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 - URN - LH002V022024

Liberty Secure Future Connect Policy
Proposal Form

For Office Use Only

Product Name:	**Product Code:**
Intermediary / Agent / Broker Name:	**Intermediary / Agent / Broker Code:**
IMD / Agent / Broker Contact No	**Email ID**
Sales Manager Name:	**Sales Manager Code:**
Product Name:	**Product Code:**

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.

GUIDELINES TO FILL THE FORM

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.

GOING GREEN JUST GOT EASIER!!! SAVE PAPER. SAVE TREES.

I wish to avail physical policy document YES ☐

Proposer Details

Proposer(Mr/Mrs/			
	Last Name	**First Name**	**Middle Name**
Address:			
		City/Town	
District:		**State**	
Pin Code:		**Mobile**	
Telephone:		**E Mail**	
Gender:	**Male ☐ Female ☐ Others ☐**	**Nationality**	**Indian ☐ Others (Please Specify):_____**
Marital Status:	**Married ☐ Unmarried ☐**	**Residential Status:**	**Resident Indian ☐ Non Resident Indian ☐**
DOB:			**Other :_____**
Educational Qualification			
Annual Income	**Less than 5 Lacs ☐ Between 5 - 10 Lacs ☐** **Between 10 - 20 Lacs ☐ 20 Lacs and above ☐**		

Present Address: Is your present address same as permanent address? Yes ☐ No ☐

Address:			
		City/Town	
District:		**State**	
Pin Code:		**Telephone:**	
PAN No:		**CKYC No:**	

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Form 60/61 (if PAN not available)														**GSTN No**																
Aadhar/Driving License/Election Card/Passport/MNREGA Card																														

I,_____, hereby grant explicit consent to Liberty General Insurance Company for the retrieval and downloading of my CKYC record from the Central KYC Records Registry. I understand that this information is essential for the purpose of ensuring accurate and updated records for insurance services. I acknowledge that Liberty General Insurance Company will handle my CKYC information in compliance with all applicable data protection laws and regulations. This consent is valid until revoked in writing by me. I have read and understood the terms and conditions regarding the usage of my CKYC information and voluntarily provide my consent.

Customer Name:_____ **Date :** _____

Occupation:	Salaried ☐ Self Employed ☐ Business ☐ Others ☐ Details:_____
Nature of Business / Self Employed Details:	
Type of Customer:	Individual ☐ Government Co ☐ Public Co ☐ Pvt Co ☐ Trust ☐ Cooperative Society ☐ HUF ☐ Partnership Firm/LLP ☐ Section 8 Co ☐ Others (Please Specify) _____ Whether Proposer /insured is a Non Profit Organization – Yes☐ No☐ If Yes, Please provide Darpan Registration No : _____

For Non-Individuals, Details of Beneficial Owner:
Mention the details of Individual persons who has/have the Beneficial Ownership in the captioned entity.

Beneficial Owner			
Full Name			
Date of Birth			
Nationality			
Address			
% Share Holding			
PAN no			
Politically Exposed Person (PEP) Declaration	☐ PEP ☐ NO ☐ **Family Member / Close Relative / Associates to PEP**	☐ PEP ☐ NO ☐ **Family Member / Close Relative / Associates to PEP**	☐ PEP ☐ NO ☐ **Family Member / Close Relative / Associates to PEP**

Proposal Details

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

Policy Type: Individual

Business Type: New Business ☐ Renewal Business ☐ Rollover Business ☐ Endorsement ☐ Others (Please Specify) _____

Sum Insured:_____

EMI Amount:_____

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Loan Details

Purpose of Loan	
Loan Amount (INR)	
Loan Tenure (Years)	
EMI Amount (INR)	
Type of Property	
Property Ownership	
Location of Property	
Financier / Bank	

Proposed Covers

Coverage	Critical Illness	Personal Accident	Involuntary Loss Of Job (Not Applicable for Self Employed)	Waiver of survival period desired
	A ☐ B ☐ C ☐ **D** ☐ E ☐	AD + PTD (100%) ☐ AD + PTD (200%) ☐	Yes ☐ No ☐	Yes ☐ No ☐

Proposed Insured Person(s) Details

Insured Person Details	Applicant	Co-Applicant - 1	Co-Applicant-2	Co-Applicant -3
Name	Sur Name First Name Middle Name	Sur Name First Name Middle Name	Sur Name First Name Middle Name	Sur Name First Name Middle Name
Relationship with Proposer				
Date of Birth				
Age				
Gender				
Age proof				
Height				
Weight				
Marital Status	Single ☐ Married ☐ Others☐	Single ☐ Married ☐ Others☐	Single ☐ Married ☐ Others☐	Single ☐ Married ☐ Others☐
No. Of Dependents				
Father's /Husband Name				
Current Address				
Current Address is	Self-Owned ☐ Rented ☐ Co. Leased ☐	Self-Owned ☐ Rented ☐ Co. Leased ☐	Self-Owned ☐ Rented ☐ Co. Leased ☐	Self-Owned ☐ Rented ☐ Co. Leased ☐
Permanent Address				
Contact Number				
Mobile No				
Address proof				
Email Id				
Occupation / Profession	Salaried ☐ Self Employed ☐ Others_____	Salaried ☐ Self Employed ☐ Others_____	Salaried ☐ Self Employed ☐ Others_____	Salaried ☐ Self Employed ☐ Others_____
Education / Qualification				

Nationality				
If Non-Indian please specify Country Name / Nationality				
If Non-Indian; Please specify overseas Address				
If NRI; Please specify Overseas Address				
If NRI; Please specify Resident Country Name				
Employer / Business Name				
Type of Industry				
Designation & Nature of Job				
Annual Income				
Other Income (If Any)	Rs Source -	Rs Source -	Rs Source -	Rs Source -
Employer / Business Address				
Employer / Business Contact				
Years in Present Occupation				
Proportion of Loan shared (%)				
Individual Sum Insured(in				
ABHA No				
Aadhaar No				
PAN No				
Politically Exposed	Y /N	Y /N	Y /N	Y /N
Bank Account No				
Bank Name				
Bank Branch Name				
IFSC Code				
**If ABHA ID is not available, we urge you to visit abdm.gov.in for creation of ABHA ID and inform the same to us once created.				
Digital KYC Process to Differently Abled Persons				
1. Differently Abled Status	Y /N	Y /N	Y /N	Y /N
2 Type of Impairment				
3 Percentage of Impairment				
4 UDID (Unique				
Name of illness/injury suffering				

Nominee Details	Applicant	Co-Applicant - 1	Co-Applicant-2	Co-Applicant -3
Nominee Name & Relationship				
Date of Birth of Nominee				
Specify % of Nomination				
Nominee Mobile No				
Nominee E mail ID				
Nominee Present Address				
Nominee Permanent Address				
Bank Account No				
Beneficiary Name:				
Bank Name				
Bank Branch Name				
IFSC Code				
MICR Number				
Branch				
Appointee Name if in case of Minor Nominee				

Appointee Relationship if in case of Minor Nominee				

Previous/Existing Insurance Details (if any)

Is the proposer or the persons proposed, already insured or proposed for a Critical Illness or Personal Accident policy with Liberty General Insurance Company 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)

Sr. No	Insured Name	Policy No/Appl No	Insurer	From Date	To Date	Sum Insured	No of Claims	Amount of Claims	Cumulative Bonus %	Cumulative Bonus Amount

Medical and Lifestyle related Information:

Medical History: Please answer the below mentioned questions Yes (Y) or No (N) ONLY:

