Liberty General Insurance Ltd. 10th Floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Lower Parel, Mumbai – 400 013 Phone: +91 226700 1313 Fax: +91 226700 1606 IRDAI Reg. No.150, CIN: U66000MH2010PLC269656



Proposal Form

Bharat Yatra Suraksha, Liberty General Insurance Limited

URN: LT018V12021

GUIDELINES TO FILL THE FORM

- Please answer all the questions completely, in 'Yes' or 'No' wherever asked.
- If a particular question is not applicable to you please mark that question as not applicable "N/A".
- Please attach extra sheets wherever the space is insufficient to
 provide the additional underwriting information. Put a (

 ✓) mark
 wherever applicable.
- 4. Kindly contact the Company's Office or Intermediary for any doubts or clarifications on the Proposal Form.

GOING GREEN JUST GOT EASIER!!! SAVE PAPER. SAVE TREES.

CONSENT FOR ELECTRONIC DISPATCH OF POLICY PACK

☐ 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.

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.

Bharat Yatra Suraksha, Liberty General Insurance Limited – Proposal Form

UIN: LIBTIDP22097V012122

Liberty General Insurance Ltd.

10th Floor, Tower A, Peninsula Business Park,
Ganpatrao Kadam Marg, Lower Parel, Mumbai – 400 013
Phone: +91 226700 1313 Fax: +91 226700 1606

IRDAI Reg. No.150, CIN: U66000MH2010PLC269656



Plan & Cover Details:

Benefits	Range of Sum Insured per person (Rs.)	□ Plan-A	□ Plan-B	□ Plan-C	□ Plan-D	□ Plan-E
Mode of Travel		□ Taxi/Cab □ Bus	□ Taxi/Cab □ Bus	Train Travel	Air Travel	☐ Taxi/Cab ☐ Bus ☐ Train ☐ Ship ☐ Air
Mandatory Benefits						
Hospitalization Expenses due to Accident	Min: Rs. 1Lakh. Max: Rs. 10 lakh Available in Multiples of: Rs. 50,000	Yes	Yes	Yes	Yes	Yes
Accidental Death/ Permanent Total Disability (PTD)/ Permanent Partial Disability (PPD)	Adults: Min: Rs. 1lakh Max: Rs. 1 crore per person. Available in Multiples of: Rs. 50,000 For Minors: limited to 25% of Sum Insured or maximum up to Rs. 25 lakh whichever is lower	Yes	Yes	Yes	Yes	Yes
Repatriation Of Mortal Remains	Min: Rs. 20,000 Max: Rs. 1lakh Available in Multiples of: Rs. 10,000	NA	Yes	Yes	Yes	Yes

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General Insurance

IRDAI Reg. No.150, CIN: U66000MH2010PLC269656

Automatic	Available	No	No	No	No	Yes
trip						
extension						
Optional Benef	its					
Compassion	Min: Rs.	No	☐ Yes	☐ Yes	☐ Yes	☐ Yes
ate	10,000					
Allowance	Max: Rs. 1 Lakh Available in Multiples of: Rs. 10,000					
Missed	Min: Rs.	No	No	No	☐ Yes	□Yes
Flight	2500					
Connection	Max: Rs. 50000 Available in Multiples of: Rs. 2,500					
Loss Of	Min: Rs.	No	No	No	☐ Yes	☐ Yes
Checked-in	2000					
Baggage	Max : Rs.					
(applicable	20000 Available in					
only for air	Multiples of: Rs.					
travel)	2,000					
Trip Delay	Min: Rs.	No	No	No	☐ Yes	☐ Yes
(applicable	500					
only for air	Max: Rs.					
travel)	5000					
(beyond 3	Available in Multiples of: Rs.					
hour)	500					
Carrier	Min: Rs.	No	No	No	☐ Yes	☐ Yes
Cancellation	2500					
(applicable	Max : Rs.					
only for air	50000					
travel)	Available in Multiples of: Rs. 2,500					
Trip	Min: Rs.	No	No	No	No	☐ Yes
cancellation	20000					
&	Max : Rs.					
Interruption	100000 Available in Multiples of: Rs. 5,000					

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Phone: +91 226700 1313 Fax: +91 226700 1606 IRDAI Reg. No.150, CIN: U66000MH2010PLC269656		General Insurance
Details to be captured for travel by Bus		
Bus Service Provider Name:	ation No.: [
Bus Seat No: Passenger 1 - \square Passenger 2 - \square Passenger 3 - \square Passe		
Details to be captured for travel by Train		
Train Name: DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD	NR No.:	
Seat No: Passenger 1- Passenger 2- Passenger 3- Passenger 3- Passenger 3-	ger 4-□□□	Passenger 5-□□□
Details to be captured for travel by Air		
Airline Name: DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD	PNR No.: [
Seat No: Passenger 1- Passenger 2- Passenger 3- Passenger 3- Passenger 3-	ger 4-□□□	Passenger 1-□□□
Details to be captured for travel by Ship		
Cruise Name: Ticket No.:		
Place of Residence:		
Place of Origin:		
Place of Destination:		
Purpose of Travel: \square Business \square Employment/Work \square Leisure \square Study \square	Others	
Any additional Information which you want your Insurer to know:		
my additional information which you want your insurer to know.		

