

BHARAT YATRA SURAKSHA GROUP, LIBERTY GENERAL INSURANCE LIMITED

PROSPECTUS

Introduction

This policy is designed as per the 'Guidelines on Standard Domestic Travel Insurance Product' with Ref: IRDAI/HLT/REG/CIR/119/05/2021 mandated by the authority - The Insurance Regulatory and Development Authority of India (IRDAI)

Note: The information provided herein is only indicative, we request you to refer the Policy document for better understanding of the covers, sum insured, exclusions, conditions and deductibles.

Eligibility

- Minimum Entry Age: No restriction
- Maximum Entry Age: No restriction
- Policy Tenure: Plan: A, B, C & D - Duration of journey
Plan: E – Maximum upto 30 days
- Relationships covered: Self, Spouse, Children, Parents & Parents-in-laws
- Premium frequency: One time at policy inception
- Proposer should be of minimum 18 years of age

Key Features

1. Covers Accidental Hospitalization, Accidental Death, Permanent Total Disablement and Permanent Partial Disablement in all the plans
2. **Option to select** Compassionate Allowance, Missed Flight Connection, Loss Of Checked in Baggage, Trip Delay, Carrier Cancellation, Trip cancellation & Interruption
3. Depending on mode of travel, customer has an option to select Plan A, B, C, D or E
4. No Co-payment & Waiting period

Scope of Cover

Mandatory Covers:

The covers listed below are in-built Policy benefits and shall be available to all Insured Persons in accordance with the procedures set out in this Policy.

Section-1: Hospitalization Expenses due to Accident - Covers hospitalization expenses on account of accidental injury towards

- i. Room, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home, Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor/ surgeon or to the hospital.
- ii. Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities, and such other similar expenses.
- iii. Intensive Care Unit (ICU)/ Intensive Cardiac Care Unit (ICCU) expenses
- iv. The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure carried out to treat the accidental injury covered under the policy
- v. Expenses incurred on hospitalization due to accident, under AYUSH (as defined in IRDAI (Health Insurance) Regulations, 2016) systems of medicine shall be covered without any sub-limits.

The following other expenses necessitated due to injury shall also be covered:

- a) Dental treatment.
- b) Plastic surgery.
- c) Expenses incurred on road Ambulance subject to a maximum of Rs.2000/- per hospitalization

Sublimit for room (in case of hospitalization cover):

1. Room Rent, Boarding, Nursing Expenses all inclusive as provided by the Hospital / Nursing Home up to 2% of the sum insured subject to maximum of Rs.10000/- per day.
2. Intensive Care Unit (ICU) charges/ Intensive Cardiac Care Unit (ICCU) charges all inclusive as provided by the Hospital / Nursing Home up to 4% of the sum insured subject to maximum of Rs.20,000/- per day.

Section-2: Death due to Accident - Benefit equal to 100% of Sum Insured shall be payable on death of the insured person, due to an Injury sustained in an Accident during the Policy Period, provided that the Insured Person's death occurs within 365 days from the date of the Accident.

Section-3: Permanent Total Disablement - Benefit equal to 100% of Sum Insured shall be payable if an insured Person suffers Permanent Total Disablement of the nature specified below, solely and directly due to an Accident during the Policy Period, provided that the Permanent Total Disablement occurs within 365 days from the date of the Accident:

- a) Total and irrecoverable loss of sight of both eyes or

- b) Physical separation or loss of use of both hands or feet or
- c) Physical separation or loss of use of one hand and one foot or
- d) loss of sight of one eye and Physical separation or loss of use of hand or foot
- e) If such Injury shall as a direct consequence thereof, permanently, and totally, disables the Insured Person from engaging in any employment or occupation of any description whatsoever.

Section-4: Permanent Partial Disablement: The percentage of Sum Insured as followed shall be payable if the Insured Person suffers Permanent Partial Disablement of the nature specified below solely and directly due to an Accident during the Policy Period provided that the Permanent Partial Disablement shall occur within 365 days of the date of the Accident

