Liberty General Insurance – Frequently Asked Questions

This document covers Individual (Retail) Health Insurance, Group Health Insurance, Personal Accident Insurance, and Travel Insurance. For the exact benefits, Sum Insured, sub-limits, waiting periods and conditions applicable to you, please refer to your Policy Schedule, Certificate of Insurance or Prospectus.

Individual (Retail) Health Insurance

Basics

1. What is health insurance?

Health insurance is a contract between you and an insurer that covers medical expenses arising from illness, injury, or hospitalisation. In return for a premium, the insurer pays for eligible healthcare costs, either directly to the hospital (cashless) or by reimbursing you.

2. Why do I need health insurance?

Medical costs are rising rapidly. A single hospitalisation can significantly impact your savings. Health insurance protects your finances, gives you access to quality care, and offers tax benefits under Section 80D of the Income Tax Act.

3. What is the right age to buy health insurance?

The earlier, the better. Buying young means lower premiums, no waiting period surprises when you need care, and coverage before any lifestyle-related conditions develop. In addition, products like Liberty's Eternia Health Policy let you lock your premium to a lower age band until a claim is made, with the "Pause the Age" add-on.

Coverage

4. What does a health insurance policy typically cover?

- In-patient hospitalisation (room, nursing, ICU, surgeon fees)
- Pre- and post-hospitalisation expenses
- Day-care procedures that don't require 24-hour admission
- Ambulance charges
- AYUSH treatment (Ayurveda, Yoga, Unani, Siddha, and Homeopathy), as per policy terms
- Domiciliary (home) treatment, where applicable
- Annual health check-ups (as per policy terms)

5. What is usually NOT covered?

Common exclusions include cosmetic treatments, self-inflicted injuries, treatment arising from alcohol or substance abuse, expenses arising from war or nuclear risks, and certain conditions during the initial waiting period. Always read the policy wording for the full list.

6. What is a pre-existing disease (PED)?

A PED is any illness or condition you were diagnosed with or treated for before buying the policy. These are usually covered only after a waiting period of 36 months.

Sum Insured & Premium

7. How much cover (sum insured) should I choose?

Consider your city's medical costs, family size, age, and lifestyle. A higher sum insured is advisable in metro cities and for families with elderly members.

8. What factors affect my premium?

Age, sum insured, medical history, lifestyle habits (e.g. smoking), city of residence, and the type of plan (individual vs. family floater).

9. What is a family floater plan?

A single policy that covers your entire family under one shared sum insured, usually more cost-effective than buying individual policies for each member.

Claims

10. What is a cashless claim?

At a network hospital, the insurer settles the bill directly with the hospital, so you don't pay upfront (except for non-covered items or deductibles).

11. What is reimbursement?

If you're treated at a non-network hospital, you pay the bills first and then submit documents to the insurer to get your eligible expenses refunded.

12. How do I make a claim?

- **Cashless:** Inform the insurer, then get pre-authorisation approved at the hospital's insurance desk. For planned hospitalisation, contact the insurer or TPA generally at least 48 hours before admission; for emergencies, generally within 24 hours of admission.

- **Reimbursement:** Pay the hospital, collect all bills and reports, then submit the claim form with documents within the stipulated time.

The link provided below could be referred for the detailed information on the claims process:

Health Insurance Claim Process - Liberty General Insurance

13. How long does claim settlement take?

The Company generally settles or rejects a claim within 15 days from receipt of the last necessary document.

Key Terms & Benefits

14. What is a waiting period?

The time you must wait before certain conditions or treatments become claimable. This may apply to pre-existing diseases, specific illnesses, and maternity benefits.

15. What is a No Claim Bonus (NCB)?

An increase in your sum insured (or a premium discount) at renewal, at no extra cost.

16. What is a deductible?

A deductible is the amount (or number of days/hours) that must be borne or completed before the insurer's liability begins. A deductible does not reduce the Sum Insured.

17. What is co-payment?

A co-payment is the percentage of an admissible claim that you agree to bear, with the insurer paying the rest. It does not reduce the Sum Insured. Plans with co-pay usually have lower premiums.

18. Can I get tax benefits?

Yes. Premiums paid for health insurance qualify for deductions under Section 80D of the Income Tax Act, subject to prevailing limits and conditions.

Renewal & Portability

19. What happens if my policy lapses?

You may lose continuity benefits like waiting-period credits and No Claim Bonus. Most policies offer a 30-day grace period to renew after the due date, during which continuity

benefits are retained. However, any illness or injury occurring during the break in cover is not payable.

20. Can I switch insurers without losing benefits?

Yes, through **portability**. You can move to another insurer at renewal while retaining accrued benefits like waiting-period credit. To do this, you must apply at least 30 days before your current policy's renewal date.

Group Health Insurance

(Liberty Group Insurance Products)

1. What is a group insurance policy?

A group insurance policy provides insurance cover to eligible members of a defined group, such as employees and eligible dependants, under a common policy issued to the group policyholder.

