

## LIBERTY JANATA PERSONAL ACCIDENT POLICY (Group) PROPOSAL FORM

URN LT020V12021

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. URN: LPA022V22021

### 1. Company/ Proposer/ Financier/Bank Details

Name of Entity /Proposer:											
Address :											
District:						City/Town :					
Pin Code :						State :					
Telephone :						Mobile :					
Industry Type:						E mail:					
Contact Person Details:											
Designation:											
Designated email address											
Contact No.											
Mobile No.											

### 2. Proposal Details

Business Type: New  Renewal  Rollover  Policy Type :  Name  Unnamed

Group Relationship:  Credit  Non Credit Linked No of members proposed for cover:

On Duty Cover :  Yes  No Geographical Scope:  Worldwide  India Only

Sum Insured Per Person:

Capital Sum Insured (Rs)

Period of Insurance From 00:00         To 23:59 (dd/mm/yyyy)

### 3. Proposed Insured Person's Details

Sr. No	Name	Gender (Male/Female)	Occupation	Date of Birth (DD/MM/YYYY)	Existing Injury/ Disability	Nominee Name

### Medical / Injury Related Information

#### Part A

Please answer the below mentioned questions in Yes (Y) / No (N). If the answer to any of the questions is Yes, please give details in the table given below. Alternatively attach a separate sheet of paper.

- Does any person, proposed to be Insured, suffer from / suffering from any injury? Y  N
- Is any person, proposed to be insured, receiving any treatment/medication or have in the past received treatment or undergone surgeries for any medical condition/disability? Y  N

Please provide details of medical history, if any:

If answer to the above questions is Yes, please elaborate:

Sr. No.	Name of the Proposed member	Name of injury suffering from or suffered in the past	Date of first diagnosed/ detected	Treatment/medication received/ receiving	Details of Accidental Hospitalization ( If any)	Is it fully cured
1						
2						
3						
4						
5						



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

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

**6. Receipt of Acknowledgment**

Application No. :

Date :

We acknowledge with thanks the receipt of your application and amount by Cast/Cheque/Demand Draft/Others \_\_\_\_\_ of the amount of

INR \_\_\_\_\_ dated \_\_\_\_\_ drawn on \_\_\_\_\_ .

Please note that this is only an acknowledgement receipt and does not amount to acceptance of risk or commencement of Policy. 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. Acceptance of proposal and issuance of policy shall be subject to receipt of completed filled in and signed proposal form, premium payment, and underwriting decision of the Company.

\_\_\_\_\_  
 Signature of the receiver & office Seal :

**7. For Office Use Only:**

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

**INSURANCE IS THE SUBJECT MATTER OF THE SOLICITATION.**

Liberty General Insurance Limited  
 Registered Office: 10th Floor, Tower A, Peninsula Business Park, Lower Parel, Mumbai - 400013