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3					
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NOMINEE DETAILS			
S.No	Nominee Name	Relationship to the Proposed Insured	Address of the Nominee
1			
2			
3			
4			
5			
6			

EXISTING INSURANCE DETAILS

Are You or any of the proposed insured(s) covered under any other Insurance other than Liberty General Insurance Company Ltd currently? If Yes, Please provide the details,

Policy No.	Insurer	From(Date)	To (Date)	Sum Insured

MEDICAL HISTORY AND DETAILS

Anyone proposed to be insured,has ever suffered from any of the following? Yes No
 Hypertension(High Blood pressure), Diabetes Mellitus, heart disease/disorder, heart attack, any surgery on heart , Congenital birth defects/disorders, Any diseases related to brain/nervous system, Epilepsy/fits, Paralysis/Stroke, Asthma, Chronic Obstructive Pulmonary Disease, Cancer/tumor/lump of any organ or body part, autoimmune disorders, disorders of genitourinary system, Hepatitis, Chronic liver Disease/liver cirrhosis, Chronic Kidney Disease, Spinal defects, Vertebral disc prolapse, Chronic Backache, Chronic Arthritis, Mental or Psychiatric conditions, AIDS, HIV positive, Physical defects or deformity, any other diseases or surgeries undergone in past-specify the same.

If yes, kindly provide the details in the table below.

S.No	Name of the Insured(s)	Name of the Disease/illness/injury suffering from	Duration of the disease/illness/injury	Treatment received/ current medication	First treated on	Name of attending doctor/surgeon with address and phone no.	Whether fully cured?/ STATUS
1							
2							
3							
4							
5							
6							

FAMILY DOCTOR DETAILS :

Name :	
Address with Contact No:	

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.

Additional Information for Adventure Sports & Accidental Injury to Pet Covers in Premium & Majestic Plans:

Do you want to opt for Adventure sports cover: Yes No

Name of the Sports activity you intend to participate: _____

Are you well trained for the same? Yes No

Name of the Institute through whom the activity is sought to be participated in -----

Details of the Pet to be insured: Type& sub type of Pet: _____

Age of the Pet: _____ Gender: _____

Is the Pet in Good health at present? Yes No

If No, Please provide details of illness: _____

DECLARATION:

1. 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.
2. 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.
3. 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 form has been submitted but before communication of the risk acceptance by the company.
4. I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at any time has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
5. I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority.

PAYMENT DETAILS

Cash/Cheque	Amount	Cheque No	Cheque Date
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Date: // Place: _____ Proposer's Signature: _____

Section 41 of Insurance Act 1938 (Prohibition of Rebates):

1) No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out 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 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 prospectus or tables of the insurers.

2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.

Date: □□/□□/□□□□

Signature:

INSURANCE IS THE SUBJECT MATTER OF SOLICITATION