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1		Liberty General Insurance Ltd. Unit 1501&1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai – 400013, Phone: +91 226700 1313 Fax: +91 226700 1606 IRDAI of India Reg. No.150, CIN: U66000MH2010PLC269656 Website Link: www.libertyinsurance.in					
2	CUSTOMER INFORMATION SHEET						
3	This document provides only key information about your policy No XXXXXXXXXXXXXXXXXXXXXXXX. Please refer to the policy document for detail terms and conditions.						
4	Sl No	Title	Description				Policy / Clause Number
5	1	Product Name	Compulsory Personal Accident Cover for Owner Driver Under Motor Insurance				NA
6	2	Unique Identification Number (UIN) allotted by IRDAI	IRDAN15ORP0045V02201819				NA
7	3	Structure	Indemnity				NA
8	4	Interests Insured	Interest of Insured is compensation for bodily injur/death sustained by the insured arising out to insured vehicle				NA
9	5	Sum Insured / Motor Insured Declared Value Scope	/-				NA
10	6	Policy Coverage	The Company undertakes to pay compensation as per the following scale for bodily injury/ death sustained by the Insured, in direct connection with any of the vehicle of which he / she is registered owner or whilst driving or mounting into/dismounting from such vehicle or whilst travelling in it as a co-driver, caused by violent accidental external and visible means which independent of any other cause shall within six calendar months of such injury result in:				Section III
11			Nature of Injury		Scale of Compensation		
12			(i) Death		100%		
13			(ii) Loss of two limbs or sight of two eyes or one limb and sight of one eye		100%		
14			(iii) Loss of one limb or sight of one eye		50%		
15			(iv) permanent total disablement from injuries other than named above		100%		
16	7	Add-on Cover	NA				NA
17	8	Loss Participation	Compulsary deductible will be applied in each and every claim intimated under Own Damage section of the policy.				NA
18			Deductible : INR /-				
19	9	Exclusions	The Company shall not be liable in respect of: 1.Any accidental loss damage and/or liability caused sustained or incurred outside the Geographical Area. 2.Any claim arising out of any contractual liability. 3.Any accidental loss damage and/or liability caused sustained or incurred whilst the vehicle insured herein is: a)Being used otherwise than in accordance with the Limitations as to Use or b)Being driven by or is for the purpose of being driven by him/her in the charge of any person other than a Driver as stated in the Driver's clause. 4.A) any accident loss or damage to any property whatsoever or any loss or expense whatsoever resulting or arising there from or any consequential loss ii) any liability of whatsoever nature directly or indirectly caused by or contributed to by or arising from ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purposes of this exception combustion shall include any self-sustaining process of nuclear fission. 5.Any accidental loss or damage or liability directly or indirectly caused by or contributed to by or arising from nuclear weapons material 6.Any accidental loss damage and/or liability directly or indirectly or proximately occasioned by or contributed to by or traceable to or arising out of or in connection with war, invasion, the act of foreign enemies, hostilities or warlike operations (whether before or after declaration of war), civil war, mutiny rebellion, military or usurped power or by any direct or indirect consequences of any of the said occurrences and in the event of any claim hereunder the Insured shall prove that the accidental loss damage and/or liability arose independently of and was in no way connected with or occasioned by or contributed to by or traceable to any of the said occurrences or any consequences thereof and in default of such proof the Company shall not be liable to make any payment in respect of such a claim.				NA
20	10	Special Conditions and Warranties (if any)	The Company may cancel the Policy on grounds of mis-representation, fraud, non-disclosure of material facts or non-cooperation of the insured by sending seven days' notice by recorded delivery to the insured at insured's last known address and in such event will return to the insured the premium paid less the pro rata portion thereof for the period the Policy has been in force or the Policy may be cancelled at any time by the insured on seven days' notice by recorded delivery and provided no claim has arisen during the currency of the Policy, the insured shall be entitled to a return of premium less premium at the Company's Short Period rates for the period the Policy has been in force. Return of the premium by the company will be subject to retention of the minimum premium of Rs.100/- (or Rs.25/- in respect of vehicles specifically designed/modified for use by blind/handicapped/mentally challenged persons). Where the ownership of the vehicle is transferred, the Policy cannot be cancelled unless evidence that the vehicle is insured elsewhere is produced.				NA
