

LIBERTY JANATA PERSONAL ACCIDENT POLICY (Group) PROPOSAL FORM

URN LT020V12021

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. URN: LPA022V22021

1. Company/ Proposer/ Financier/Bank Details

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

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

3. Proposed Insured Person's Details

Sr. No	Name	Gender (Male/Female)	Occupation	Date of Birth (DD/MM/YYYY)	Existing Injury/ Disability	Nominee Name

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.

1. Does any person, proposed to be Insured, suffer from / suffering from any injury? Y

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

Please provide details of medical history, if any:

lfan	swer to the above question	ons is Yes, please elab	orate:			• • • • • • • • • • • • • • • •
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						



LIBERTY JANATA PERSONAL ACCIDENT POLICY (Group)

PROPOSAL FORM

Coverage Details

Basic Cover - Accidental Death

Optional Covers

- Permanent Total Disability: Yes 1. 2.
 - Permanent Partial Disability: Yes



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

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:

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. the payment is allowed under the Income Tax Act 1961, and there is /Ms.
- 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.

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Signature of Proposer

Date

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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*:				
*Stamp in case of Company	/			
(To be signed by person wh I, the declarant / proposer	o has explained the conten hereby declare and confi	ts of the proposal form to the rm that I have explained/u	ORM IS IN LANGUAGE OTHER THAN UNDE e Proposer) nderstood the contents of the proposal form pression on the proposal form only after unde	n in language
Declarant's Name:			Proposer Name:	
Signature:			Signature / thumb impression	
6. Receipt of Acknow	ledgment			
Application No. :			Date: d d m m y y	· <u>y</u> <u>y</u>
We acknowledge with th	anks the receipt of your	application and amount I	by Cast/Cheque/Demand Draft/Others	of the amount of
INR	dated	drawn	on	
liability until the proposal is	accepted by the Company	y and communicated so to	to acceptance of risk or commencement of F the proposer and on receipt of full premium and signed proposal form, premium paymen	against the proposal. Acceptance of
Signature of the receive	er & office Seal :			
7.For Office Use Or	าly:			

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

Liberty General Insurance Limited

Registered Office: 10th Floor, Tower A, Peninsula Business Park, Lower Parel, Mumbai - 400013

UIN: LIBPAGP22194V022122

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