

## Liberty Group Personal Accident Policy Proposal Form (UIN – LIBPAGP24107V022324)

URN - LPA001V012023

### 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. It is important to fill all questions.
3. Cover shall commence not earlier than the date and the time of acceptance and subsequent to payment of the premium

### 1. Proposer Details

<b>Proposer Name</b>			
<b>Address:</b>			
		<b>City/Town</b>	
	<b>District:</b>	<b>State</b>	
<b>Pin Code:</b>		<b>Mobile</b>	
<b>Telephone:</b>		<b>E Mail</b>	
<b>Industry Type</b>			

### 2. Plan Details

**Plan Option: Individual / Family Floater**      **Sum Insured:** \_\_\_\_\_

**Proposed Policy Period:**

d	d	M	M	y	Y	y	Y
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d	d	m	m	y	y	y	y
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**From**      **To**

**Coverage Sought:**  
**Accident Benefit(s)** \_\_\_\_\_

**Extensions:** \_\_\_\_\_

### 3. Proposed Insured(s) Details format

Sr.No	Name	Dependent Name	Relationship	Gender	Grade	Occupation	DOB (dd/mm/yyyy)	DOJ (dd/mm/yyyy)	Monthly Salary	Existing injury/disability	Nominee Name & Relation

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### 4. 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)

Since when are you continuously insured? \_\_\_\_\_

### 5. Payment details

Instrument type (Cheque / DD / Others)	Name of the premium payer	Bank details	Date	Amount in Rs

### 6. Agreement , Declaration & Authorization

“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 authorised 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 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 insured represented under this proposal forms group within the meaning of the group guidelines issued by IRDAI and the group is formed for the purpose other than obtaining the insurance policy.

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 after the proposal has been submitted but before communication of the risk acceptance by the Company.

I/We declare and consent to the company seeking medical information from any doctor or from the hospital who at any time has attended on the life to be insured or from any past or present employer concerning anything which affects the physical and mental health of the life to be insured and seeking information from any insurance company to which an application for insurance on the life to be insured has been made for the purpose of underwriting the proposal and/or claim settlement.

I/We authorise 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 Government and/or Regulatory Authority.

I/We hereby declare that, in case any of the statement provided hereinabove is found to be false or misrepresentation, the Company at its option may terminate the Insurance Policy, forfeiting the premium paid by us under the said Policy. The Company may also initiate such action against us as may deem appropriate in the event of us furnishing any false statement or in case of any misrepresentation by us in connection with obtaining the insurance policy from the Company.

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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/Authorized signatory

**AML Details:**

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.

Are you or any of the proposed applicants a PEP\* or a close relative of a PEP\*? Yes \_\_\_\_ No \_\_\_\_

If yes, please give details: \_\_\_\_\_

\*Politically Exposed Persons (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/ judicial/military officers, senior executives of state-owned corporations, important political party officials, etc.

**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.

### 7. Acknowledgement

Application No: 

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Date: 

d	d	m	m	y	Y	y	Y
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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 \_\_\_\_\_

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

**8. For Office Use Only**

<b>Intermediary Name:</b>	<b>Intermediary Code:</b>
<b>Sales Manger Name:</b>	<b>Sales Manger Code:</b>

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**Liberty General Insurance Limited**

**Registered Office:** Unit 1501&1502, 15th Floor, Tower 2, One International Center,  
Senapati Bapat Marg, Prabhadevi, Mumbai – 400013