21	11	Admissibility of Claim	1.Notice shall be given in writing to the Company immediately upon the occurrence of any accident or loss or damage and in the event of any claim and thereafter the insured shall give all such information and assistance as the Company shall require. Every letter claim writ summons and/or process or copy thereof shall be forwarded to the Company immediately on receipt by the insured. Notice shall also be given in writing to the Company immediately the insured shall have knowledge of any impending prosecution inquest or fatal injury in respect of any occurrence which may give rise to a claim under this Policy. In case of theft or other criminal act which may be the subject of a claim under this Policy the insured shall give immediate notice to the police and co-operate with the Company in securing the conviction of the offender. 2.No admission offer promise payment or indemnity shall be made or given by or on behalf of the Insured without the written consent of the Company which shall be entitled if it so desires to take over and conduct in the name of the Insured the defence or settlement of any claim or to prosecute in the name of the Insured for its own benefit any claim for indemnity or damages or otherwise and shall have full discretion in the conduct of any proceedings or in the settlement of any claim and the Insured shall give all such information and assistance as the Company may require. 3.The Company may at its own option repair reinstate or replace the vehicle or part thereof and/or its accessories or may pay in cash the amount of the loss or damage and the liability of the Company shall not exceed: a)For total loss / constructive total loss of the vehicle - the Insured's Declared Value (DV) of the vehicle (including accessories thereon) as specified in the Schedule less the value of the wreck. b)For partial losses, i.e. losses other than Total Loss/Constructive Total Loss of the vehicle - actual and reasonable costs of repair and/or replacement of parts lost/damaged subject to depreciation as per limits specified. 4.The Insured shall take all reasonable steps to safeguard the vehicle from loss or damage and to maintain it in efficient condition and the Company shall have at all times free and full access to examine the vehicle or any part thereof or any driver or employee of the insured. In the event of any accident or breakdown, the vehicle shall not be left unattended without proper precautions being taken to prevent further damage or loss and if the vehicle be driven before the necessary repairs are effected any extension of the damage or any further damage to the vehicle shall be entirely at the insured's own risk. 5.If at the time of occurrence of an event that gives rise to any claim under this Policy there is in existence any other insurance covering the same liability, the Company shall not be liable to pay or contribute more than its rateable proportion of any compensation, cost or expense. 6.The due observance and fulfillment of the terms, conditions and endorsements of this Policy in so far as they relate to anything to be done or complied with by the insured and the truth of the statements and answers in the said proposal shall be conditions precedent to any liability of the Company to make any payment under this Policy. 7.In the event of the death of the sole insured, this Policy will not immediately lapse but will remain valid for a period of three months from the date of the death of insured or until the expiry of this Policy (whichever is earlier). During the said period, legal heir(s) of the insured to whom the custody and use of the Motor Vehicle passes may apply to have this Policy transferred to the name(s) of the heir(s) or obtain a new insurance policy for the Motor Vehicle. Where such legal heir(s) desire(s) to apply for transfer of this Policy or obtain a new policy for the vehicle such heir(s) should make an application to the Company accordingly within the aforesaid period. All such applications should be accompanied by:- a)Death Certificate in respect of the insured b)Proof of title to the vehicle c)Original Policy Sample Calculation :				NA
22			Particulars		Admissible amount	Amount net off depreciation	Final amount inc. Tax
23			Part		40000	20000	23600
24			Labour		20000	20000	23600
25			Paint Material		1800	900	1062
26			Paint Labour		1800	1800	2124
27							50386
28							1000
29							49386
30			Final Claim amount				
31			Toll free / IVRS number of the Insurer - 1800-266-5844				
32			Website / Email - care@libertyinsurance.in				
33	12	Policy Servicing - Claim Intimation and Processing	Details of designated company officials to be contacted in time of claim - 1800-266-5844				
34			Customer can call our customer care number @1800-266-5844 or mail to care@libertyinsurance.in or visit website/iv Mobile app or directly walk-in to any of our offices and can				
35			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.				