	Loss Covered	Percentage of Sum Insured
1.	Loss of Use/ Physical Separation: One entire hand One entire foot Loss of Sight of one eye Loss of toes – all Great both phalanges Great – one phalanx Other than great if more than one toe lost	50% 50% 50% 20% 5% 2% 1%
2.	Loss of Use of both ears	50%
3.	Loss of Use of one ear	20%
4.	Loss of four fingers and thumb of one hand	40%
5.	Loss of four fingers	35%
6.	Loss of thumb - both phalanges - one phalanx	25% 10%
7.	Loss of Index finger - three phalanges two phalanges one phalanx	10% 8% 4%
8.	Loss of middle finger – three phalanges two phalanges one phalanx	6% 4% 2%
9.	Loss of ring finger - three phalanges two phalanges one phalanx	5% 4% 2%

10.	Loss of little finger – three phalanges two phalanges one phalanx	4% 3% 2%
11.	Loss of metacarpus - first or second (additional) third, fourth or fifth (additional)	3% 2%
12.	Any other permanent partial disablement	Percentage as assessed by a Government Authority such as Chief Medical Officer or equivalent of a district.

Maximum amount payable in respect of multiple nature of disablements shall be restricted to Sum insured chosen by the policyholder

Note:

If the accident occurs during the Period of Insurance, benefits covered under Sections 2, 3 and 4 above are payable, even if death or Permanent Total Disablement or Permanent Partial Disablement or any combination thereof occurs after the completion of policy period, but within 365 days from the date of accident.

Note applicable to Section 2, 3 & 4:

- a) In case of death of the Insured Person within 365 days from the date of Accident due to the Injury sustained during the Accident while on the Insured Journey, the amount of claim payable under Section-2: Death due to Accident shall be adjusted with the amount of claim paid under Section-3: Permanent Total Disablement and/or Section-4: Permanent Partial Disablement.
- b) The cumulative amount of claim payable under Section-2, Section-3 and Section- 4 in no case shall exceed the amount of Sum Insured as specified in the Policy Schedule.

Section- 5: Repatriation of Mortal Remains - Following an admissible claim under Section-2: Death due to Accident, We shall pay for repatriation of mortal remains of the insured person from the place of death to the Insured's place of residence up to the limits mentioned in the Policy schedule, provided, the death of the insured person occurred in a location that is not the place of residence of the insured person and the place of death is at least 100 kilometres by road from his place of residence. If it is not possible to repatriate the mortal remains to city of residency then we will pay for expenses incurred for the burial or cremation of the Insured in the place where the death has occurred subject to a maximum of the Sum Insured specified in the policy schedule.

Section- 6: Automatic Trip Extension (Applicable only for Plan- E: Domestic Tour) - The period of insurance is automatically extended if you cannot get back to your Place of Residence or Place of Origin before your cover ends as per the policy schedule, your insurance will remain in force without additional premium for

- i. Up to 5 days from the Policy Expiry Date if the common carrier (taxi cab, bus, train, ship or airlines) in which you are travelling as a passenger is cancelled or delayed at the instance of the Common Carrier or due to any order issued by the authorities and when no alternative travel arrangement is available
- ii. Up to 7 days from the Policy Expiry Date if the insured is injured during the Period of Insurance and the claim under Section 1 - Hospitalisation due to Accident has been admitted by the company.
- iii. Up to 10 days from the Policy Expiry Date due to occurrence of the following events during the course of the trip
 - a. Pandemic or epidemic as declared by WHO or by any appropriate government authorities.
 - b. Earthquake.
 - c. Lighting, Storm, Tempest, Typhoon, Hurricane, Inundation, Subsidence
 - d. Landslide and rockslide
 - e. Avalanche
 - f. Floods resulting from unseasonal rains, storm or cyclone.
 - g. Terrorism
 - h. Tsunami
 - i. Volcano Eruption

Note:

- a. There shall be no break in the domestic tour.
- b. Where the insured person cannot commence return journey for any of the reasons other than what is specified above, subject to its underwriting policy, the company may extend the policy for a specified period subject to receipt of premium.

Optional Covers:

The covers listed below are Optional and shall be available to Insured Persons in accordance with the terms set out in the Policy, if the listed cover is opted by the insured person and on payment of additional premium as applicable.

Section-7: Compassionate Allowance - In event of the Insured being Hospitalized consequent upon any Injury sustained during the period of Insurance and such Hospitalisation shall in the opinion of the Medical Practitioner attending on the Insured extend beyond a period of 5 days, we shall reimburse the cost of economy class air travel/common carrier incurred by any one person of the family or any one person deputed by the family to render such special assistance from the Place of Origin or the Place of Residence of such person to the place of hospitalization of the insured person and return to the Place of Origin or Place of Residence of the person. We will also reimburse the cost towards accommodation expenses for a member of the family or any person deputed by the family to stay at the place of Hospitalization of the Insured Person. The maximum amount payable and the maximum number of days the amount payable are as specified in the policy schedule.

