



Proposed Insured (s) Details:

	Proposed Insured I	Proposed Insured II	Proposed Insured III	Proposed Insured IV	Proposed Insured V
Name					
Relationship	Relationship with proposer	Relationship with proposed Insured I	Relationship with proposed Insured I	Relationship with proposed Insured I	Relationship with proposed Insured I
Gender					
Date of Birth					
Sum Insured					
Occupation	<input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Others Details: _____ _____	<input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Others Details: _____ _____	<input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Others Details: _____ _____	<input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Others Details: _____ _____	<input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Others Details: _____ _____
Monthly Income*					
Income Proof (For SI more than 30L)	<input type="checkbox"/> Salary Slip <input type="checkbox"/> IT Return	<input type="checkbox"/> Salary Slip <input type="checkbox"/> IT Return	<input type="checkbox"/> Salary Slip <input type="checkbox"/> IT Return	<input type="checkbox"/> Salary Slip <input type="checkbox"/> IT Return	<input type="checkbox"/> Salary Slip <input type="checkbox"/> IT Return
Are you Involved in any hazardous activity	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any Existing Injury/Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nominee Name					
Relationship of Nominee					
Nominee Address					
ABHA Id					

*If ABHA ID is not available, we urge you to visit <https://abdm.gov.in/> for creation of ABHA ID and inform the same to us once created.

*To be filled by Individual Proposer Only. Proper disclosure of Monthly Income is mandatory; failing which any claim under the policy is prejudiced.

Note: In case of additional member/s, please share all above detail in a separate document.

3. Previous/Existing Insurance Details (if any)

Is the proposer or the persons proposed, already insured under or proposed for a Personal Accident policy 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)

Policy No./Appl no	Insured Name	Insurance Company	From (date)	To (date)	Sum Insured	No. of Claims	Amount of Claims	Cumulative Bonus %	Cumulative Bonus Amount

Please provide claim details _____

4. 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

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.

5. 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

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.

6. Declaration

I 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 am 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 insurer and that the policy will come into force only after full payment of the premium chargeable.

I further declare that I 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 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 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."

Ayushman Bharat Health Account (ABHA) Declaration : I/We provide my/ our consent to access my/ our (all insured) medical and personal records/ details, as are available in my/ our Ayushman Bharat Health Account (ABHA) and share the same with Third Party Administrators, Reinsurer (if applicable), Service Provider/s of Company and/or with any Governmental and/or Regulatory authority for the sole purposes of underwriting my/ our proposal and/ or for checking the authenticity of claims lodged by me/ us and/ or to comply with the applicable Law/ Regulations.



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.

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:

Proposer name:

IMD Code:

Proposer sign:

IMD Sign*:

*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

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.

7. For office use only

Intermediary Name:	Intermediary Code:
Sales Manager Name:	Sales Manager Code:



8. Receipt of Acknowledgement

ApplicationNo:

Date:

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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,
Unit 1501 & 1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai - 400 013.