

Liberty Secure Future Connect Group Policy Proposal Form (UIN – LIBHLGP21499V032021)

URN - LH006V032021

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. Company/ Proposer/Financier/Bank Details

Name of Entity:

Address:

Industry Type:

Contact Person:

Position:

Designated Email Address:

Fax:

Contact No/Mobile No:

2. Proposal Details

Business Type: New ☐ Renewal ☐ Rollover ☐

Policy Type: Individual

Proposed Policy Period: From

d	d	m	M	y	y	y	Y
---	---	---	---	---	---	---	---

To

d	d	m	m	y	y	y	Y
---	---	---	---	---	---	---	---

Total No. of Members:

Proposed Covers:

Critical illness	Option A <input type="checkbox"/> Option B <input type="checkbox"/> Option C <input type="checkbox"/> Option D <input type="checkbox"/> Option E <input type="checkbox"/>	Involuntary Loss of Job	
Personal Accident	Option A <input type="checkbox"/> Option B <input type="checkbox"/>	30 day survival period	
Child Education Benefit		Permanent Partial Disability under Personal Accident	

3. Proposed Member (s) Details

N a m e	C o n t a c t N o.	E m a i l A d d r e s s	O c c u p a t i o n	L o a n A c c o u n t n o.	D O B	G e n d e r	N a t i o n a l i t y	A p p l i c a n t / C o - a p p l i c a n t	S u m I n s u r e d	P r e - e x i s t i n g D i s e a s e	H e i g h t	W e i g h t	L o a n A m o u n t	P u r p o s e o f L o a n	A n n u a l I n c o m e	L o a n T e n u r e	E M I A m o u n t	P A N N o.	N o m i n e N a m e	A B H A N u m b e r	R e l a t i o n s h i p w i t h N o m i n e e

Liberty Secure Future Connect Group Policy Proposal Form (UIN – LIBHLGP21499V032021)

Medical and Lifestyle related Information:

N a m e	Loa n Acc oun t no.	D O B	Ge nd er	Sufferin g/suffer ed from any disease / illness / Injury	Suffering/ suffered/t reated for any heart related ailment / blood pressure / Diabetes / Cancer	Sufferin g/suffer ed from Paralysis / Asthma / Epilepsy	Any present/ past history of surgery/ medicati on/disa bility/m edical conditio n	Consum ption of Alcohol / Smoke / Pan Masala / others	If answer to any questions is Yes, please elaborate				
									Name of illness / injury suffering from or suffered in the past	Date of first diag nose d / dete cted	Treat ment / medica tion receiv ed / receivi ng	Detail s of Hospit alizatio n (If any)	Is it ful ly cu red
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>					

(Individual member details to be furnished by way of annexure provided)

4. Previous/Existing Insurance Details (if any)

Name of Insured	Amount Claimed	Amount Paid	Benefit under which claim is made	Year in which claim is made

5. Previous Policy Terms and Conditions

6. Additional Information (If any)

7. 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 favor of 'Liberty General Insurance Limited' only

Liberty Secure Future Connect Group Policy Proposal Form (UIN – LIBHLGP21499V032021)

For NEFT/ Claim 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 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.
- ☐ 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.

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 confirm the receipt of acknowledgement issued by Liberty General Insurance Limited against the premium paid by me toward health insurance policy.

Liberty Secure Future Connect Group Policy Proposal Form (UIN – LIBHLGP21499V032021)

“I/we confirm and declare that I/we are not designated as “banned person” by UN or OFAC or any other regulator or Country. I/We further agree that if at the time of claim I/We are so designated or if the claim arises in a banned country, the Company shall not be liable pay any claim.”

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.

I/We hereby give voluntary consent to Liberty General Insurance Limited/Company to process/share my/our personal information and data provided in this form with its group companies or any other person/ Service Provider of Company in connection with the Insurance Policy/ claims made there under or otherwise, including for providing other products of the Company that may be of interest to me/us, to be used in accordance with their respective privacy policies.

Date

Signature of Proposer

Prohibition of Rebates as per 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 initio and the premium paid shall be forfeited to the Company.

IMD name:

IMD Code:

IMD Sign*:

*Stamp in case of Company

Proposer name:

Proposer sign:

DECLARATION IN CASE THE PROPOSER IS ILLITERATE OR PROPOSAL FORM IS IN LANGUAGE OTHER THAN UNDERSTOOD BY PROPOSER

(To be signed by person who has explained the contents of the proposal form to the Proposer)

I, the declarant/proposer hereby declare and confirm that I have explained/understood the contents of the proposal form in _____ language understood by proposer/me and proposer have affixed his/her signature/thumb impression on the proposal form only after understanding the contents thereof.

Proposer Name:
Signature/thumb impression

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

Page 5

Liberty Secure Future Connect Group Policy Proposal Form (UIN – LIBHLGP21499V032021)

ANNEXURE 'A'

N a m e	C o n t a c t N o.	E m a i l A d d r e s s	O c c u p a t i o n	L o a n A c c o u n t n o.	D O B	G e n d e r	N a t i o n a l i t y	A p p l i c a n t / C o - a p p l i c a n t	S u m I n s u r e d	P r e - e x i s t i n g D i s e a s e	H e i g h t	W e i g h t	L o a n A m o u n t	P u r p o s e o f L o a n	A n n u a l I n c o m e	L o a n T e n u r e	E M I A m o u n t	P A N N o.	N o m i n e N a m e	A B H A N u m b e r	R e l a t i o n s h i p w i t h N o m i n e e

Medical and Lifestyle related Information:

Name	Loan Account no.	DOB	Gender	Suffering/suffered from any disease / illness / Injury	Suffering/suffered/treated for any heart related ailment / blood pressure / Diabetes / Cancer	Suffering/suffered from Paralysis / Asthma / Epilepsy	Any present/past history of surgery/medication/disability/medical condition	Consumption of Alcohol / Smoke / Pan Masala / others	If answer to any questions is Yes, please elaborate				
									Name of illness / injury suffering from or suffered in the past	Date of first diagnosis / detected	Treatment / medication received / receiving	Details of Hospitalization (If any)	Is it fully cured
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>					