2. Who is eligible for coverage?

Eligibility depends on the product, group arrangement, age criteria and terms stated in the Policy Schedule or Certificate of Insurance. Coverage is available only to persons properly included in the policy and for whom the applicable premium has been paid.

3. What benefits are covered under the policy?

Benefits depend on the product and plan selected. They may include hospitalisation, day care treatment, hospital cash, personal accident, critical illness, vector-borne diseases, infectious diseases, loan or EMI protection and income protection benefits. Please refer to your Policy Schedule or Certificate of Insurance for the benefits applicable to you.

4. Where can I find my exact Sum Insured and limits?

The Sum Insured, benefit amount, deductible, co-payment, waiting period, policy period, sub-limits and selected covers are mentioned in the Policy Schedule or Certificate of Insurance.

5. What is a Sum Insured?

The Sum Insured is the maximum amount payable by the Company under the applicable cover, subject to the policy terms, conditions, exclusions, deductibles, co-payments and limits.

6. What is hospitalisation?

Hospitalisation generally means admission to a qualifying hospital for at least 24 consecutive hours, except for specified day care procedures where a shorter admission is permitted under the policy.

7. What is a day care procedure?

A day care procedure is a medical or surgical treatment completed in less than 24 hours because of technological advancement, which would otherwise have required hospitalisation for more than 24 hours. Only eligible procedures covered under the policy are payable.

8. Are pre-existing diseases covered?

Pre-existing diseases and their direct complications are generally subject to a waiting period, commonly up to 36 months of continuous coverage, unless reduced through portability or specifically waived or modified in the Policy Schedule.

9. Are accidental injuries covered during waiting periods?

Accidental injury claims may be covered without applying certain illness-related waiting periods, subject to the applicable policy wording, exclusions and the claim being otherwise admissible.

10. Are OPD expenses covered?

OPD treatment is generally not covered unless specifically included in the Policy Schedule or an endorsement.

11. Is treatment outside India covered?

Health treatment is generally required to be taken in India. Certain benefit sections may provide worldwide geographical scope, but claims are generally settled in India and in Indian Rupees. Please check the applicable Policy Schedule.

12. What is a cashless claim?

A cashless claim allows eligible treatment expenses to be paid directly to a network hospital, subject to pre-authorisation and the terms of the policy. Cashless facility is available only at participating network providers.

13. How do I avail a cashless facility?

For planned hospitalisation, contact the insurer or TPA generally at least 48 hours before admission. For emergency hospitalisation, notify the insurer or TPA generally within 24 hours of admission. Keep your policy or membership details available.

14. How do I submit a reimbursement claim?

Notify the claim as soon as possible and submit the completed claim form along with the required bills, receipts, prescriptions, discharge summary, investigation reports and other supporting documents within the time specified in the policy.

15. What documents are generally required for a claim?

Documents may include:

- Duly completed and signed claim form
- Policy, Certificate of Insurance or ID card
- Discharge summary or treatment summary
- Hospital bills and payment receipts
- Prescriptions and investigation reports
- Medical certificates and doctor's reports
- FIR/MLC, post-mortem report or legal-heir documents for accident or death claims, where applicable
- Identity and address proof
- NEFT mandate or bank details, where required

Additional documents may be requested depending on the nature of the claim.

16. When should a claim be notified?

The claim should be notified immediately or within the timeframe specified in the applicable policy. For planned hospitalisation, advance intimation may be required. In an emergency, intimation is generally required within 24 hours of admission. Delays may be considered on merits when caused by circumstances beyond the insured person's control.

17. How long does claim settlement take?

The Company generally settles or rejects a claim within 15 days from receipt of the last necessary document.

18. What is a deductible?

A deductible is the amount or number of days/hours that must be borne or completed before the insurer's liability begins. A deductible does not reduce the Sum Insured.

19. What is a co-payment?

A co-payment is the percentage of an admissible claim that the insured person must bear. It does not reduce the Sum Insured and applies as stated in the Policy Schedule.

20. Can I claim under more than one policy?

For benefit-based covers, claims may generally be made under multiple policies, subject to their respective terms. For indemnity-based covers, claim settlement is subject to the applicable coordination and contribution provisions.

21. Can the policy be renewed?

Policies are ordinarily renewable, subject to the product terms and applicable renewal conditions. Renewal may be affected in cases such as established fraud, non-disclosure or misrepresentation.

22. Can members be added or deleted during the policy period?

Additions and deletions are subject to the group policy terms, timely written intimation, eligibility, acceptance by the Company and availability of adequate premium. The effective date of cover will be as specified or agreed by the Company.

23. Can the policy be ported or migrated?

Where applicable, eligible insured persons may migrate to another product offered by Liberty or port to another insurer, subject to applicable IRDAI guidelines, prescribed timelines and policy conditions.

