

## Critical Connect (Proposal Form)

Proposal No.:

URN: LH007V22019

<p><b>GUIDELINES TO FILL THE FORM</b></p> <ol style="list-style-type: none"> <li>Please answer all the questions completely. If a particular question is not applicable to you please mark that question as not applicable "N/A".</li> <li>Please attach extra sheets wherever the space is insufficient to provide the additional underwriting information. Put a (✓) mark wherever applicable.</li> <li>Kindly contact the Company's Office or Intermediary for any doubts or clarifications on the Proposal Form.</li> </ol>	<p>GOING GREEN JUST GOT EASIER!!! SAVE PAPER. SAVE TREES.  <b>CONSENT FOR ELECTRONIC DISPATCH OF POLICY PACK</b></p> <p><input type="checkbox"/> I want to Save Trees and Contribute to the Environment. Therefore, I hereby authorize Liberty General Insurance Limited to provide me Electronic Policy Pack. I understand, subscribing to Electronic Policy Pack means, the policy pack will only be sent to my registered email id and no physical policy pack will be sent across.</p>
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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

Proposer (Mr / Mrs / Ms) :	Last Name	First Name	Middle Name
Address :			
City/Town :			
State :			
District :			
Pin Code :			
Telephone :			
Mobile :			
E-mail :			
Date of Birth :			
Gender :			
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 Number:	GSTIN:

### 2. Proposal Details

Business Type: New  Renewal  Rollover  Policy Tenure: 1 Yr  2 Yrs  3 Yrs

Plan: Plan A Options 9CIs  25CIs  43CIs  Plan B Options Heart Protect  Cancer Protect  RenoLiv Protect  Brain Protect

Optional Cover: Loan Protector Cover  30 Days Survival Period

Sum Insured: Plan A  Plan B  Installment Option YES  NO

If Yes, Monthly  Quarterly  Half-yearly

Proposed Policy Period: From  To

### 3. Loan Account Details:

Bank/Financier Name:	
Loan Account Number:	Loan Amount:
Type of Loan:	Applicant Status:
	Loan Tenure:
	EMI Amount:

Proposed Cover (s):

	Proposed Insured I	Proposed Insured II	Proposed Insured III	Proposed Insured IV	Proposed Insured V
Name					
Relationship with proposer	Relationship with proposer	Relationship with Insured I			
Gender					
Date of Birth	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
Height ( cm)					
Weight ( Kg)					
Occupation					
Nominee/Assignee Name					
Relationship of Nominee/ Assignee					
Nominee/Assignee Address					
Please affix photograph of the member/s proposed to add in the Policy:	photograph of member 1	photograph of member 2	photograph of member 3	photograph of member 4	photograph of member 5
ABHA Id :					

\*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.  
 Note : In case of additional member/s' please share all above detail in a separate document

UIN- LIBHLIP21506V022021

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## CRITICAL CONNECT PROPOSAL FORM

Ayushman Bharat Health Account (ABHA) Declaration : I/We provide my/ our consent to access my/ our (all insured) medical and personal records/ details, as are available in my/ our Ayushman Bharat Health Account (ABHA) and share the same with Third Party Administrators, Reinsurer (if applicable), Service Provider/s of Company and/or with any Governmental and/or Regulatory authority for the sole purposes of underwriting my/ our proposal and/ or for checking the authenticity of claims lodged by me/ us and/ or to comply with the applicable Law/ Regulations.

I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through CERSAI records, UIDAI or National Securities Depository Limited or such other authorities as may provide such services from time to time for the purpose of compliance with prevention of money laundering act read with anti-money laundering guidelines issued by IRDAI.

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

**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:

Proposer name:

IMD Code:

Proposer sign:

IMD Sign\*:

\*Stamp in case of Company

**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.

Declarant's Name:

Proposer Name:

Signature:

Signature/thumb impression

**Statutory Warning: 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 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'. Violations of Section 41 of the Insurance Act 1938, as amended, shall be - Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakhs.

**10. FOR OFFICE USE ONLY**

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

**11. 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 \_\_\_\_\_.

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 Proposer/Insured/Nominee (as applicable), as per the details mentioned in duly filled proposal form.

**Signature of the receiver & office Seal:**

**Call Toll Free No : 1800 266 5844**

[www.libertyinsurance.in](http://www.libertyinsurance.in)