

Liberty Janata Personal Accident Policy (Group) Proposal Form (UIN-LIBPAGP22194V022122)

URN: LPA022V22021

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 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.

Company/ Proposer/ Financier/Bank Details

Name of Entity / Proposer:			
Address			
		City/Town	
District:			State
Pin Code:			Mobile
Telephone:			E Mail
Industry Type			
Contact Person details			
Designation			
Designated email address			
Contact No.			
Mobile No.			

Proposal Details

Business Type	New /Renewal / Rollover		
Policy Type	Name / Unnamed		
Group Relationship:	Credit/Non Credit Linked		
No of members proposed for			
On Duty Cover	Yes / No		
Geographical Scope	Worldwide/India Only		
Sum Insured Per Person			
Capital Sum Insured (Rs)			
Period of Insurance	From 00:00 (dd/mm/yyyy)		To 23:59 (dd/mm/yyyy)

Proposed Insured Person's Details

Sr. No	Name	Gender	Occupation	DOB (dd/mm/yyyy)	Existing injury/disability	Nominee Name & Relation

Medical / Injury Related Information

Part A

Please answer the below mentioned questions in Yes (Y) / No (N). If the answer to any of the questions is Yes, please give details in the table given below. Alternatively attach a separate sheet of paper.

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1. Does any person, proposed to be Insured, suffer from / suffering from any injury? Y N
2. Is any person, proposed to be insured, receiving any treatment/medication or have in the past received treatment or undergone surgeries for any medical condition/disability? Y N

Please provide details of medical history, if any: _____

If answer to the above questions is Yes, please elaborate:

Sr. No	Name of the Proposed member	Name of injury suffering from or suffered in the past	Date of first diagnosed/detected	Treatment/medication received/ receiving	Details of Accidental Hospitalization (If any)	Is it fully cured
1						
2						
3						
4						
5						

Coverage Details

Basic Cover - Accidental Death

Optional Covers

1. Permanent Total Disability: Yes No
2. Permanent Partial Disability: Yes No

3. Previous/Existing Insurance Details (if any)

Sr. No	Insured Name	Policy No/Appl No	Insurer	From Date	Group Size	To Date	Sum Insured	No of Claims	Amount of Claims

4. Payment details

Instrument type (Cash/Cheque/DD/Others)	Name of the person who is paying the premium	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

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AML Details:

Please provide Permanent Account Number (PAN) if premium amount exceeds `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.

5. Declaration & Authorization

- “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 authorised 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 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 after the proposal has been submitted but before communication of the risk acceptance by the Company.
- I/We declare and consent to the Company seeking medical information from any doctor or from the hospital who at any time has attended on the life to be insured or from any past or present employer concerning anything which affects the physical and mental health of the life to be insured and seeking information from any insurance company to which an application for insurance on the life to be insured has been made for the purpose of underwriting the proposal and/or claim settlement.
- I/We authorise the Company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Government and/or Regulatory Authority.”
- We understand that the Master Cover shall become void at the Company's option, in the event of any untrue or incorrect statement, misrepresentation, misdeclaration, non-description or non-disclosure of any material fact in the Proposal form/personal statement, declaration and corresponding documents or any material information having been withheld by us or anyone acting on our behalf.
- We consent to receive information from the Company through physical, electronic or telecommunication means from time to time.
- I hereby declare that the above statements, answers and/or particulars given by me in this proposal form are true and complete in all respects to the best of my knowledge and that I am authorized to propose on behalf of the Master Cover Holder.
- I/We hereby declare that, in case any of the statement provided hereinabove is found to be false or misrepresentation, the Company at its option may terminate the Insurance Policy, forfeiting the premium paid by me/us under the said Policy. The Company may also initiate such action against me/us as it may deem appropriate in the event of me/us furnishing any false statement or in case of any misrepresentation by me/us in connection with obtaining the insurance policy from the Company.
- 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

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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.

Date

Signature of Proposer

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 punishable with fine which may extend to ten lakh rupees.

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 _____ Proposer sign: _____

IMD Sign* _____

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***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

6. Acknowledgement

Application No:

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Date:

D	d	m	m	Y	y	y	y
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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 _____

Please note that this is only an acknowledgement receipt and does not amount to acceptance of risk or commencement of Policy. 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. Acceptance of proposal and issuance of policy shall be subject to receipt of completed filled in and signed proposal form, premium payment, and underwriting decision of the Company.

Signature of the receiver & office Seal:

7. For Office Use Only

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

INSURANCE IS THE SUBJECT MATTER OF THE SOLICITATION.

Liberty General Insurance Limited
Registered Office: Unit 1501&1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai – 400013