Has any of the Insured Person proposed to be insured ever suffered from/are currently suffering from any of the following?		Applicant	Co-Applicant - 1	Co-Applicant-2	Co-Applicant -3
i.	High or low blood pressure, Chest Pain, or any other cardiac disorder?	Y□ /N□	Y□ /N□	Y□ /N□	Y□ /N□
ii.	Tuberculosis, Asthma, Bronchitis or any other lung/respiratory disorder?	Y□ /N□	Y□ /N□	Y□ /N□	Y□ /N□
iii.	Ulcer (Stomach/Duodenal), Liver or gall bladder disorder or any other digestive tract disorder?	Y□ /N□	Y□ /N□	Y□ /N□	Y□ /N□
iv.	Kidney Failure, Stone in kidney or urinary tract, Prostate disorder or any other kidney/Urinary tract disorder?	Y□ /N□	Y□ /N□	Y□ /N□	Y□ /N□
v.	Stroke, Epilepsy (fits), Paralysis or any other nervous system (Brain, Spinal cord, etc) disorder?	Y□ /N□	Y□ /N□	Y□ /N□	Y□ /N□
vi.	Diabetes, Impaired glucose tolerance (Pre-diabetes), Thyroid/Pituitary Disorder or any other endocrine disorder?	Y□ /N□	Y□ /N□	Y□ /N□	Y□ /N□
vii.	Tumor (Swelling)-benign or malignant, any external ulcer/growth/cyst/mass anywhere in the body?	Y□ /N□	Y□ /N□	Y□ /N□	Y□ /N□
viii.	Arthritis, Spondylosis or any other disorder of the muscle/bone/joint ?	Y□ /N□	Y□ /N□	Y□ /N□	Y□ /N□
ix.	Diseases of the Ear/Nose/Throat/Teeth/ Eye (please mention Dioptres in case of refractory error)?	Y□ /N□	Y□ /N□	Y□ /N□	Y□ /N□
x.	HIV/AIDS or sexually transmitted diseases or any immune system disorder?	Y□ /N□	Y□ /N□	Y□ /N□	Y□ /N□
xi.	Anaemia, Leukaemia, Lymphoma or any other blood/lymphatic system disorder?	Y□ /N□	Y□ /N□	Y□ /N□	Y□ /N□
xii.	Psychiatric/Mental illnesses or Sleep disorder?	Y□ /N□	Y□ /N□	Y□ /N□	Y□ /N□
xiii.	Uterine Fibroid, Fibroadenoma breast or any other Gynaecological (Female reproductive system/Breast disorder?	Y□ /N□	Y□ /N□	Y□ /N□	Y□ /N□
xiv	Internal Congenital anomaly which is known and treated/untreated	Y□ /N□	Y□ /N□	Y□ /N□	Y□ /N□
Has any of the persons proposed to be insured:		Applicant	Co-Applicant - 1	Co-Applicant-2	Co-Applicant -3
xiv.	Been addicted to alcohol, narcotics, habit forming drugs or been under detoxication therapy?	Y□ /N□	Y□ /N□	Y□ /N□	Y□ /N□
xv.	Been under any regular medication (self/ prescribed)?	Y□ /N□	Y□ /N□	Y□ /N□	Y□ /N□
xvi.	Undertaken any lab/blood tests, imaging tests viz. scans/MRI in the last 5 years other than routine health check-up or pre-	Y□ /N□	Y□ /N□	Y□ /N□	Y□ /N□

	employment check-up?				
xvii.	Undertaken any surgery or a surgery been advised and have surgery still pending?	Y☐ /N☐	Y☐ /N☐	Y☐ /N☐	Y☐ /N☐
xviii.	Suffered from any other disease/illness/accident/injury other than common cold or viral fever?	Y☐ /N☐	Y☐ /N☐	Y☐ /N☐	Y☐ /N☐
xix	Is any of the insured persons pregnant? If yes, please mention the expected date of delivery _____	Y☐ /N☐	Y☐ /N☐	Y☐ /N☐	Y☐ /N☐
xx	Any complaint of diabetes, hypertension or any complication during current or earlier pregnancy?	Y☐ /N☐	Y☐ /N☐	Y☐ /N☐	Y☐ /N☐
Does any person proposed to be insured smoke or consume gutkha / pan masala or alcohol. If yes, please indicate the name and quantity per week:		Applicant	Co-Applicant - 1	Co-Applicant-2	Co-Applicant -3
Xxi	Alcohol				
Xxii	Smoke				
Xxiii	Pan Masala				
Xxiv	Others				
In respect of any of the persons proposed to be insured:					
xxv	Has any application for life, health, hospital daily cash or critical illness insurance ever been declined postponed, loaded or been made subject to any special conditions by any insurance company?	Y☐ /N☐	Y☐ /N☐	Y☐ /N☐	Y☐ /N☐

Please provide the details, in case any question in Section 6 (above) is ticked as 'Y☐'

_____

_____

Family Physician Details				
	Applicant	**Co-Applicant - 1**	**Co-Applicant-2**	**Co-Applicant -3**
Name				
Qualification:				
Address:				
Pincode				
Mobile Number				
Phone No				
Mobile No				
Email Id				

Checklist of Documents

Please check the following documents are attached along with the proposal form

1. **ID Proof:** Passport/PAN Card/Voter's Identity Card/Driving License/National Identity Number

2. **Residence Proof:** Any proof of residence as per below list

3. **Age Proof:** Any proof of age as per below list

Age Proof	Address Proof
i) School/College Certificate (Progress Report, Mark Sheet, Bonafied Certificate, Leaving Certificate, Transfer Certificate etc)	i) Address & Contact Number Proof on Company Letter Head / Employee ID cards ii) Telephone Bill , Post Paid Mobile Bill, Broadband Bill

ii) Passport iii) Municipal Birth Certificate iv) Employment Certificate showing DOB from Govt/public sector v) Domicile Certificate vi) Nursing Hospital Certificate/Discharge Card if minor is below 5 yrs vii) Baptism or Marriage Certificate (for Catholics only) viii) PAN Card ix) Driving License	iii) Rent Agreement/ Lease Agreement/ Property Tax / Water Tax /House Tax/ Electricity bill iv) Driver's license/Passport/ Gas Connection/Ration Card /Arms & ammunition License v) Bank Statement / Bank Passbook / Fixed Deposit Certificate / Credit Card Statement vi) Any Life Insurance: Premium Receipt / Welcome letter /Policy Bond etc. vii) Last year's Health Policy document (Portability cases) viii) Any vehicle RC Copy ix) Pan Card Intimation letter / Voter Id Card/ Income Tax Returns x) PPF /NSC /any other Investment Certificate xi) Any Government issued document for Address Proof (from Gram Panchayat etc) xii) Monthly Maintains bills for Bldg Society / Chawls / Flats / Plots xiii) Regiment Certificate for Army Personnel xiv) In absence of above an Affidavit from the Customer for Address & Telephone Number confirmation

For Portability cases

1. Photocopies of previous policies and endorsements
2. Portability Form
3. Renewal Notice with claims 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.

9. 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 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.
- ☐ 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 declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time 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 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 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 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 o Yes / o No
- ☐ 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/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/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.
- ☐ 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.
- ☐ 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.
- ☐ 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 _____

Signature of Co Applicants (1) _____

Signature of Co Applicants (2) _____

Signature of Co Applicants (3) _____

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 WHEN THE PROPOSAL FORM IS FILLED BY A PERSON OTHER THAN THE PROPOSER / THE PROPOSER SIGNS IN A VERNACULAR LANGUAGE / PROPOSER IS ILLITERATE OR DISABLED

I hereby declare that I have read out and explained the content of this proposal form and all other connected documents incidental to availing the insurance policy from Liberty General Insurance. to the proposer and that he/she confirmed that he/ she has understood the same and that he/ she agrees to abide by all the terms & conditions of the same.

I hereby declare that I have fully explained to the proposer the answers to the questions that form the basis of the contract of insurance have also explained the contents in this form to the proposer in_____ language, that I have truly and correctly recorded the answers given by the proposer and that the proposer has affixed his/ her thumb impression on the proposal form in my presence, after fully understanding the contents thereof. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.

I hereby state that the contents of the form and documents have been fully explained to me and that I have fully understood the significance of the proposed contract.

Name of Proposer: **Signature of Proposer:**
Name of Witness: **Signature of Witness:**
Relationship with Proposer: **Date:**
Address of Witness: **Place:**

Payment details

Instrument type (Cash/Cheque/DD/EFT/Others)	Name of the premium payer	Cheque No / EFT No	Cheque Date	Premium 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:

Name of the Account Holder																	
Bank Name																	
Branch																	
City																	
Account No																	
IFSC Code																	

Account Type: Savings ☐ **Current** ☐

Card Details : Master / Visa / Rupay Name of Card Holder :

Card No																**Card Expiry Date :**				

In case of cancellation of policy, if premium were paid through credit card the refund amount would be credited to your Source bank account.

I wish ☐ : Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.

Bank Details of Nominee																
Name of the Account Holder																
Bank Name																
Branch																
City																
Account No																
IFSC Code																

Bima ASBA:

☐ "I hereby accord my consent to authorise 'Liberty General Insurance Limited' to block the applicable premium payable for the aforesaid insurance policy under the BIMA ASBA facility and debit the same from my bank account upon acceptance of this proposal. In case the proposal is not accepted, I accord my consent to debit only the expenses incurred towards medical examination, if any, and unblock the balance amount. If Amount of initial premium blocked is less than the premium to be collected, then I agree to pay the differential premium amount through payment link shared by Insurer"

UPI ID	UPI No. (Mobile No.)	Bank Name	Amount in Rs.

AML Details:

Are you or any of the proposed applicants a PEP* or Family member/ Close relatives/Associates of PEPs*? Yes ☐ No ☐

If yes, please give details (Nature of relationship and position held by PEP): _____
*Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political 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 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/We understand that the Company has the right to call for documents to establish sources of funds.

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'. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakhs.

Acknowledgement

Application No: **Date:** d D m M y Y y y

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

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 Limited