Section- 8. Missed Flight Connection (applicable only for Air travel under Plan-D and Plan-E)

We will indemnify the insured in case of failure of the Insured to access the connecting flight as per schedule any time during the Trip, caused solely by the delay of the flight in which the Insured is travelling immediately prior to the Missed Flight for the reasons beyond the control of the Insured.

The missed connection should have occurred due to the following reasons:

- i. Delay of a Scheduled Aircraft caused by Inclement Weather.
- ii. Delay due to a Strike by employees of Airlines scheduled to be used by the Insured Person during Your Trip.
- iii. Delay caused by Equipment Failure of a Scheduled Aircraft.
- iv. Delay caused if the Scheduled Aircraft is taken out of service due to technical reasons on the instructions of the civil aviation authority.
- v. Delay of scheduled aircraft caused by an act of terrorism.

We shall also pay the official cancellation charges, if any, incurred by the Insured resulting from cancellation by the Insured of the ticket in relation to the Missed Flight, and reimburse the additional cost of transportation to continue the journey originally scheduled to have been covered by the Missed Flight, provided that, such additional cost shall be in relation to the scheduled destination and not to any different destination and provided that the additional cost shall be for tickets of the same class and / or type as of the Missed Flight.

Section-9: Loss of Checked-in Baggage (applicable only for Air travel under Plan-D and Plan-E)

If the Insured Person's checked-in baggage is lost by the scheduled commercial airline to which it was entrusted, then we will pay a fixed amount as specified in the policy schedule. The compensation shall be relating to the loss of baggage as a whole. Should the lost Checked-in Baggage be traced and delivered to the Insured, the Insured shall return to the Company the entire amount paid hereunder.

Section-10. Trip Delay - beyond 3 hours (applicable only for Air Travel under Plan-D and Plan-E)

We will pay the amount as specified in the Policy Schedule if an Insured Person's journey on scheduled commercial airline is delayed beyond the number of hours specified in the Policy Schedule of its scheduled departure time.

Section-11. Carrier Cancellation (applicable only for Air Travel under Plan-D and Plan-E)

We will pay the Sum Insured if the Insured Person's booked and confirmed journey is cancelled by the common carrier within 48 hours prior to the scheduled departure by the scheduled airline.

Section-12. Trip cancellation & Interruption (Applicable only for Plan-E: Domestic Trips)

We shall compensate the Insured Person if a trip is cancelled or interrupted due to one of the circumstances specified below:

- a) death or serious injury or sudden sickness requiring minimum 3 days of hospitalization within 5 days before the date of departure specified in the policy schedule of (a) of the Insured Person or (b) immediate Family member of the Insured Person
- b) Any disruptions such as mass bandhs or widespread strikes which the Insured Person could not reasonably avoid or aware in time;
- c) Pandemic & epidemic as declared by WHO or any appropriate government authorities occurring at and in the vicinity of any port involved in the Insured's Trip.
- d) Catastrophic events occurring at and in the vicinity of any port involved in the Insured's Trip which shall mean the following.
 - i. Earthquake.
 - ii. Lighting, Storm, Tempest, Typhoon, Hurricane, Inundation, Subsidence
 - iii. Landslide and rockslide
 - iv. Avalanche
 - v. Floods resulting from unseasonal rains, storm or cyclone.
 - vi. Terrorism
 - vii. Tsunami
 - viii. Volcano Eruption

Benefits in Case of Cancellation of Trip before the scheduled departure:

We will pay this benefit up to Sum Insured as specified in the Schedule to this Policy for trips that are cancelled before the scheduled departure date due to any of the reasons mentioned above. We will reimburse for the forfeited, non- refundable prepaid payments, made prior to the Insured/Insured Person's departure date.

Benefits in Case of Interruption of Trip After the scheduled departure:

We will pay this benefit up to Sum Insured as specified in the Schedule to this Policy for trips that have been interrupted, due to any of the reasons mentioned above. We will reimburse for the forfeited, non-refundable prepaid payments, made prior to the Insured/Insured Person's departure date and additional transportation expenses incurred by the Insured/Insured Person.

