Liberty Assurance
Covers You Right Through

Proposal Form
Health Insurance

(The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid.)

a) Information given herein will be treated in strict Confidence.
b) Put a tick mark wherever applicable.
c) If space is not sufficient in any column, please give details on a separate sheet of paper.
d) Kindly answer all questions completely to help us to serve you better.

1. Proposer Details

Name of Proposer	
Address	
City / District / Region / PIN	
Telephone / Mobile	
E-mail	
Occupation	
Insurance Period (From - To)	
Nominee (Name, Relationship, Age)	
Family Medical Practitioner (Name & Contact)	

2. Insured Person (if family, please give details of all members on a separate sheet of paper)

Name	DOB & Age	Gender	Height & Weight	Blood Group	Marital Status	Relation	Dependent	Occup-ation	Smoker
		☐ M ☐ F					☐ Yes ☐ No		☐ Yes ☐ No

3. Existing Health Insurance

Company	Policy No.	Expiry Date	Sum Insured	Bonus	Last Claim Date	Claim Amount	Porting
							☐ Yes ☐ No

4. Medical History

Is insured person in good health and free from pre-existing conditions?

Insured Person	Good Health?	If No, Details
_____	☐ Yes ☐ No	_____

5. Insurance Plans

Select your preferred Plan & Sum Insured:

Plan	Sum Assured	Category
☐ **Plan A**	_____	☐ Individual ☐ Couple ☐ Family
☐ **Plan B**	_____	☐ Individual ☐ Couple ☐ Family
☐ **Plan C**	_____	☐ Individual ☐ Couple ☐ Family
☐ **Plan D**	_____	☐ Individual ☐ Couple ☐ Family

6. Declaration

I/We declare that the information provided in respect to all persons is true and complete.

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

I/We agree that this declaration and answers given above, as well as any proposal or declaration or statement made in writing by me/ourselves or anyone acting on my/own behalf shall form the basis of the contract between me/ourselves and the company. I/We further declare and agree that in the event the declaration shall contain any misstatement, misrepresentation, suppression and/or fraud, the issuance of the policy shall not be deemed to be a waiver of such misstatement, misrepresentation, suppression and/or fraud.

Signature of Proposer: _____ Date: ____ / ____ / _____

Name (in BLOCK LETTERS): _____ Place: _____

IMPORTANT NOTE

1. Specimen copy of the Policy Form and other terms applicable to risk is available, on request by the Proposer.

2. Please note that the above is for your general information only. For further details and specific information, please refer to the Policy whose terms and conditions, exceptions, clauses and warranties are applicable to this insurance.

3. *The Policy holder shall keep a record of all information including copies of letters supplied to the insurers for the purpose of entering into the contract. A copy of the completed Proposal Form will be supplied to the Proposer on request after its completion*