

## LIBERTY INDIVIDUAL PERSONAL ACCIDENT POLICY PROPOSAL FORM (FLEXI PLAN)

Application No. : \_\_\_\_\_

URN: LPA019V12021

**IMPORTANT GUIDELINES :**

1. Insurance is the contract of utmost good faith requiring of the Proposer and the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. 2. This form can be used to apply for Liberty Personal Accident Policy. 3. It is important to fill all questions. 4. Cover shall commence not earlier than the date and the time of acceptance and subsequent to payment of the premium.

**Proposer Details**

Last Name    First Name    Middle Name

Proposer (Mr / Mrs / Ms) : [Grid]

Gender :  Male  Female      Date of Birth \*max age of entry is 70 yrs : [d][d][m][m][y][y][y][y]

Occupation : [Grid]    Nationality : [Grid]

Profession :     Salaried     Self Employed     Others    Income Proof :     Salary Slip     IT Return

Address : [Grid]

City / Town : [Grid]    District : [Grid]

State : [Grid]    Pin Code : [Grid]

Telephone : [Grid]    Mobile : [Grid]

E-mail : [Grid]

GSTIN: [Grid]

**Confirmation for Issuance of e-Insurance Policy**

E Insurance account no. \_\_\_\_\_ . I would like to open E insurance account with \_\_\_\_\_ Insurance Repository.

\*PAN number : [Grid]    Aadhar number : [Grid]

**Plan Details**

Policy Tenure :     1 Yr     2 Yrs     3 Yrs      Plan Option : Individual / Family Floater

Proposed Policy Period : From : [d][d][m][m][y][y][y][y]      To : [d][d][m][m][y][y][y][y]

**Proposed Insured(s) details for Individual / Family**

To be filled by Individual Insured only. Proper disclosure of Monthly Income is mandatory; falling which any claim under the Policy is prejudiced.  
 Is any insured(s) Politically Exposed Person or relative of Politically Exposed Person :  Yes  No    If yes, please give details : \_\_\_\_\_

	Insured I	Insured II	Insured III	Insured IV
Name				
Relationship with Proposer				
Gender				
Date of Birth *max age of entry is 70 yrs				
Occupation				
Monthly Income (Rs.)				
Profession	<input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Other _____	<input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Other _____	<input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Other _____	<input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Other _____
Risk Group				
*Capital Sum Insured				
Previous / Existing Injury / Disability				
Nominee Name				
Relationship with Nominee				
Nominee Address				
<b>ABHA ID :</b>				

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

Risk Group I : Doctors, Lawyers, Accountants, Architects, Consulting engineers, Teachers, Bankers, Builders, Contractors, Engineers on site engaged in superintending functions only, Veterinary Doctors, business owners wherein the business is not dealing in hazardous goods or not involving manual labour, Persons engaged in clerical functions & administrative functions and such other persons engaged in occupations of similar hazard listed above.

Risk Group II : Professional Athletics & Sportsmen, Wood working Machinists, Workers, Mechanics, Drivers, Manual labourers (except those falling under Group III) & such other persons engaged in occupation of similar hazard listed above.

Long Term Discount : Avail 8% discount in case of 2 years and 15% discount in case of 3 years policy tenure.

UIN : LVGPAIP14004V011314

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Loyalty Bonus : 5% discount if the client already has 1 policy from LV & 7.5% if the client already has at least 2 policies from LV relating to any product line.

Family Discount (Available for proposal on Individual Capital Sum Insured Basis) : Avail 5% discount in case of 2 family members, 10% discount in case of 3 family members and 15% discount in case of 4 family members.

**Coverage Details**

Please tick (✓) the relevant field and provide details.

	Insured I	Insured II	Insured III	Insured IV
Accidental Death (Mandatory Cover)				
Permanent Total Disability				
Permanent Partial Disability				
Weekly Indemnity (TTD)				
Child Education Benefit				
Cost of Transporting Mortal Remains				
Cost of performance of Funeral Ceremony				
<b>Add-On Cover(s)</b>				
Accidental Hospitalization Expenses				
Accidental Hospital Daily Cash				
Life Support Benefit				
Loan Protector				
Outstanding Bills Payment Protection				
Family Transportation Benefit				
Broken Bone				
Modification of Residence / Vehicle				
Ambulance Hiring Charges				
Legal Expenses				
Double Indemnity				
*Floater Policy Parameters : Earning Spouse : 50% of CSI Non-Earning Spouse : 25% of CSI Dependent Child : 12.5% of CSI.  Benefits under Add on covers are optional and available only to the Primary Insured Person on payment of additional premium.				

**Previous / Existing Insurance Details (If any)**

Is the proposer or the persons proposed, already insured under or proposed for a Personal Accident policy 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)

Insured Name	Policy No. / Appl. No.	Insurer	From Date	To Date	Sum Insured	No. of Claims	Amount of Claims	Cumulative Bonus %	Cumulative Bonus Amount

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**Acknowledgement**

Application No. :  Date :

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 \_\_\_\_\_

Signature of the Receiver & Office Seal : \_\_\_\_\_

Please Note : For more details on risk factors, terms and conditions please read sales brochure carefully before concluding a sale.

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