

Optional Covers:

Zero Deduct Cover Vector Borne Disease Benefit Super Booster EMI Protector Benefit: 3EMI's 5EMI's
 PED Protector Global Cover Domestic Travel Plus Reload of Sum Insured Co-Pay: 5% 10% 20%
 Modern Surgeries limit Room Rent limit Cataract Capping

Kindly provide below details, if EMI Protector Benefit has been opted.

Proposed Insured Name	Type of Loan	Loan Account Number	Loan Tenure	Loan Amount	Loan disbursement Date	Bank/NBFC Name	Monthly EMI Amount	Outstanding Loan amount

Installment Option Yes No If Yes, premium payment frequency Monthly Quarterly Half Yearly

Proposed Policy Period: From To

3. Proposed Insured(s) Details

	Proposed Insured I	Proposed Insured II	Proposed Insured III	Proposed Insured IV	Proposed Insured V
Name					
Relationship with proposer					
Gender					
Date of Birth					
Height					
Weight					
Profession	Salaried SelfEmployed Others _____				

First Policy Inception Date of any other Insurer: (dd-mm-yyyy)					
Nominee Name					
Relationship of Nominee					
Nominee Address					
Please affix a passport size photograph against corresponding Proposed Insured Person Name	Photograph Proposed Insured I	Photograph Proposed Insured II	Photograph Proposed Insured III	Photograph Proposed Insured IV	Photograph Proposed Insured V
ABHA ID					

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

4. 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	Proposed Insured V
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)					
Section B: Have any of the proposed insured persons					
Been addicted to alcohol/narcotics/habit forming drugs or under any detoxication 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?					
Section C: Does any person proposed to be insured consume					
Alcohol (Please mention quantity per week)					
Smoke (Please mention quantity per week)					
Pan Masala/Gutka (Please mention quantity per week)					
Others (Please mention name & quantity per week)					

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						

Please provide details of hereditary medical history, if any:

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5. Additional Information (if any)

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.

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 policy documents and endorsements
2. Portability Form
3. Renewal notices 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.

10. 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."

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.

I/We hereby provide my/our consent in accordance with Aadhar Act, 2016 and Prevention of Money Laundering Act, 2002 including amendments thereafter therein and Rules/Regulations made thereunder including amendments thereafter for validating/authenticating my/our Aadhar details and updating the same in all my policies held with the company.

Date

Signature of Proposer

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 r/w Insurance Laws (Amendment) Act, 2015, 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 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

