

SAMPURNA SWASHRAYA, LIBERTY GENERAL INSURANCE LTD.

Proposal Form URN: LH023V12023

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

	First Name	Middle Name	Last Name
Proposer (Mr / Mrs / Ms) :			
Address :			
City/Town :		State :	
District :		Pin Code :	
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 No.	
GSTIN	
CKYCR No.	

2. Proposal Details

Business Type: **New** **Renewal** **Rollover** Policy Tenure: 1yr Policy Type: Individual
 Installment of Premium: **Yes** **No**
 Installment of Premium frequency: **Monthly** **Quarterly** **Half-yearly**

Proposed Policy Period: From

D	d	m	M	y	y	y	y
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d	d	M	m	y	y	y	y
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	Proposed Insured
Name	
Relationship with proposer	
Gender	
Date of Birth	
Height (cm)	
Weight (Kg)	

Occupation	
First Policy Inception Date of any other Insurer:	
Nominee Name	
Relationship of Nominee	
Nominee Address	

Cover Proposed:

Sum Insured: 4Lakh 5Lakh
 Waiver of Co-pay: Yes No
 HIV/AIDs cover: Indemnity Lumpsum payment

3. 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, suffered from or have been treated for any heart related ailment/blood pressure/Diabetes/Cancer? Yes No
3. Does any person, proposed to be insured, suffered 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, suffered from/ suffering from HIV/AIDS? Yes No
6. Does any person, proposed to be insured, suffered from/ suffering from Mental Illness Yes No
7. Does any person, proposed to be insured, suffered from/ suffering from Disabilities (if Yes, provide the Disability % along with Disability Certificate) Yes No
8. Does any person, proposed to be insured consume Alcohol/ Smoke/ Pan masala/ others - Yes No

If yes, please provide quantity consumed per day

Habits	Proposed Insured I	Proposed Insured II	Proposed Insured III	Proposed Insured IV
Smoking	No. of cigarettes	No. of cigarettes	No. of cigarettes	No. of cigarettes
Hard Liquor/Wine/Beer	Quantity in ml	Quantity in ml	Quantity in ml	Quantity in ml
Pan Masala/Guthka	No. of packets	No. of packets	No. of packets	No. of packets
Tobacco	Quantity in grams	Quantity in grams	Quantity in grams	Quantity in grams
Others	Name & Quantity	Name & Quantity	Name & Quantity	Name & Quantity

UIN- LIBHLIP23217V012223

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Please provide details of hereditary medical history, if any:

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						

4. Additional Information (If any)

5. Previous/Existing Insurance Details (if any)

Is 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/A ppl 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			
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Please provide claim details

6. Payment details

Installment of Premium: Annual/ Half-yearly / Quarterly/ Monthly

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

Bima ASBA

"I hereby accord my consent to authorise 'Liberty General Insurance Limited' to block the applicable premium payable for the aforesaid insurance policy under the BIMA ASBA facility and debit the same from my bank account upon acceptance of this proposal. In case the proposal is not accepted, I accord my consent to debit only the expenses incurred towards medical examination, if any, and unblock the balance amount. If Amount of initial premium blocked is less than the premium to be collected, then I agree to pay the differential premium amount through payment link shared by Insurer"

UPIID	UPI No. (Mobile No.)	Bank Name	Amount in Rs

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.

7. 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.

8. 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 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 provide my/our consent in accordance with Aadhar Act, 2016 and Prevention of Money Laundering Act and rules/regulations made thereunder for validating/authenticating my/our Aadhar details and updating the same in all my policies held with the company

Date

Signature of Proposer

12. Receipt of Acknowledgement

ApplicationNo:

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 Date:

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