

PROPOSAL FORM STAND ALONE OWN DAMAGE POLICY FOR PRIVATE CAR

For Office use only

Customer ID : _____
Proposal Number : _____
Policy / Cover Note Number : _____
Proposal Checked By : _____
Date of Receipt :

d	d	m	m	y	y	y
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Date :

d	d	m	m	y	y	y
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 Place : _____
Proposer Name : _____ Proposer Sign : _____

Disclaimer:

- o Subject to sub-regulation (1), information collected from the proposal form during the course of solicitation of an insurance policy or issuance of an insurance policy shall not be parted or shared with any third party without the explicit consent of the policyholder, except
- 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; or
- 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 default, allows the insurer to part or share policyholder's information to any third party.
- o I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time 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.
- o 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.
- o I/we are aware of premium loading, (if any declared above) for diseases as declared / mentioned by me or us above.
- o I/We hereby provide consent to share my/our medical records with the insurer or TPA and encourage creation of ABHA ID for all Policy holders at www.healthid.ndhm.gov.in and may notify in case customer wishes to the same with Insurer.
- o I hereby give my consent to receive phone calls, SMS/E mail on the below mentioned registered number/ E mail address from / on behalf of Liberty General Insurance with respect to my insurance policy/regarding servicing of insurance policies/enhancing insurance awareness/ notifying about the status of Claim etc
- o I/We hereby extend my/our consent to the Company for sharing my/our personal data with Liberty Insurance Group entities/affiliates for the specific purpose of claim settlement quality, data analysis purpose, reinsurance related services (please strike this clause in case you do not wish to disclose the personal data).
- o I agree to receive service related information from Liberty General Insurance and its service providers, through electronic and telecom modes including WhatsApp and further understand that no unsolicited information will be sent to me. The information/ data provided by me through this Proposal Form, to Liberty General Insurance and / or Liberty General Insurance authorized personnel / agency shall be stored by Liberty General Insurance, throughout the term of my relationship with Liberty General Insurance and used for the purpose relating to my proposal for insurance cover and/or servicing policies issued in my favour, whether by FGIICL or its authorized partners. I also understand that the said storage is necessary for my consumption of the services and consent to not hold Liberty General Insurance and / or its authorized partners / agency / personnel liable for legal utilization of the submitted information / data. [You can use abbreviated form for Liberty General Insurance as "LGI"]
- o I hereby give my/our consent to Liberty General Insurance to collect, use, process, and share my/our personal information for policy servicing, claim settlement quality, and data analysis purpose, which may be carried out by an empanelled third-party vendors o Yes / o No

I hereby consent to the collection, use and disclosure of my personal information for the assessment of this application and in accordance with Liberty General Insurance Privacy Notice ('Privacy Notice') available at <https://www.libertyinsurance.in/> which I have read, understood and agree to the contents of the Privacy Notice.

Proposer Name : _____ Proposer Sign : _____