Liberty General Insurance Limited
Unit 1501&1502, 15th Floor, Tower 2, One International Center,
Senapati Bapat Marg, Prabhadevi, Mumbai – 400013
Phone: +91 22 6700 1313 Fax: +91 22 6700 1606

Email: care@libertyinsurance.in

IRDA of India registration number: 150 ● CIN: U66000MH2010PLC209656 IRDA of India registration number: 150 I CIN: U66000MH2010PLC209656



		oreament Renewal	(LGIL Policy No.)	Fa	ast tag Number	
	roposal form in BLOCK LI	ETTERS and tick boxes whic			ast tag Number	_
	ts if space given is insuffic ails stated below are the n		furnished by a proposer. (The C	ompany may seek any other inform	nation as desired for underwriting purp	ose.)
Intermediary Details						
MD Name : ranch Name :						
M Name :				SM Code :		
IISP/POSP Name : ———				MISP/POSP Code : -		
AN Card No. :				OR Aadhar Card No. : -		
Mandatory to provide PAN vne_of_Cover : □ Package				v for 3 years □ Bundled 0	Cover (1 year Own Damage & 3 yea	ars Third Party)
Vehicle Details	(comprehensive) rem	oy for f your fuor	tage (comprehensive) refre	y for a years bundled o	Joven (1 year own bamage a o year	210 11111 a 1 a1 cy/
Vehicle Make	Model	Variant	Year of CC / KW	Gross Vehicle Weight (GVW)	Seating Capacity/LCC (Including Driver/Cleaner)	Body
vollido maio	Model	Manufa	acture & Month	For Goods carrying V ehicle	(Including Driver/Cleaner)	Туре
Insured Declare Value						
Year	For Vehicle Rs.	Electrical Accessories	Non Electrical Accessor	ies Trailers / Side Car (If Any	CNG/LPG Kit (if not part of standard vehicle)	Total IDV Rs.
1				,	(ii not part of standard venicle)	
Add On Covers" Selected:	☐ Depreciation Co	ver 🗌 Consumable Co	ver 🗌 Passenger Assis	t Cover 🔲 Road Side Assi	stance Cover 🔲 Engine Safe	Cover
Key Loss Cover IDV :					g/Tax Charges Daily Allowan	
					n ☐ EV Secure (Battery & Chay y Protection @ SI)	arger Protection c
					mpulsory excess for Battery & charg	er protection cov
					mplete Assistance (Plan)	
Tyre Protect Tyre Serial n	io.1Serial no	0.2 Serial no.3	Serial no.4	Serial no.5	Liberty Battery Secure □Pay A	As You Drive if yes
lometer - 3000/5000/7500/9000 ves, please specify the Add			ctive on Policy Start DateK	ns (Not applicable for Long term policy) V	Whether you have opted for any Add on Co	verage's last year.
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ingine No						
Place of Registration ———					d d m m y y y y	
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Insurance is the subject matter of the solicitation. Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license.

Senapati Bapat Marg, Prabhadevi, Mumbai – 400013 Phone: +91 22 6700 1313 Fax: +91 22 6700 1606