- a) From the place that the Insured/Insured Person left the trip to the place that the Insured/ Insured Person may rejoin the trip;
- b) Additional transportation expenses incurred by the Insured/ Insured Person to reach the original trip destination if the Insured / Insured Person is delayed, and leaves after the trip departure date.

Exclusions

Exclusions applicable to Section-1. Hospitalization Expenses due to Accident

We shall not be liable to make any payments under this policy in respect of any claim of any Insured Person directly or indirectly, caused by, arising from or in any way attributable to:

- i. Investigation & Evaluation (Code- Excl04)
 - a) Expenses related to any admission primarily for diagnostics and evaluation purposes.
 - b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment.
- ii. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure (Code- Excl14)
- iii. Expenses incurred for treatment of accidental injuries which does not warrant hospitalization/Day Care Treatment.
- iv. Any expenses incurred on Domiciliary Hospitalization and OPD treatment.
- v. Treatment and Investigation taken outside the geographical limits of India.
- vi. No claim in respect of cosmetic surgery will be paid, unless such cosmetic surgery is rendered necessary as a result of a covered accident.
- vii. Any costs incurred in connection with rest cure or recuperation at spas or health resorts, sanatorium, convalescence homes or any similar institution.
- viii. Any costs relating to the Insured Person's pregnancy, childbirth or the consequences of either.
- ix. Rehabilitation or physiotherapy or the costs of artificial limbs or any other external appliance and/or device used for diagnosis or treatment; any external diseases, defects or anomalies.
- x. Doctor's fees charged by the Medical Practitioner sharing the same residence as an Insured Person or who is an immediate relative of an Insured Person's family.
- xi. The provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products.
- xii. Intentional self injury.
- xiii. The company shall not be liable to make any payment in respect of Medical Expenses incurred on the treatment of any Illness or which relate to any Pre- Existing Disease.

EXCLUSIONS APPLICABLE TO BENEFIT 8- MISSED FLIGHT CONNECTION

No claim shall be payable by the Company:

- a) If the time gap between the scheduled arrival of the previous flight and the scheduled departure of the next flight (Missed Flight) is less than 3 hours.
- b) Any missed connection due to above reasons which was made public or known to the Insured prior to the purchase of this Policy.
- c) For any missed connection as a result of the insured or any other person who have arranged to travel with failing to check-in in time as required by the airlines or report in time at the place of departure of the common carrier.
- d) If the missing of the flight is the result of any deviation from the originally scheduled route done at the instance of the Insured for reasons whatsoever;
- e) In case of any intimation, atleast 24 hours before the departure of original flight, given to the Insured of a possible delay of the flight that might lead to missing of connecting flights.
- f) In case of any circumstances other than those directly attributable to the delay of the earlier flight beyond the control of the Insured.

EXCLUSIONS APPLICABLE TO Section 10. Trip Delay - beyond 3 hours

In addition to the general exclusions, this section shall not cover

- a) any delay due to a hazard which was made public or known to the Insured Person prior to the purchase of this policy or prior to booking of flight ticket.
- b) any departure which is delayed as a result of the Insured or any other person who is arranged to travel with the Insured failing to check in correctly as required by the Common Carrier.

COMMON EXCLUSIONS APPLICABLE TO ALL SECTIONS (Including Optional Benefits)

In additions to the Exclusions specified under each section, the following exclusions are applicable to all Sections including Optional Benefits.

1. Any claim for death or disablement (whether of a permanent nature or of a temporary nature), hospitalisation of the insured person, directly or indirectly due to War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.
2. Any claim for death, disablement (whether of a permanent nature or of a temporary nature), hospitalization of Insured Person
 - a. from intentional self-injury unless in self-defence or to save life, suicide or attempted suicide;
 - b. whilst under the influence of intoxicating liquor or drugs or other intoxicants except where the insured is not directly responsible for the injury / accident though under influence of intoxication.