36			Call us on Toll free number: 1800- 266-5844 (8:00 AM to 8:00 PM, 7 days of the week) or Email us at: care@libertyinsurance.in or Write to us at: Customer Service Liberty General Insurance Limited 10th Floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Lower Parel, Mumbai 400 013				

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37			Grievance Redressal Officer : Sameer Maigundkar Email ID : gro@libertyinsurance.in				
38			Bima Bharosa (Grievance Redressal Portal), IRDAI- https://bimabharosa.irda.gov.in/ Insurance Ombudsman – The contact details of the Insurance Ombudsman offices have been provided as Annexure-B of Policy document.				
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40			OMBUDSMAN'S OFFICE	CONTACT DETAILS	JURISDICTION		
41			Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001.	Tel.: 079 - 25501201/02/05/06 bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.		
42			Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078.	Tel.: 080 - 26652048 / 26652049 bimalokpal.bengaluru@cioins.co.in	Karnataka		
43			Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003.	Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 bimalokpal.bhopal@cioins.co.in	Madhya Pradesh and Chhattisgarh		
44			Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009.	Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 bimalokpal.bhubaneswar@cioins.co.in	Orissa		
45			Office of The Insurance Ombudsman Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh - 160017.	Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana(excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.		
46			Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018.	Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 bimalokpal.chennai@cioins.co.in	Tamil Nadu, PuducherryTown and Karikal (which are part of Puducherry).		
47			Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002.	Tel.: 011 - 23232481/23213504 bimalokpal.delhi@cioins.co.in	Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.		
48	13	Grievance Redressal and Policyholders Protection	OFFICE OF THE INSURANCE OMBUDSMAN LIC OF INDIA 10TH FLOOR, 'JEEVAN PRAKASH', DIVISIONAL OFFICE M.G.ROAD, ERNAKULAM	Tel.: 0484-2358759/2359338 bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.		NA
49			Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM).	Tel.: 0361 - 2632204 / 2602205 bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.		
50			Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004.	Tel.: 040 - 23312122 Fax: 040 - 23376599 bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.		
51			Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005.	Tel.: 0141 - 2740363 bimalokpal.jaipur@cioins.co.in	Rajasthan		
52			Office of the Insurance Ombudsman, Hindustan Bldg. Annex, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072.	Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 M : 8009693830 bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.		
53			Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001.	Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 22313310 bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareilly, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajganj, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.		
54			Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054.	Tel.: 69038821/25/24/25/26/27/28/28/29/30/31 Fax: 022 - 26106052 bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.		
55			Office of the Insurance Ombudsman, Bhagwan Sahai Palace 8th Floor, Main Road, Naya Banis, Sector 15, Distt:-Gautam Buddha Nagar	Tel.: 0120-2514252 / 2514253 bimalokpal.noida@cioins.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.		
56			Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001.	Tel.: 0612-2547068 bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.		
57			Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030.	Tel.: 020-41312555 bimalokpal.pune@cioins.co.in	Maharashtra Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.		
58	14	Obligations of the Policyholder	To disclose all information correctly sought by the Insurer at time of filing the proposal form in case of any change / modification / addition to the already declared information the same shall be brought to the notice of the Insurer immediately Non-disclosure of material information may affect the claim settlement. (Disclosure of other material information during the policy period.) Insurer to specify the material information				
59				Declaration by the Policyholder:			
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