

Liberty General Insurance Limited
10th Floor, Tower A, Peninsula Business Park,
Ganpatrao Kadam Marg, Lower Parel, Mumbai - 400 013
Phone: +91 22 6700 1313 Fax: +91 22 6700 1606
Email: care@libertyinsurance.in
IRDA registration number: 150 CIN: U66000MH2010PLC209656



PORTABILITY FORM

Part - I

1)	Name of the Policyholder / insured (s)	
2)	Date of Birth/Age	
3)	Address of the policyholder/insured	
4)	Details of existing insurer	
	i. Name of the product	
	ii. Sum Insured	
	iii. Cumulative Bonus	
	iv. Add-ons/riders taken	
	v. Total no. of years of continuous insurance	
	vi. Policy number	
5)	Details of an endorsement for any addition/ deletion of the member/s insured in existing Policy	
6)	Details of the proposed insurance	
	i. Name of the product proposed/intend to take	
	ii. Sum Insured Proposed	
	iii. Whether Cumulative Bonus to be converted to an enhanced sum insured	
7)	Reason(s) for portability	
8)	No. of family member to be included in the policy to be ported	
Date:		Signature of the policyholder

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Part – II

1. Whether the PED exclusions / time bound exclusion have longer exclusion period than the existing policy (Please indicate Yes/ NO):
2. If yes, please give written consent to the declaration below:

“I am aware that the waiting period for the following disease(s)/treatment(s) is _____ days/
years more than the previous policy terms. I hereby agree to observe the additional waiting period for
the following disease(s)/ treatment(s)

Signature of the policyholder

Please note that for availing the portability benefits please submit the following documents in addition to the Portability Form:

- Photocopies of existing policy documents and endorsements OR Renewal Notices
- Section regarding ‘Previous or Existing Insurance details (if any)’ in the Proposal Form should be mandatorily filled
- Photocopies of discharge summary, investigation reports and follow up papers, etc., if there is claim in previous policy/ policies
- Photocopies of consultation papers, prescriptions, investigation reports, etc., if there is a past medical history

The acceptance of portability is subject to the following:

- If the request for portability is received at least 45 days before the premium renewal date of your existing policy
- Pre-Policy checkup or additional medical test(s), if called for, must be completed within 7 days of intimation
- Any additional information/ acceptance of revised offer, if called for, must be completed within 7 days of such request

The company shall not be liable if the application stands rejected due to non-adherence of above conditions.