- c. whilst engaging in aviation or ballooning, or whilst mounting into, or dismounting from or travelling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airlines in the world. arising or resulting from the Insured Person committing any breach of law with criminal intent.
3. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:
 - a. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self-sustaining process of nuclear fission) of nuclear fuel.
 - b. Nuclear weapons material
 - c. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
 - d. Nuclear, chemical and biological terrorism
4. Any loss arising out of the Insured Person's actual or attempted commission of or wilful participation in an illegal act or any violation or attempted violation of the law.
5. If the insured is aware of any circumstances that could reasonably be expected to give rise to a claim.
6. Liability arising out of suicide, attempted suicide or wilful self inflicted injury or illness, anxiety, stress or depression, venereal disease except HIV/AIDS, alcoholism, drunkenness or the use/abuse of drugs.
7. Liability arising out of from the Insured person engaging in Air Travel unless he or she flies as a passenger on an aircraft properly licensed to carry passengers. For the purpose of this exclusion, Air Travel means being in or on, or boarding an aircraft for the purpose of flying therein or alighting there from following a flight.
8. Any claim relating to events occurring before the commencement of the Period of Insurance or after the completion of the Period of Insurance, except relating to Section 10: Trip Delay
9. Claims increased by the Insured Person's own act or omission.
10. Liability arising out of accidents to the journey through two wheeled motorised vehicles.
11. Liability arising out of journey by the Insured Person through one's own motor vehicle.
12. Liability arising out of journey where the Insured Person is driving the common carrier.
13. Liability arising out of Insured engaging in any criminal or illegal act.
14. Deliberate exposure to exceptional danger (except in an attempt to save human life).
15. Liability arising out of any loss or damage due to insured being under the influence of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a Physician and taken as prescribed.
16. No claim will be paid in respect of expenses for treatment, which could reasonably be delayed until the Insured Person's return to City of Residence. The question of what can or what cannot be reasonably delayed will be decided by the independent Medical Practitioner.
17. No claim in respect of cosmetic surgery will be paid, unless such cosmetic surgery is rendered necessary as a result of a covered accident.
18. No claims will be paid in respect of routine physical examination or any other examination where there is no objective indication of impairment of normal health.
19. The insurance will not cover pregnancy of the Insured Person including resulting childbirth, miscarriage, abortion or complication of any of these except of complications in pregnancy arose due to accident to the Insured during the period of Insurance.
20. Any hospital admission or routine examination for investigative/ diagnostic purpose.
21. Any costs incurred on spectacles, contact lenses, hearing aids, corrective and cosmetic dental surgeries.

22. Any treatment related to alcoholism or drug dependency.
23. Participation in an actual or attempted felony, riot, crime, misdemeanour, or civil commotion.
24. Act of Terrorism by the Insured or which is abetted by the Insured in any manner.
25. Participation in any hazardous activities.

Discounts and Loadings

Group discount

Increase / Decrease in the sizes of the group during the currency of the policy are permissible only on monthly basis.

No. of Persons Insured under the Policy	Group Discount %
Up to 1000 persons	0%
1001 Persons - 2000 Persons	2.5%
2001 Persons - 5000 Persons	5%
5001 Persons – 10000 Persons	7.5%
10001 Persons – 25000 Persons	10%
25001 Persons - 50000 Persons	12.5%
Above 50001 Persons	15%

Employer- Employee Group Discount: A discount of 7.5% will be applicable for a group of Employer-Employee relationship

Loadings:

We may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance). The maximum risk loading applicable for an individual shall not exceed 100% per diagnosis / medical condition and an overall risk loading of over 200% per person.

We will inform You about the applicable risk loading through a counter offer letter. You need to revert to Us with consent and additional premium (if any), within 15 days of the issuance of such counter offer letter. In case You neither accept the counter offer nor revert to Us within 15 days, We shall cancel Your application and refund the premium paid within next 7 days.

Please note that We will issue Policy only after getting Your consent.