Email: care@libertyinsurance.in

IRDA of India registration number: 150 • CIN: U66000MH2010PLC209656



20242	Particulars	Name of Passenger	Name of Nominee Exisiting Nominee		ge Age ee)	Relationship	Name of Appointee (If Nominee is a minor)	Relationship with the nominee	percentage
(or PA to owner Driver	r							
	assenger	(In case of r	nore than 1 named pass	engers, please provide deta	ils in the above	format on a sep	arate sheet)		
			·	Additional Nomine	e details		,		
	Mobile No.	Email Id		Present &	Permanent Add	ress		Bank Account	
No ow Pe	ned by a company, a par rsons or classes of Perso	thership firm or a similar body coron entitled to drive: Please refer or Cheque(s). insurance cover provic	porate or where the owner driverleaf. Any Limitations as to	ver does not hold an effective dri use of Motor vehicle: Please refe	ving license. r overleaf.		nted where a vehicle is		
Pr	emium Payment Deta	ails: Cash Cheque	Demand Draft Credi						
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In	case the annualized	premium is more than Rs. 2	5000/-, the proposer is re				count if the premium is not pa		
	Details of Electrica	al Accessories							
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11	Note: I. Sectio n146 o						on authorized by him to drive e case of death / bodily injur		c e has ins ulai
745	 Any other Coverage 	e details							
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1200	Whether the Ve	ehicle is driven by Non-Co	nventional source of Po	wer Yes No If Yes,		e vehicle prop	osed to be insured had,		
4 (2) (3	Will the vehicle	tails □ Bi-fuel □ CNG □ e be exclusively used for: a	ı) Private, Social, Pleas	ure and Professional			e insurance policy issued by at hhmm (Add mo		
502	Purposes ☐ Ye	es No b) Carriage of go	oods other than Sample	s or Personal Luggage	with an accide	ent more than o	nce) ed to be insured had, durir		
5 4		ehicle is used for Commer ehicle is used for Driving to		□ No	by valid and e	ffective insuran	ce policy issued by any insuk box and provide relevant i	irer/s, had NOT met w	ith any accid
3 6	Whether the ve	ehicle is limited to own pre ehicle is specially designed	mises? Yes No	anned/Montally	l/we understa	nd that all and/o	or any kind of liabilities arisir	ng out of accident/s wh	nich had occi
2 /	Challenged Pe	erson Yes No If so, w			General Insur	ance Limited in	d time as mentioned in the F consideration of these pres	ents will be completel	y out of amb
. 8		ehicle is certified as Vintag	e Car by Vintage & Cla	ssic Car Club of India?			y will not be in any manner l this declaration and/or any c		
	☐ Yes ☐ No Whether the ra	ally cover is required? Ye	es □ No			all the benefits u be treated as v	under the Policy will then sta roid ab-initio".	and forfeited and the c	ontract of
1 1		ehicle is fitted with Fibre G ehicle belongs to the Emba	lass Tank? 🗌 Yes 🗌 I		If there is brea	ak in insurance	coverage, you may be requi		
	☐ Yes ☐ No I	If so, is the Duty element is ed is first registered owner	s included in the IDV?	□ Yes □ No	underwriting g	uidelines of the		oubject to positive	тороспот
ľ	Previous Insur	_	of the vehicle: Tes	_ 110	NCB Decl I/We declare	that the rate o	f NCB claimed by me/us is	correct and that no	claim as ari
	Name and Address	of Previous Insurer			declaration is	found to be i	copy of the policy enclose ncorrect, all benefits unde		
; ;	- olicy/Covernole no	o. Package (Comprehensive)	Policy Act only F	olicy □ Others □ SOD	the policy wi	ll be forfeited.			
<u> </u>	NCB*/Loading in ex Claim lodged in last				I/We hereby a	gree that this d	eclaration shall form the bas	is of the contract betw	een me/us a
[Year	Expiring Year (1)	Expiring Year (2)	Expiring Year (3)	"LIBER	TY GENERAL IN	SURANCE LIMITED " additions or alterations are ca		
	No. of Claims :						e would be conveyed to the in n with the Company and I/We		