Personal Accident Insurance

Basics

1. What is personal accident insurance?

Personal accident (PA) insurance provides financial compensation if you suffer death, disability, or injury caused solely by an accident. It offers a lump sum or benefit payout to you or your family to help cope with the loss of income and additional expenses.

2. How is personal accident insurance different from health insurance?

Health insurance covers medical treatment costs for illnesses and hospitalisation. Personal accident insurance specifically covers accidental death and disability, paying out a benefit amount regardless of actual medical expenses incurred.

3. Who should buy personal accident cover?

It is valuable for everyone, but especially for the primary earning member of a family, people who travel frequently, and those working in physically demanding or high-risk occupations.

Coverage

4. What does a personal accident policy typically cover?

- **Accidental death** – a lump sum benefit paid to the nominee.
- **Permanent total disability** – e.g. loss of both limbs or eyesight, rendering you unable to work.
- **Permanent partial disability** – a proportion of the sum insured for partial loss (e.g. one finger or toe).
- **Temporary total disability** – a weekly benefit while you are unable to work due to the accident.
- Optional add-ons such as education benefits for children, hospitalisation expenses, and ambulance charges.

5. What is usually NOT covered?

Common exclusions include self-inflicted injuries, suicide or attempted suicide, injuries under the influence of alcohol or drugs, participation in hazardous sports (unless covered), war and nuclear risks, and pre-existing disabilities.

Sum Insured & Premium

6. How much cover should I take?

A common guideline is to choose a sum insured of about 10–15 times your annual income, so your family's financial needs are protected in the event of a serious accident.

7. What factors affect the premium?

Primarily your occupation (risk category), the sum insured chosen, age, and any optional add-ons. Premiums for PA cover are generally affordable compared to the level of protection offered.

Claims

8. How do I make a personal accident claim?

Notify the insurer as soon as possible after the accident. Submit the claim form along with supporting documents such as medical reports, disability certificates, an FIR or police report (where applicable), and, in the case of death, the death certificate and nominee details.

9. Can I get tax benefits on a personal accident policy?

Tax treatment varies. Personal accident premiums are generally not eligible under Section 80D, but you should consult a tax advisor for guidance based on your specific policy and circumstances.

Travel Insurance

Basics

1. What is travel insurance?

Travel insurance protects you against financial losses and emergencies that may occur before or during a trip, both within India and abroad. It covers unexpected events such as medical emergencies, trip cancellation, lost baggage, and flight delays.

2. Why should I buy travel insurance?

Medical treatment abroad can be extremely expensive, and disruptions like cancellations or lost documents can be costly and stressful. Travel insurance provides financial protection and assistance so you can travel with peace of mind. It is also mandatory for visas to many countries.

3. When should I buy travel insurance?

Ideally as soon as you book your trip. Buying early ensures you are covered for pre-departure risks such as trip cancellation, in addition to events during the journey.

Coverage

4. What does a travel insurance policy typically cover?

- Emergency medical expenses and hospitalisation while travelling
- Medical evacuation and repatriation
- Trip cancellation or interruption
- Loss of checked-in baggage and delay of baggage
- Loss of passport and important documents
- Flight delays and missed connections
- Personal accident during the trip

5. What is usually NOT covered?

Common exclusions include pre-existing medical conditions (unless specifically covered), injuries from adventure or hazardous sports (unless opted for), incidents under the influence of alcohol or drugs, travel against medical advice, and losses due to war or civil unrest.

6. Does travel insurance cover pre-existing medical conditions?

Generally, pre-existing conditions are excluded. However, some plans cover them in life-threatening emergency situations or offer them as an add-on. Always declare existing conditions and check the policy terms.

Plans & Premium

7. What types of travel insurance are available?

- **Single-trip** – covers one specific journey.
- **Multi-trip / annual** – covers multiple trips over a year, ideal for frequent travellers.
- **Domestic** – for travel within India.
- **International** – for overseas travel, often required for visas.
- **Student** and **Senior Citizen** plans for specific needs.

8. What factors affect the premium?

Your destination, trip duration, age, sum insured, the type of plan, and any add-ons (such as adventure sports or pre-existing condition cover).

Claims

9. What should I do if I lose my baggage or passport abroad?

Report the loss immediately to the relevant authority (airline for baggage, local police and the nearest embassy for a passport) and obtain written confirmation. These documents are required to support your claim.

Grievances & Contact

How can I raise a grievance or get in touch?

Customers may contact Liberty General Insurance through:

- **Website:** https://www.libertyinsurance.in
- **Toll-free:** 1800-266-5844
- **Email:** care@libertyinsurance.in
- **Grievance Officer:** gro@libertyinsurance.in
- **Senior Citizen Support:** seniorcitizen@libertyinsurance.in
- **IRDAI Bima Bharosa Portal:** https\://bimabharosa.irdai.gov.in/

The link provided below could be referred for information regarding grievances and complaints:
Grievance Redressal Support - Liberty General Insurance