Place of Residence or Place of Origin: The address mentioned by you under these specified fields will be considered for your Trip commencing details.

Place of Origin: Need to be entered in case your Trip is commencing from the Place other than Place of Residence.

3. PROPOSED INSURED DETAILS

	Proposed Insured I	Proposed Insured II	Proposed Insured III	Proposed Insured IV	Proposed Insured V
Name					
Relationship with proposer					
Gender					
Date of Birth					
Occupation					
Nominee Name					
Relationship of Nominee					

UIN: LIBTIDP22097V012122

Liberty General Insurance Ltd.

10th Floor, Tower A, Peninsula Business Park,
Ganpatrao Kadam Marg, Lower Parel, Mumbai – 400 013

Phone: +91 226700 1313 Fax: +91 226700 1606





Min neg. 10.130, GH. C00000141120101 E0207030												
Nominee Address												

4. MEDICAL HISTORY AND DETAILS

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

Does any person, proposed to be insured, suffered from/ suffering from any disease/illness /Injury

Yes□ No□

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

Sr.	Name of the Person	Name of the	Duration of the	Treatment	First	Name of	Whether
No.	Proposed to be Insured	Disease/illness/ injury suffering from	disease/illness / injury	received/ current medication	treated on	attending doctor/surgeon with address and phone no.	fully cured?
1							
2							
3							
4							
5							
6							

5. Does any person, proposed to be insured consume Alcohol/ Smok	Yes□ No□				
Habits	Proposed	Proposed	Proposed	Proposed	Proposed
	Insured I	Insured II	Insured III	Insured IV	Insured V
Hard Liquor/Wine/Beer (Please mention quantity per week)					
Smoke (Please mention quantity per day)					
Pan Masala/Gutka (Please mention quantity per day)					
Others (Please mention name & quantity per day)					

Are You or any of the proposed insured(s) applied /covered under any other Domestic Travel Insurance other than Liberty General Insurance Ltd. for the same Travel journey? If Yes, Please provide the details,

Policy No./Proposal No.	Insurer	Sum Insured	Plan
	1	l	1

Additional Information about Claims or rejection of your Proposal by Us or any other Insurance Company (if any)	
	_

5. PAYMENT DETAILS

Liberty General Insurance Ltd.

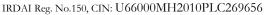
10th Floor, Tower A, Peninsula Business Park,

Ganpatrao Kadam Marg, Lower Parel, Mumbai – 400 013

Phono: +91 236700 1213 Fay: +91 236700 1606

Phone: +91 226700 1313 Fax: +91 226700 1606

Bank Name





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

Please make an A/C Payee Cheque / DD / Pay Order in favour of 'Liberty General Insurance Limited' only For NEFT Payments, please fill the Bank details mentioned below:

Branch																		
City																		
Account No																		
IFSC Code																		
Account Type: Savings			Cu	rren	t 🗆													
AML Details:																		
Are you or any of your relati	ve a Po	olitica	lly E	xpos	ed Pe	erson	? Yes	s/No).									
If yes, please provide details:																		
Please provide Permanent A	ccount	: Nun	nber	(PAN	V) if 1	prem	ium a	amou	ınt ex	ceed	s Rs.	1 La	.c					
☐ I/We hereby declare the income OR	it the p	premi	ium 1	for th	ne sai	id po	olicy i	s pai	d ou	t of t	he le	gally	decl	ared	and	asses	sed s	ources of my/our
☐ I/we hereby declare that under the Income Tax A												Ms					the p	payment is allowed

6. CHECKLIST OF DOCUMENTS

Please check the following documents are attached along with the Proposal form

1. **ID Proof:** Passport/PAN Card/Voter's Identity Card/Driving License/National Identity Number

2. Residence Proof: Telephone Bill / Electricity Bill / Bank Account Statement / Ration Card

3. **Age Proof:** Any proof of age

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.

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7. DECLARATION:

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.

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.

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 has been submitted but before communication of the risk acceptance by the company.

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

I/We authorize the company to share information pertaining to my/our proposal including the medical records of the insured/proposer for the sole purpose of proposal underwriting and / or claims settlement and with any Governmental and / or Regulatory authority."

Date	Signature of Proposer
with the company	
rules/regulations made thereunder for validating/authenticating my/our Aadha	ar details and updating the same in all my polices held
I/We hereby provide my/our consent in accordance with Aadhar Act. 20	16 and Prevention of Money Laundering Act and

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 intio 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)

Bharat Yatra Suraksha, Liberty General Insurance Limited – Proposal Form UIN: LIBTIDP22097V012122

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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 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 - Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakhs.

Intermediary N	fame:	Intermediary Code:	
Sales Manager Name:		Sales Manager Code:	
9. RECEIPT (OF ACKNOWLEDGEMENT:		
	OF ACKNOWLEDGEMENT:	d D m m y Y y Date:	
	OF ACKNOWLEDGEMENT:	d D m m y Y y Date:	
ApplicationNo:		d D m m y Y y y Date: ation and amount by Cash/Cheque/Demand Draft/Other	

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.

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

Signature of the receiver & office Seal:

Liberty General Insurance Limited

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