured IV											
Name															
Relationship with proposer															
Gender															
Date of Birth															
Height	Cms	Cms	Cms	Cms											
Weight	Kg	Kg	Kg	Kg											
Profession	Salaried Self Employed Others:	☐ Salaried ☐ Self Employed ☐ Others :	Salaried Self Employed Others:	Salaried Self Employed Others:											
Nominee Name															
D.L.C. L. CM.															
Relationship of Nominee	1														

UIN: LIBHLIP21500V032021

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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
Email: care@libertyinsurance.in
IRDA registration number: 150 • CIN: U66000MH2010PLC209656



Medical & Lifestyle Information

Medical History: Please tick ($\sqrt{}$) the relevant disease and provide details.

In case of No medical history please mention 'No' against the respective column of the Proposed Insured member

Section A: 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
Hypertension, Chest Pain or any other cardiac disorder				
Tuberculosis, asthma or any other lung / respiratory disorder				
Kidney stone / failure, urinary tract / prostrate disorder				
Dizziness / stroke / paralysis / epilepsy or any brain / nervous system disorder				
Diabetes / thyroid or any hormonal disorder				
Tumor - benign / malignant, any cyst / ulcer / growth				
Arthritis / spondylosis or any other bone / muscle / joint disorder				
Disease of the nose / throat / ear / eye / dental				
Anaemia / leukemia or any other blood disorder				
HIV / AIDS / any sexually transmitted disorder				
Psychiatric / mental illness or sleep disorders				
DUB, Fibroid, Cyst, Fibroadenoma or any other Gynaecological disorder, menopause & GPAL History (to be filled for female lives only)				
Please provide the details, in case any question in Section A (above) is ticked				
Section B: Have any of the proposed insured persons				
Been addicted to alcohol / narcotics / habit forming drugs or under any detoxication				
therapy				
Been under any regular medication (self / prescribed including hormones or OC Pills)				
Undertaken any lab tests like blood / urine / stool or any imaging tests like sonography / MRI / CT / X-Rays in the last 5 yrs				
Undertaken any surgery or advised any surgery in the last 10 yrs or is a surgery pending?				
Suffered from any other illness / disease / accident / injury				
Is any of the proposed insured pregnant? If yes please specify expected date of delivery				
Any complaint of diabetes, hypertension or any complication during current or earlier pregnancy?				
Please provide the details, in case any question in Section B (above) is ticked			'	1
Section C: Does any person proposed to be insured consume				
Alcohol - Hard liquor / Wine / Beer (Please mention quantity in ml per week)				
Smoking (Please mention number of cigarettes per day)				
Pan Masala / Gutka (Please mention number of packets per day)				
Others (Please mention name & quantity per week)				
Additional Information (if any)				

Previous / Existing Insurance Details (if any)

Is the proposer or the persons proposed, already insured under or proposed for a health insurance policy for in-patient hospitalisation 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)

Since when are you continuously insured?

Liberty General Insurance Limited 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



Do you want us to consider these details for portability? $\ \square$ Yes $\ \square$ No

Policy No./ Appl No.	Insured Name	Insurance Company	From (date)										7	ō (d	date)			Sum Insured	Cumulative Bonus if any earned	* Claim Details (If any)			
			d	d	m	m	У	У	У	У	d	d	m	m	У	У	У	У						
			d	d	m	m	У	У	У	У	d	d	m	m	У	У	У	У						
			d	d	m	m	У	У	У	У	d	d	m	m	У	У	У	У						
			d	d	m	m	У	У	У	У	d	d	m	m	У	У	У	У						

Payment Details

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

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

For NEFT Payments, please fill the details mentioned below:

Bank Details of the Proposed Insured:

Bank Name :																						
Branch :																						
City:												Acc	cour	nt No	o. :				П			
IFSC Code :																						

Account Type:

Savings

Current

AML Details:

Are you or any of your relative a Politically Exposed Person? Yes / No If yes, please provide 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 check the following documents are attached along with the proposal form

- ID Proof : Passport / PAN Card / Voter's Identity Card / Driving License / National Identity Number
 Residence Proof : Telephone Bill / Electricity Bill / Bank Account Statement / Ration Card
- 3. Age Proof : Any proof of age
- 4. Renewal notices with claim details

For Portability cases

- 1. Photocopies of previous policy documents and endorsements
- 2. Portability Form
- 3. Renewal Notice with claim details

Important Note:

The Company will have no liability until the proposal is accepted by the Company and communicated to the proposer on receipt of full premium against the proposal.

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 authorized 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 the Board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable.

^{*}Please provide claim details



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 / proposer after the proposal has been submitted but before communication of the risk acceptance by the Company.

I/We declare that I/we consent to the Company seeking medical information from any doctor or hospital who/which at anytime has attended on the person to be in 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/We authorize the company to share information pertaining to my/our proposal including the medical records of the insured/proposer for the sole purpose of proposal underwriting 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 and rules/regulations made thereunder for validating/authenticating my/our Aadhar details and updating the same in all my polices held with the company Signature of Proposer Date **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 question 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 abintio and the premium paid shall be forfeited to the Company. IMD Name: Proposer name: IMD Code: Proposer sign: IMD 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 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, as amended, shall be - Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend

FOR OFFICE USE ONLY

UIN: LIBHLIP21500V03202

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

	- 2	
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Receipt of Acknowledgement		
Application No.: Date: d d m m y y y		
We acknowledge with thanks the receipt of your application and amount by Cash / Cheque / Demand Draft / Others	of the	

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.

Neither the submission to us of a completed proposal for insurance nor any payment for any policy sought obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion. If we accept a proposal for insurance, it shall be subject to the policy terms and conditions and we shall have no liability to make any payment if premium is not received by us in full and on time, or is not realised or non-fulfillment of Pre Policy Check-up. If we do not accept the proposal, we will inform you and refund any payment received from you without interest within the next 30 days.

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.

dated _____