L	Claims Amount :				shall be the b	asis of contract	between me/us and the Com by the Company. I/We furthe	pany. I/We agree to ac	cept a policy
2		ase of the vehicle by the Prehicle was new or second			to be incorred	t, all benefits u	nder the policy in respect of t vever be continued at the so	the Section I of the Pol	icy will stand
	□ New □ Se	cond Hand n good condition? ☐ Yes	. □ No		amount paya	ble as determin	ed by the LIBERTY GENERAL us status. I affirm and undert	. INSURANCE LIMITED	, resulting fro
	If NO, please of	give details:					itions and exclusions govern sent to the Company to verif		
4	 Has any insure Yes □ No 	er ever declined/cancelled	the insurance of the pro-	pposed vehicle?	for the purpo	se of undertaking declare and co	ng KYC. nfirm that the premium has b	peen paid out of legally	acquired so
į	5. Policy Period;	From d d m m y y			income and t		oremiums if any, will continue		
		d for No Claim Bonus on F mention the □□%	Renewal? Yes No		 I/We unders 	tand that the Co	ompany has right to call for d e details furnished above are		
6	6. Is the vehicle f	fitted with Anti - Theft Devide above question is Yes, P				nd belief and I/w	ve undertake to inform you o		
7	7. Are you a men	nber of the Automobile Ass			 In case any or 	of the above info	ormation is found to be false may be held liable for it. Furt		
	If Yes, Please				insurance cor	tract in case, I	y any competent court of law		J
		ciation : lo	Date of expiry:	d d m m y y y y	governing the	prevention of	noney laundering. I hold a va the vehicle mentioned hereir	alid and effective PUC	and/or fitness
5	Driver's Detail		no2 🗆 Von 🗆 No		the policy per	iod.	e Motor Insurance policy in p		
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425		Re r suffer from defective visi			 I wish to ava 	il physical polic	y documents communications on My What	tsApp number	
W.	☐ Yes ☐ No 0	Give details			Declaration w	hen the propos	al form is filled by a person o poser is illiterate or disabled	ther than the propose	r/ the propos
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/02201819 / A0024V0120	5. Age & Date of b. Age & Date6. Has the driver ☐ Yes ☐ No If YES, give de	Birth of the Owner: Age of Birth of the Driver: Age ever been involved / convetails as under including the	Yrs CYrsC Yrs icted for causing any a	ate of Birth: Date of Birth: coident of loss?	explained the the insurance confirmed the & amp; condit I hereby deck basis of the coin lan	policy from LIE at he/ she has un ions of the sam are that I have fo ontract of insura guage, that I ha	ERTY GENERAL INSURANCE nderstood the same and that e. ally explained to the propose ance have also explained the ve truly and correctly record	ELIMITED to the propo the/ she agrees to abio the the answers to the que contents in this form the ded the answers given be	oser and that le by all the to uestions that to the proposity by the proposity
7427 A	 5. Age & Date of b. Age & Date 6. Has the driver ☐ Yes ☐ No If YES, give de Driver's Name 	Birth of the Owner: Age of Birth of the Driver: Age ever been involved / convetails as under including the	Yrs C	ate of Birth: Date of Birth: ccident of loss?	explained the the insurance confirmed the & amp; condit I hereby declar basis of the cinland that the propfully understa	policy from LIE at he/ she has un ions of the sam are that I have fu ontract of insura guage, that I ha oser has affixed	ERTY GENERAL INSURANCE to describe the same and that e. illy explained to the propose since have also explained the ve truly and correctly record his/ her thumb impression ents thereof. Further, this de ents thereof. Further, this de	LIMITED to the propo he/ she agrees to abio or the answers to the que contents in this form the ed the answers given be in the proposal form in	oser and that le by all the to uestions that o the propos by the propos my presence

