



**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 .

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 / prostate 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 detoxification 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

**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?

---

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

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

\*Please provide claim details

**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 :  Account No. :

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

1. ID Proof : Passport / PAN Card / Voter's Identity Card / Driving License / National Identity Number
2. 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.

**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.

