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

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	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 ☐**

1. Proposer Details

Proposer(Mr/Mrs/Ms)			
	Last Name	**First Name**	**Middle Name**
Address:			
		City/Town	
District:		**State**	
Pin Code:		**Mobile**	
Telephone:		**E Mail**	

Nationality: _____, If Non Indian please specify Country Name:_____, Marital Status: _____

Annual Income: _____Educational Qualification: _____

PAN No:_____, Addhar No:_____

2. Proposal Details

Business Type: **New ☐** **Renewal ☐** **Policy Tenure:** 1 Yr☐2 Yrs☐ 3 Yrs☐

Policy Type: Individual☐

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Sum Insured: _____

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

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

Proposed Covers for Liberty Secure Future Connect

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 ☐

3. Proposed Insured Person (s) 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				
Nationality				
If Non Indian please specify Country Name				
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	…….(Landline) …….(M)	…….(Landline) …….(M)	…….(Landline) …….(M)	…….(Landline) …….(M)
Address proof				
Date of Birth/ Sex	……. Age : ……Yrs M / F	……. Age : ……Yrs M / F	……. Age : ……Yrs M / F	……. Age : ……Yrs M / F
Age proof				
Height				
Weight				
Marital Status	Single/Married/Others	Single/Married/Others	Single/Married/Others	Single/Married/Others
No. Of Dependents	……Children ……..Others	……Children ……..Others	……Children ……..Others	……Children ……..Others
Email Id				
Permanent Account No				
Occupation	Employed/Self Employed (Full time / Part time)	Employed / Self Employed (Full time / Part time)	Employed/Self Employed (Full time / Part time)	Employed /Self Employed (Full time / Part time)
Education / Qualification				
Employer / Business Name				
Type of Industry				
Designation & Nature of Job				
Monthly Income				
Other Income (If Any)	Rs Source -	Rs Source -	Rs Source -	Rs Source -
Employer / Business Address				
Employer / Business Contact Number				
Years in Present Occupation				
Proportion of Loan shared (%)				
Individual Sum Insured(in proportion with Loan shared)				
ABHA No				
Account No				
Bank Name				

Branch Name				
Do any of the proposed insured persons have / had any disability?				
Name of Disability				
Percentage of disability				
Nominee Name & Relationship				
Nominee Mobile No				
Nominee E mail ID				
Nominee Account No				
Bank Name				
Bank Branch Name				
IFSC Code				
Nominee Current Address				
Nominee Permanent Address				
Specify % of claim				

4. 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

5. Medical & Lifestyle 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	Y☐ /N☐	Y☐ /N☐	Y☐ /N☐	Y☐ /N☐

	disorder?				
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-employment check-up?	Y□ /N□	Y□ /N□	Y□ /N□	Y□ /N□
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				

6. 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** ☐

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 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.

8. 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) 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	i) Address & Contact Number Proof on Company Letter Head / Employee ID cards ii) Telephone Bill , Post Paid Mobile Bill, Broadband Bill 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.

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 _____

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:
IMD Code:
IMD Sign*:
*Stamp in case of Company

Proposer name:

Proposer sign:

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:
Signature:

Proposer Name:
Signature/thumb impression

10. For Office Use Only

Intermediary Name:	**Intermediary Code:**
Sales Manger Name:	**Sales Manger Code:**

10. Acknowledgement

ApplicationNo: | | | | | | | | | | | **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: