Liberty General Insurance Limited
10th Floor, Tower A, Peninsula Business Park,
Ganpatrao Kadam Marg, Lower Parel, Mumbai - 400 013
Phone: +91 22 6700 1313 Fax: +91 22 6700 1606
Email: care@libertyinsurance.in
IRDA registration number: 150 ● CIN: U66000MH2010PLC209656

Liberty General Insurance

SECURE HEALTH CONNECT PROPOSAL FORM

Proposal No: | | | | | | | | | | | | | | |

UIN: LVGHLIP18065V011718

GUIDELINES TO FILL THE FORM

1. 2. Please answer all the questions completely. If a particular question is not applicable to you please mark that question as not applicable "N/A".
3. Please attach extra sheets wherever the space is insufficient to provide the additional underwriting information. Put a () mark wherever applicable.
4. Kindly contact the Company's Office or Intermediary for any doubts or clarifications on the Proposal Form.

GOING GREEN JUST GOT EASIER!!! SAVE PAPER. SAVE TREES.

CONSENT FOR ELECTRONIC DISPATCH OF POLICY PACK

☐ I want to Save Trees and Contribute to the Environment. Therefore, I hereby authorize Liberty General Insurance Limited to provide me Electronic Policy Pack.
I understand, subscribing to Electronic
Policy Pack means, the policy pack will only be sent to my registered email id and no physical policy pack
will be sent across.

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

Proposer(Mr/Mrs/Ms) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Last Name First Name Middle Name

Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

District: | | | | | | | | | | | | | | | City/Town: | | | | | | | | | | | | | | | | | | |

Pin Code: | | | | | | | | | | | | | | | State: | | | | | | | | | | | | | | | | | | |

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 number: | | | | | | | | | | | | |

GSTIN: | | | | | | | | | | | | | | | |

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2. Proposal Details	
Business Type:	New ☐ Renewal ☐ Rollover ☐ Policy Tenure: 1 Yr ☐ 2 Yrs ☐ 3 Yrs ☐
Policy Type:	Individual ☐ Family Floater ☐
Policy Plan:	I. Secure Basic ☐ II. Secure Elite ☐ III. Secure Supreme ☐ IV. Secure Complete ☐
Optional Cover (s)	I. Reload of Sum Insured ☐ II. Enhanced Cumulative Bonus ☐ III. Waiver of Medical Expenses Sub limits ☐
Sum Insured in Lakhs	
Installment of Premium	Yearly ☑
Proposed Policy Period	From d d m m y y y y To d d m m y y y y

3. Cover Proposed:

	Proposed Insured I	Proposed Insured II	Proposed Insured III	Proposed Insured IV	Proposed Insured V
Name					
Relationship with proposer					
Gender					
Date of Birth					
Height (cm)					
Weight (Kg)					
Occupation					
Nominee Name					
Relationship of Nominee					
Nominee Address					

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

4. 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.

1. Does any person, proposed to be insured, suffered from/ suffering from any disease / illness / Injury - Yes ☐ No ☐

2. Does any person, proposed to be insured, suffer from or have been treated for any heart related ailment/blood pressure/Diabetes/Cancer? Yes ☐ No ☐

3. Does any person, proposed to be insured, suffer from Paralysis/Asthma/Epilepsy? Yes ☐ No ☐

4. 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 ☐

5. Does any person, proposed to be insured consume Alcohol / Smoke / Pan masala / others - Yes ☐ No ☐

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Please provide details of hereditary medical history, if any:

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						

5. Additional Information

6. 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 (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			

7. Please provide claim details

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8. Payment Details

Instrument Type (Cash/Cheque/ DD/Others)	Name of the premium payer	Bank Name	Cheque Date	Amount in -INR

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 INR. 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.

9. 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.

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10. 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 in 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 confirm the receipt of acknowledgement issued by Liberty General Insurance Limited against the premium paid by me toward health insurance policy.

I/We have proposed for Secure Health Connect Policy from Liberty General Insurance Limited. I understand and agree that as per terms and conditions of the Policy, in the event of any claim being reported all the balance premium installment shall become due and payable immediately in case of premium payment opted on installment basis. I also understand that no claim shall be payable till the balance premium installment is paid. In order to ensure seamless processing of claim I agree and hereby give my consent to the Company to deduct the balance premium installment amount from the payable claim amount. I also understand and agree that in case the claim amount is less than the balance premium installment, no claim will be payable till the balance premium installment is recovered.

Date **Signature of Proposer**

11. 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.

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*:
*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**

For office use only	
Intermediary Name:	**Intermediary Code:**
Sales Manager Name:	**Sales Manager Code:**

UIN: LVGHLIP18065V011718

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12. ECS

Deutsche Bank

UMRN | Date (D D M M Y Y Y Y)

Sponsor Bank Code: 400200002 | Utility Code: NACH00000000006714

☑ Create ☐ Cancel ☐ Update

I/We hereby authorize: Liberty General Insurance Limited

To Debit: SB ☐ CA ☐ CC ☒ SB-NRE ☐ SB-NRO ☐ Other ☐

Bank a/c number

With Bank | IFSC | MICR

An amount of Rupees | ₹

FREQUENCY: ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly ☐ As and when presented

DEBIT TYPE: ☐ Fixed Amount ☑ Maximum Amount

Reference 1 | Phone No.

Reference 2 | Email ID @

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank

PERIOD

From (D D M M Y Y Y Y)

To (D D M M Y Y Y Y)

Or ☑ Until Cancelled

Signature of primary Account Holder

1 Name as per bank records

Signature of Account Holder

2 Name as per bank records

Signature of Account Holder

3 Name as per bank records

- This is to confirm that the declaration has been carefully read,understood & made by me/us. I am authorizing the User entity/Corporate to debit my account, based on the instructions as agreed and signed by me.
- I Have understood that i am authorized to cancel / amend this mandate by appropriately communicating the cancellation/ amendment request to the User entity/Corporate or the bank where I have authorized the debit.

13. Receipt of Acknowledgement

Proposal No: | **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

INR _____ 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:

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