Cancellation

Before the commencement of Insured Journey/Trip under Period of Insurance

Applicable for all Plans:	You at any time before the commencement of the Period of Insurance may cancel this Policy by giving written notice to The Company as long as you are able to establish to our satisfaction that the proposed Journey has not commenced.
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	<p>In the event of such cancellation of policy, the Insurer shall deduct 10% of the premium or an amount of Rs. 50, whichever is less and refund the balance premium amount to the insured.</p> <p>Note: It is applicable where the Insured did not cancel the ticket but only cancelled the Insurance Policy purchased along with or separately for the journey.</p>								
Applicable for Plan-A & B-Journey through Taxi and Bus.	Policy must be cancelled atleast 1 hour before the journey								
Applicable for Plan C- Coverage for Train Travel& Plan- D- Air Travel	Policy must be cancelled atleast 3 hours before the commencement of Journey								
Applicable for Plan E- Domestic Trip	The policy must be cancelled atleast 3days before the commencement of Period of Insurance								
After the commencement of Insured Journey									
Applicable for Plans- A, B, C&D	The policy can't be cancelled after the commencement of insured journey								
Applicable for Plans- E: Domestic Trip with tenure of less than or equal to 7 days:	The policy can't be cancelled after the commencement of Insured Trip.								
Applicable for Plans- E: Domestic Trip with tenure of more than 7 days:	<p>Such policies can be cancelled even after the commencement of Insured Journey provided no claims have been preferred. The refund of premium is subject to below cancellation grid</p> <p>Cancellation Grid</p> <table border="1" style="width: 100%;"> <thead> <tr> <th>Period of Risk</th> <th>Rate of Premium refunded</th> </tr> </thead> <tbody> <tr> <td>Up to 10% no. of Insured journey days</td> <td>75%</td> </tr> <tr> <td>Up to 30% no. of Insured journey days</td> <td>50%</td> </tr> <tr> <td>Up to 50% no. of Insured journey days</td> <td>25%</td> </tr> </tbody> </table>	Period of Risk	Rate of Premium refunded	Up to 10% no. of Insured journey days	75%	Up to 30% no. of Insured journey days	50%	Up to 50% no. of Insured journey days	25%
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Up to 10% no. of Insured journey days	75%								
Up to 30% no. of Insured journey days	50%								
Up to 50% no. of Insured journey days	25%								

	Exceeding 50% no. of Insured journey days	Nil	
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Note:

- a. If the ticket for the proposed Insured Journey/Trip is cancelled, the insurance policy will automatically get cancelled. Here, the Insurer shall deduct 10% of the premium or an amount of Rs. 50, whichever is less and refund the balance premium amount to the insured.
- b. In case of any early return of the Insured prior to expiry of the Period of Insurance, the company will refund premium at the rates as shown in the ‘Cancellation grid’ above subject to no claims being incurred on the Policy.

Renewal of the Policy

Not Applicable

Claim process and Management

CLAIM PROCEDURE:

1. Procedure for Cashless claims: (applicable only to Section-1: Hospitalization cover)

- i. Treatment may be taken in a network provider and is subject to pre authorization by the Company or its authorized Third Party Administrator (TPA).
- ii. Cashless request form available with the network provider or Third Party Administrator (TPA) shall be completed and sent to the Company/TPA.
- iii. The Company/ Third Party Administrator (TPA) upon getting cashless request form and related medical information from the insured person/ network provider will issue pre-authorization letter to the hospital after verification.
- iv. At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.
- v. The Company or Third Party Administrator (TPA) reserves the right to deny pre- authorization in case the insured person is unable to provide the relevant details.
- vi. In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company / Third Party Administrator (TPA) for reimbursement.

2. Procedure for reimbursement of claims:

For reimbursement of claims, the insured person shall submit the necessary documents to the insurer/ Third Party Administrator (TPA) within thirty days of date of discharge from hospital

3. Notification of Claim:

Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening.

- i. Claims for insurance benefits must be submitted to the Company not later than one month after the completion of the treatment or after transportation of the mortal remains/ burial in the event of Death.
- ii. If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation in an Emergency, the company shall be informed within 24 hours of the admission of the insured person in Hospital.

4. Documents to be submitted:

Basic documents required for all claims include

- a) Duly completed claim form
- b) Photo Identity Proof of the insured person
- c) Any other relevant document required by the Company for assessment of the claim
- d) NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque
- e) KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines

Other documents to be submitted to claim under respective sections are provided below:

Section No.	Sections	Documents to be submitted
1	Hospitalization Expenses due to Accident	<ul style="list-style-type: none"> ● Original Discharge Summary (wherever applicable) ● Original Medical Reports ● Original Invoices/Bills ● Original Payment Receipts ● Hospitalization Expenses due to Accident ● Investigation Reports supporting the diagnosis, if any ● Treating doctors report for necessity for evacuation, if applicable