Break In Insurance Declaration

NCB Declaration

Declaration

I/We hereby agree that this declaration shall form the basis of the contract between me/us and " LIBERTY GENERAL INSURANCE LIMITED " I/We also declare that if any additions or alterations are carried out after the submission of this proposal form, then the same would be conveyed to the insurers immediately. I/We desire to effect an insurance as described herein with the Company and I/We agree to accept a policy subject to the conditions prescribed by the Company. I/We further undertake that if this declaration is found to be incorrect, all benefits under the policy in respect of the Section I of the Policy will stand forfeited. The policy may however be continued at the sole discretion of i, subject to payment of the amount payable as determined by the LIBERTY GENERAL INSURANCE LIMITED, resulting from the difference in the bonus / malus status. I affirm and undertake that I have read and understood the policy wordings, terms, conditions and exclusions governing the cover and agree to abide by them. I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof for the purpose of undertaking KYC.

- I/We hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally acquired sources of income. equot; LIBERT Y GENERAL INSURANCE LIMITED " I/We also declare that if any additions or alterations are carried out after the submission of this proposal form, then the same would be conveyed to the insurers immediately. I/We desire to effect an insurance as described herein with the Company and I/We agree that this proposal and declarations shall be the basis of contract between me/us and the Company. I/We agree to accept a policy subject to the conditions prescribed by the Company. I/We further undertake that if this declaration is found to be incorrect, all benefits under the policy in respect of the Section I of the Policy will stand forfeited. The policy may however be continued at the sole discretion of, subject to payment of the amount payable as determined by the LIBERTY GENERAL INSURANCE LIMITED, resulting from the difference in the bonus / malus status. I affirm and undertake that I have read and understood the policy wordings, terms, conditions and exclusions governing the cover and agree to abide by them. I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof for the purpose of undertaking KYC.

I/We hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.

I/We hereby declare that the Company has right to call for documents to establish source of funds.

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately and not later than 30 days.

In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be held liable for it. Further, the Company has a right to cancel the insurance policy from LIBERTY

I hereby state that the contents of the form and documents have been fully explained to me and that I have fully understood the significance of the proposed contract.

Email: care@libertyinsurance.in

Inspection Details

IRDA of India registration number: 150 ● CIN: U66000MH2010PLC209656

£	v 11
	<u>Liberty</u>
Carrie III	General Insurance

Please give details, if you are no profit organization.

202425 2425	Does the vehicle stands fit for insurance? ☐ Yes ☐ No ☐ Self Inspection	I hereby agree to receive a one pager policy document.
	Inspection Reference No.: Conducted on (Mention Date & Time):	I hereby confirm having a valid personal accident policy for sum Insured of minimum Rs.15 lakhs.
1202425 \text{\tint{\text{\text{\text{\text{\text{\tint{\text{\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tint{\text{\text{\text{\text{\text{\tint{\text{\text{\text{\tint{\text{\tint{\text{\text{\text{\text{\text{\text{\tint{\text{\text{\text{\text{\text{\text{\text{\text{\tint{\text{\tinit{\text{\text{\text{\text{\text{\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tinit{\text{\tent{\text{\tert{\text{\text{\tin}}}\tint{\text{\text{\tin}}\tint{\text{\text{\text{\text{\tin}}\tint{\text{\text{\text{\tin}}\tint{\text{\tin}\tint{\text{\text{\text{\text{\tin}\tint{\text{\tin}\tint{\tin}\tin{\text{\text{\text{\text{\tint{\text{\tint{\text{\tin}\tiin}\	Additional Coverage Details	Prohibition of Rebates (Section 41) of the Insurance Act-1938
1120; 7400: 723V	Do you require PA cover for Paid Driver, Cleaners and Conductors? ☐ Yes ☐ No	 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 or risk relating to
5 11VC 25 / 7A00	Do you wish to cover Geographical Area Extension under your proposed insurance? ☐ Bangladesh ☐ Bhutan ☐ Nepal ☐ Sri Lanka ☐ Maldives ☐ Pakistan	lives or property in India, any rebate of the whole or part of the commission payable or any
22426 2024 2024 213	Voluntary excess: Do you wish to take the Voluntary excess over an above the compulsory	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
314 11819 819 819 2212 0120 0120 725 /	excess. If Yes please mention SI Rs. 2,500	the prospectus or tables of the Insurer. 2. Any person making default in complying with the provision/s of this section shall be punishable
2013 0120 1201 0120 0120 0220 2027 2027 35V0		with fine, as may be prescribed under Insurance Act, 1938 or any amendment thereto for the
6V01 229V 27V0 114V 110V 7V01 PMT	Do you require Unnamed PA Cover ☐ Yes ☐ No 1. No. of Passengers	time being in force.
0000/ 7000/ 7000/ 819 50RI	2. Sum Insured per person (unnamed passengers/hirer/pillion rider, two wheelers)	For use by Intermediary only
201213/A 1201819/ 201819// 1201213 11201213 4V02201 50RPMT IRDAN1	Name Sum Insured Name Sum Insured 3. Do you wish to cover Legal liability towards	Cover Note No. issued (if any)
2012 2120 1201 20120 2120 24V0 150R	a) Driver/Cleaner/Conductor (No. of Persons □□) □ Yes □ No	Date of Issuance d d m m y y y y y Time of Issuance h h m m Period of Insurance for Package Policy of 1 year & 3 years:
0035V013 RP0004V01 P0004V01 RP0035VC RP00035VC SORP000 IRDAN1 1202425	b) Unnamed Passengers (No. of Persons □□) □ Yes □ No c) Other employees (No. of Persons □□) □ Yes □ No	From (Time) h h m m (Date) d d m m y y y y
2003 2P000 2P000 3P000 3P000 1202 1202	d) Soldier/Sailor/Airman employed as Driver ☐ Yes ☐ No	To the midnight of date a a m m y y y y y
1201213DAN150RP0035V012012 0171 BIDAN150RP0004V01201 1819 IRDAN150RP0035V0120 02122 IRDAN150RP0035V0120 10180 IRDAN150RP0034V0120 0120245 IRDAN150RP0004V0120 1020425 IRDAN150RP0004V0120 1202425 IRDAN150RP0004V0120 1202425 A0016V01202425 IRDAN150RP	 Do you wish to have the statutory Third Party Property Damage (TPPD) liability of Rs. 6,000/- only? (IMT 20) ☐ Yes ☐ No 	Period of Insurance for Bundled Cover :
I IRDANI 50RP0035V01201213A0021V01201213DAN150 TADANI 50RP0035V01201213400020V01201718 IRDANI DANI 50RP0004V01201619/A00038V01201819 IRDANI RDANI 50RP0004V01201619/A0013V01202122 IRDANI RDANI 50RP0004V01201819/A0013V01202189 IRDANI IRDANI 50RP0035V02201713 IRDANI RDANI 50RP0035V02201713 IRDANI RDANI 50RP0035V02201713 IRDANI 50RP007V0120225 IRDANI 50RPN 50RPN	5. Do you require PA cover for named persons? ☐ Yes ☐ No	Section I - Own Damage: From (Time) h h m m (Date) d d m m y y y y
13D IRE 18 IRE 2425 10V(10V(1257)	NameCSINomineeRelationship 6. The Policy provides additional Third Party Property Damage liability limits of	To the midnight of date d d m m y y y y
2012 1718 1819 1212 1202 2022 2022	Rs. 1,00,000/- for Two Wheelers and Rs. 7,50,000/- for other classes of vehicles. Do you	Section II - Liability : From (Time) h h m m (Date) d d m m y y y y
1701 0120 1120 0120 0120 0120 7701 7701	wish to cover the additional limit? ☐ Yes ☐ No 7. Legal liability to persons employed in connection with operation of the vehicle who are	To the midnight of date d d m m y y y y
