

## SAMPURNA SWASHRAYA, LIBERTY GENERAL INSURANCE LTD.

### Proposal Form

URN: LH023V12023

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.

### 1. Proposer Details

	First Name	Middle Name	Last Name
Proposer (Mr / Mrs / Ms) :			
Address :			
City/Town :		State :	
District :		Pin Code :	
Telephone :		Mobile :	
E-mail :			
Nationality :		Marital Status :	Annual Income :
			Educational Qualification :

### Confirmation for Issuance of e-Insurance Policy:

E Insurance account no. \_\_\_\_\_. I would like to open E insurance account with \_\_\_\_\_ Insurance Repository.

*PAN number:	
Aadhar No.	
GSTIN	
CKYCR No.	

### 2. Proposal Details

Business Type: New    Renewal    Rollover    Policy Tenure: 1yr    Policy Type: Individual  
Installment of Premium: Yes    No  
Installment of Premium frequency: Monthly    Quarterly    Half-yearly

Proposed Policy Period: From 

D	d	m	M	y	y	y	y
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d	d	M	m	y	y	y	y
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	Proposed Insured
Name	
Relationship with proposer	
Gender	
Date of Birth	
Height (cm)	
Weight (Kg)	

<b>Occupation</b>	
<b>First Policy Inception Date of any other Insurer:</b>	
<b>Nominee Name</b>	
<b>Relationship of Nominee</b>	
<b>Nominee Address</b>	

### Cover Proposed:

Sum Insured: 4Lakh      5Lakh

Waiver of Co-pay: Yes      No

HIV/AIDS cover: Indemnity      Lumpsum payment

### 3. Medical & Lifestyle Information

**Medical History:** 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.

- Does any person, proposed to be insured, suffered from/ suffering from any disease/illness /Injury - Yes ☐ No ☐
- Does any person, proposed to be insured, suffered from or have been treated for any heart related ailment/blood pressure/Diabetes/Cancer? Yes ☐ No ☐
- Does any person, proposed to be insured, suffered from Paralysis/Asthma/Epilepsy? / Yes ☐ No ☐
- 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? Yes ☐ No ☐
- Does any person, proposed to be insured, suffered from/ suffering from HIV/AIDS? Yes ☐ No ☐
- Does any person, proposed to be insured, suffered from/ suffering from Mental Illness Yes ☐ No ☐
- Does any person, proposed to be insured, suffered from/ suffering from Disabilities (if Yes, provide the Disability % along with Disability Certificate) Yes ☐ No ☐
- Does any person, proposed to be insured consume Alcohol/ Smoke/ Pan masala/ others - Yes ☐ No ☐

If yes, please provide quantity consumed per day

Habits	Proposed Insured I	Proposed Insured II	Proposed Insured III	Proposed Insured IV
Smoking	No. of cigarettes	No. of cigarettes	No. of cigarettes	No. of cigarettes
Hard Liquor/Wine/Beer	Quantity in ml	Quantity in ml	Quantity in ml	Quantity in ml
Pan Masala/Guthka	No. of packets	No. of packets	No. of packets	No. of packets
Tobacco	Quantity in grams	Quantity in grams	Quantity in grams	Quantity in grams
Others	Name & Quantity	Name & Quantity	Name & Quantity	Name & Quantity

Please provide details of hereditary medical history, if any:

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

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

4. Additional Information (If any)

5. Previous/Existing Insurance Details (if any)

Is 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/A ppl no	Insured Name	Insurance Company	From (date)								To (date)								Sum Insured	Cumulative Bonus if any earned	*Claim (Yes / No)
			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			
			D	d	m	m	Y	y	y	y	d	d	m	m	y	y	y	y			

Please provide claim details

6. Payment details

Installment of Premium: Annual/ Half-yearly / Quarterly/ Monthly

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”

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

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.

## 7. 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

### 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.

## 8. 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/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 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 assured / 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 policies held with the company

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Proposer

## 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 initio 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**

**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 to ten lakhs.

### 9. For office use only

<b>Intermediary Name:</b>	<b>Intermediary Code:</b>
<b>Sales Manager Name:</b>	<b>Sales Manager Code:</b>

### 10. Electronic Clearing Service(ECS) To be filled in case of Premium Installment facility

Deutsche Bank  UMRN

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d	d	m	m	y	y	y	y
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## 12. Receipt of Acknowledgement

ApplicationNo:

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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 \_\_\_\_\_

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**

**Registered Office:** 10<sup>th</sup> Floor, Tower A, Peninsula Business Park, Lower Parel, Mumbai