2	Accidental Death	<ul style="list-style-type: none"> ● Death Certificate ● Post-mortem Certificate, if conducted ● FIR (wherever required) ● Police Investigation report ● Viscera Sample Report (if applicable) ● Forensic Laboratory report ● Legal Heir Certificate ● Succession Certificate ● Copy of discharge summary (if available).
3	Permanent Total Disability (PTD)	<ul style="list-style-type: none"> ● Original treating Medical Practitioner's certificate confirming the disability and its %. ● Original Discharge summary from the Hospital Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable
4	Permanent Partial Disability (PPD)	<ul style="list-style-type: none"> ● Original treating Medical Practitioner's certificate confirming the disability and its %. ● Original Discharge summary from the Hospital ● Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable
5	Repatriation Of Mortal Remains	<p>In case of transportation of the body of the deceased to the City of Residence, the receipt for expenses incurred towards preparation and packing of the mortal remains of the deceased and also for the transportation of the mortal remains of the deceased.</p> <ul style="list-style-type: none"> ● Copy of Embalming certificate, if any ● Flight itinerary and Boarding pass and/or ticket details as applicable ● Copy of death certificate. ● Post mortem report, if conducted.
6	Automatic trip extension	<ul style="list-style-type: none"> ● Certificate from common carrier on cancellation of flight. ● Newspaper articles, if any
7	Compassionate Allowance	<ul style="list-style-type: none"> ● Report from the treating doctor advising the requirement of support from family or any person deputed by the family. ● Copy of the ticket ● Copy of the receipt for accommodation

8	Missed Connection (applicable only for air travel)	<ul style="list-style-type: none"> • Copies of Travel ticket and boarding pass of flight Scheduled from the first port of arrival • Copies of Travel ticket and boarding pass of New flight Scheduled from the first port of arrival • Confirmation from the Common Carrier of the delayed flight along with the reasons for delay • Unused ticket for the ongoing flight (Missed Flight) with an endorsement of the Common Carrier of cancellation of the same • Original used ticket obtained afresh towards the alternative flight • Certificate from the Common Carrier of the Missed Flight that the fare for the part of the Trip covered by the Missed Flight is forfeited in full or in part together with the amount of forfeiture. • Original used ticket obtained afresh towards the alternative • Common Carrier for the part of the journey covered by the missed Common Carrier indicating the amount paid as fare, and in which such Insured Person has travelled • Confirmation of the delay from the Common Carrier which is used for transit to the Place of Origin of the booked journey as to the scheduled ETA and the actual time of arrival at Place of Origin
9	Loss Of Checked-in Baggage (applicable only for air travel)	<ul style="list-style-type: none"> • Copies of correspondence with airline authorities / others about loss of checked baggage, along with details of compensation received from airlines / other authorities (if any), • Property Irregularity Report (obtained from airline), • The Insured has to provide an undertaking in writing stating that in the event if the baggage is traced and returned to him I her, he / she will be refunding the entire claim amount settled under this policy. • Flight itinerary
10	Trip Delay (applicable only for air travel) (beyond 3 hour)	<ul style="list-style-type: none"> • Copy of ticket & boarding pass, • Certificate from the Common Carrier confirming the delay and detailing the circumstances of delay. (Mandatory) • Copies of correspondence with airline authorities certifying the delay, along with details of compensation received from airlines / other authorities (if any). • Copies of Boarding Pass, Ticket.

11	Carrier Cancellation (applicable only for air travel)	<ul style="list-style-type: none"> • Confirmation from the Common Carrier of the cancellation of flight along with the reasons for cancellation.
12	Trip cancellation & Interruption	<ul style="list-style-type: none"> • Confirmation of cancellation of the Trip detailing the circumstances of cancellation; • Original ticket issued by the Common Carrier indicating the cost the ticket and receipt for the refund of the fare of the Common Carrier towards the cancelled portion of the Trip, the cancellation charges retained; • Original bill and a receipt / letter obtained from the hotel and / or guest house and / or any other paid residential accommodation (available for fee) indicating the amount paid for the accommodation, the refund given and the cancellation charges retained, wherever such accommodation has been arranged at the place of cancellation of the Trip; • Ticket issued by the Common Carrier in original for return journey from the place of cancellation to the City of Residence or Place of Origin of the Insured which indicate the cost of the tickets together with the receipts for the refunds obtained towards the unfulfilled portion of the Trip. • In case the cancellation of the Trip shall result because of personal contingencies covered hereunder or a decision taken at the instance of the Insured arising out of the contingencies namely earthquake, storm, flood, inundation cyclone, tempest & terrorism, the duly completed claims form to be accompanied by: <ol style="list-style-type: none"> i. A declaration from the Insured furnishing the circumstances that compelled him / her to cancel the Trip; ii. Medical evidence as may be required by the Third Party Administrator in case of the cancellation of the Trip arising out of personal contingencies of the Insured or his / her Immediate Family; iii. Receipt for the refund of the fare of the Common Carrier towards the cancelled portion of the Trip indicating the cancellation charges retained;

