

LIBERTY INDIVIDUAL PERSONAL ACCIDENT POLICY
PROPOSAL FORM (FLEXI PLAN OPTIONS)

Application No : _____

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. This form can be used to apply for Liberty Personal Accident Policy. 3. It is important to fill all questions. 4. Cover shall commence not earlier than the date and the time of acceptance and subsequent to payment of the premium.

Proposal Details:

	Last Name	First Name	Middle Name
*Proposer (Mr / Mrs / Ms) :	CH SAHA	BIKASH	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date Of Birth	*max age of entry is 70 yrs : 1/6/1963
Occupation :	Employee	Nationality:	Indian
Profession	<input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input checked="" type="checkbox"/> Others:	Income Proof :	<input checked="" type="checkbox"/> Salary Slip <input type="checkbox"/> IT return
*Address:	C/O-KALI DAS SAHA SHIBRAMPALLY HAIDERPARA BHAKTI NAGAR SILIGURI		
*City/Town :	DARJILING	*State :	WEST BENGAL
*District :	DARJILING	*Pin Code :	734401
*Telephone :	9832062770	*Mobile :	9832062770
*E-mail :	sales@gatewayford.in		

Plan Details:

Policy Tenure :	1	Plan Option :	Individual	Flexi :	Flexi TW 194
Proposed Policy Period : From	15/06/2020 00:06	To	14/06/2021 23:59		

Proposed Insured(s) Details:

To be filled by Individual Insured only. Proper disclosure of Monthly Income is mandatory; falling which any claim under the Policy is prejudiced.

Is any insured(s) Politically Exposed Person or relative of Politically Exposed Person : ☐ Yes ☐ No If yes, please give details : _____

	Proposed Insured I	Proposed Insured II	Proposed Insured III	Proposed Insured IV
Name	BIKASH CH SAHA			
Relationship with proposer	Self			
Gender	N			
Date of Birth *max age of entry is 70 yrs	1/6/1963			
Occupation	Others			
Monthly Income (Rs.)	10000			
Profession				
Risk Group				
*Capital Sum Insured	200000			
Previous / Existing Injury / Disability	No			
Nominee Name				
Relationship with Nominee				
Nominee Address				

Risk Group I : Doctors, Lawyers, Accountants, Architects, Consulting engineers, Teachers, Bankers, Builders, Contractors, Engineers on site engaged in superintending functions only, Veterinary Doctors, business owners wherein the business is not dealing in hazardous goods or not involving manual labour, Persons engaged in clerical functions & administrative functions and such other persons engaged in occupations of similar hazard listed above.

Risk Group II : Professional Athletics & Sportsmen, Wood working Machinists, Workers, Mechanics, Drivers, Manual labourers (except those falling under Group III) & such other persons engaged in occupation of similar hazard listed above.

Long Term Discount : Avail 8% discount in case of 2 years and 15% discount in case of 3 years policy tenure.

Loyalty Bonus : 5% discount if the client already has 1 policy from LGI & 7.5% if the client already has at least 2 policies from LGI relating to any product line.

Family Discount (Available for proposal on Individual Capital Sum Insured Basis) : Avail 5% discount in case of 2 family members, 10% discount in case of 3 family members and 15% discount in case of 4 family members

Payment Details:

Instrument Number (Cash / Cheque / DD / Others)	Payee Name	Bank Details	Cheque Date	Amount in INR.

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UIN : LVGPAP14004V011314



Please make a A/C Payee Cheque / DD / Pay Order in favour of 'Liberty General Insurance Limited' only.

Bank Details of the Proposed Insured:

For NEFT Payments, please fill the details mentioned below:

A/C Type : ☐ Saving ☐ Current Bank

Bank Name: _____

*Branch : _____

City : _____

A/C No. : _____ IFSC : _____

*E-mail : _____

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.

Checklist of Documents			
Salaried	Businessmen	Agricultural Income	Income from agency / commission

Bank Details of the Proposed Insured: _____

Key Exclusions:

- Any treatment within first 30 days of cover except any accidental injury and renewal policies
- Two Years waiting period will be applicable for specific diseases. This shall be reduced to one year post renewal of the Policy with Us.
- Any pre-existing diseases will be covered only after first 24 months provided the same has been declared at the inception of policy and accepted by the Insurer
- Infertility, vaccinations, external congenital anomaly and obesity related treatment

For a complete list of exclusions, kindly refer policy wordings available with group administrator.

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/W e 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 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 af fects 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."

Date _____

Signature of Proposer

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'. Violations of Section 41 of the Insurance Act 1938, as amended, shall be punishablewith a fine which may extend to Rupees Ten Lac (10,00,000).

Disclaimers:

This is an e-proposal form and is based on the details provided by you at the time of proposing for insurance

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