0002 28V0 28V0 28V0 331V 4000 0000	'workmen'. The liability of the Employer under the Workmens' Compensation Act-1923 is	Premium Amount (in Rs.) :
213/9 3/A00 3/A00 3/A00 3/A00 213 / 7/O° PMT	covered under the Motor Vehicles Act-1988. Yes No	Bank Name :
2012 1121 1819 1819 1781 2013 1506 150F	Drivers (No. of persons:) Employees (Workmen) (No. of persons:) (Note: The Motor Vehicles Act-1988 under Sec.147(1)(ii)(I) covers liability to employees	
5V01 1201 0120 0120 0120 5V02 5V02 5V02 5V02	who are workmen within the meaning of the Workmen's Compensation Act-1923.)	Cheque No. / DD No. / Cash :
0035 0350/ 0350/ 0040 0003/ 1507 IRI	 Coverage for liability against Third Party Risks (Death or Bodily Injury) required in respect of: ☐ Owner Driver only ☐ Any person other than Paid Driver 	For Office use only
0RP 2P000 3P00 3P000 3P000 3P000 3P000 3P000 3P000 3P000 3P000 3P000 3P000 3P0	If 'YES', give details of such other persons:	Customer ID :
AN150R 150R 50R 1150R 1150R 1150R 1120Z		Proposal Number :
IRDA DAN DAN DAN IRDA 1500		Policy / Cover Note Number :
213 RE RE 1 RE 125 A00 A00 A00		Proposal Checked By :
1201 1314 819 202 1121(202 202 690(125 /		Date of Receipt : d d m m y y y y
20V0 1201 1201 0120 0120 0220 5V01 7 A00		Date: d d m m y y y y Place:
A002 44V0 002V 002V 0000 425 /		Proposer Name : Proposer Sign :
213/ 8/A00 9/A00 9/A00 1202 1202	Disclaimer:	
1201 1121 819, 11819 1121; 1121; 17V0 RPMT	o Subject to sub-regulation (1), information collected from the proposal form during	ng the course of solicitation of an insurance policy or issuance of an insurance policy
55V0 2120 11201 1201 0120 7022 1505 1505	shall not be parted or shared with any third party without the explicit consent of the	
9>6>542ZZ		ie policynolder, except
9849889FAA		
50RP0 34P0035 P0004V 34P0004 34P0035 37P0035 37P003 37P000 150RP1 18DA	a. with the statutory authorities in accordance with the existing statutory laws; or	
0AN150RP0035 1150RP0004V 1150RP0004 1150RP0004 1150RP00035 N150RP000 10AN150RP1 2425 IRDA	 a. with the statutory authorities in accordance with the existing statutory laws; or b. for the purpose of underwriting the policy or settling a claim under the policy; o 	
IRDAN150RP0035 DAN150RP0035 DAN150RP0004V IDAN150RP0004 IDAN150RP0005 IRDAN150RP000 S IRDAN150RP001202425 IRDA	 a. with the statutory authorities in accordance with the existing statutory laws; or b. for the purpose of underwriting the policy or settling a claim under the policy; o 	
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40012/012131 IRDAN150RP0 IRDAN150R000040 223V01201819 IRDAN150RP00040 223V01201820 IRDAN150RP0004 223V01201820 IRDAN150RP0004 203V0201819 IRDAN150RP000 2004V01202425 IRDAN150RP001 202425 A0014V01202425 IRDAN150RP0	 a. with the statutory authorities in accordance with the existing statutory laws; or b. for the purpose of underwriting the policy or settling a claim under the policy; o c. policy servicing; or d. with any other institution as authorised by the Authority. (3) No insurer shall insert any clause or condition in the proposal form which, by defer 	r
121340012V01201213 IRDANI50RP0035V01201213A0020V01201213 IRDAN15 3/A0011V01201314 IRDANI50RP0003V0120113A0012V01201314 IRDAN1508 A0022V01201819 IRDANI50RP0004V01201819A0002V01202021 IRDANI508 3/A0022V01201820 IRDANI50RP0004V01201819A0002V01202021 IRDANI508 3/A002X0201819 IRDANI50RP003V01201813A0015V02021 IRDANI508 3/A002V01202425 IRDANI50RP0004V02201819 A0005V0120245 IRDANI5 4/25 A0004V01202425 IRDANI50RPMT0007V0120245 A005V0120245 IRDANI5 AVO1202425 A0014V01202425 IRDANI50RPMT0007V0120245 A005V01202425 IRDANI50RPMT0007V0120245 A005V01202425 IRDANI50RPMT0007V0120245 A002V01202425 IRDANI50RPMT0007V0120245 A002V01202425 IRDANI50RPMT0007V0120245 A002V01202426 IRDANI50RPMT0007V0120245 A002V0120242 IRDANI50RPMT0007V0120242 A002V0120242 IRDANI50RPMT0007V0120242 IRDANI50RPMT0007V0120242 A002V012024	o I declare that I consent to the company seeking medical information from	r ault, allows the insurer to part or share policyholder's information to any third party. any doctor or hospital who/which at any time has attended on the person to be
13/2 13/2 13/2 13/2 13/2 13/2 13/2 13/2	insured/proposer or from any past or present employer concerning anything w	r ault, allows the insurer to part or share policyholder's information to any third party. any doctor or hospital who/which at any time has attended on the person to be which affects the physical or mental health of the person to be insured/proposer and
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