		<p>iv. Receipt / letter obtained from the hotel and / or guest house and / or any other residential accommodation (available for a fee) indicating the cancellation charges retained, wherever such accommodation has been arranged at the place of cancellation of the Trip;</p> <p>v. Used ticket issued by the Common Carrier or boarding pass, as the case may be, in original for return journey from the place of cancellation to the City of Residence or Place of Origin of the Insured together with the receipts for the refunds obtained towards the unfulfilled portion of the Trip.</p> <p>vi. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy</p>
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Note:

1. The company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted
2. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company
3. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person
4. The company shall settle or repudiate a Claim within 30 days of the receipt of the last necessary information and documentation set out above. In case of suspected frauds, the last "necessary" documents will include the receipt of the investigation report from our representatives.
5. Documents which are common to interlinked claims may not be insisted again with respect to the same claims.

5. Claim Settlement (provision for Penal Interest)

- i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document
- ii. In case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.

- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim

(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the Financial Year in which claim has fallen due)

6. Services Offered by TPA (To be stated where TPA is involved) (applicable only to Section-1: Hospitalisation due to Accident)

Servicing of claims, i.e., claim admissions and assessments, under this Policy by way of pre-authorization of cashless treatment or processing of claims other than cashless claims or both, as per the underlying terms and conditions of the policy.

The services offered by a TPA shall not include (i) claim settlement and claim rejection; and (ii) any services directly to any insured person or to any other person unless such service is in accordance with the terms and conditions of the agreement entered into with the Company.

7. Payment of Claim

All claims under the policy shall be payable to the policyholders in Indian currency only.

Benefit Schedule

As Annexed

Premium Rate Chart

As Annexed

Annexure-A

List I - Items for which coverage is not available in the policy

Sl No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	TELEVISION CHARGES
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BEDCHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES

29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	SPIROMETRE
36	STEAM INHALER
37	ARMSLING
38	THERMOMETER
39	CERVICAL COLLAR
40	SPLINT
41	DIABETIC FOOT WEAR
42	KNEE BRACES (LONG/ SHORT/ HINGED)
43	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
44	LUMBO SACRAL BELT
45	NIMBUS BED OR WATER OR AIR BED CHARGES
46	AMBULANCE COLLAR
47	AMBULANCE EQUIPMENT
48	ABDOMINAL BINDER
49	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
50	SUGAR FREE TABLETS
51	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
52	ECG ELECTRODES
53	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
54	KIDNEY TRAY
55	OUNCE GLASS
56	PELVIC TRACTION BELT
57	PAN CAN
58	TROLLY COVER
59	UROMETER, URINE JUG

List II – Items that are to be subsumed into Room Charges

Sl No	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	CRADLE CHARGES
4	COMB

5	EAU-DE-COLOGNE / ROOM FRESHNERS
6	GOWN
7	SLIPPERS
8	TISSUE PAPER
9	TOOTH PASTE
10	TOOTH BRUSH
11	BED PAN
12	FLEXI MASK
13	HAND HOLDER
14	SPUTUM CUP
15	DISINFECTANT LOTIONS
16	LUXURY TAX
17	HVAC
18	HOUSE KEEPING CHARGES
19	AIR CONDITIONER CHARGES
20	IM IV INJECTION CHARGES
21	CLEAN SHEET
22	BLANKET/WARMER BLANKET
23	ADMISSION KIT
24	DIABETIC CHART CHARGES
25	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
26	DISCHARGE PROCEDURE CHARGES
27	DAILY CHART CHARGES
28	ENTRANCE PASS / VISITORS PASS CHARGES
29	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
30	FILE OPENING CHARGES
31	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
32	PATIENT IDENTIFICATION BAND / NAME TAG
33	PULSEOXYMETER CHARGES

List III – Items that are to be subsumed into Procedure Charges

SI No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (FOR SITE PREPARATIONS)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER

6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV – Items that are to be subsumed into costs of treatment

SI No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP– COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT

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14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/ STERILLIUM
17	GLUCOMETER& STRIPS
18	URINE BAG