

Sr. No	Title	Customer Information Sheet DESCRIPTION IS ILLUSTRATIVE AND NOT EXHAUSTIVE *This document provides key information about your policy. You are also advised to go through your policy document. In case of any conflict, the terms and conditions mentioned in the Policy document shall prevail.			Policy Clause No
1	Product Name	Individual Personal Accident Policy			NA
2	Policy No				NA
3	Type of Insurance Product/Policy	Benefit			NA
4	Sum Insured	10 lacs			NA
5	Policy Coverage (What the policy covers?)	Unit Based Plan			Part II: Policy Wordings
		Coverage	Basic Plan	Wide Plan	
		Accidental Death	10 lacs	10 lacs	
		Permanent Total Disability	as per table of benefit(s)	as per table of benefit(s)	
		Permanent Partial Disability		as per table of benefit(s)	
		Temporary Total Disability			
		Child Education Benefit	Rs. 10000	Rs. 10000	
		Cost of Transporting Mortal Remains	Max up to Rs. 10000	Max up to Rs. 10000	
		Cost of Performance of	Max up to Rs. 10000	Max up to Rs. 10000	

Individual Personal Accident Policy- CIS

UIN: LVGPAIP14004V011314

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Death Cerem ony			
Accide ntal Hospit alisatio n Expens es	Rs.100000	Rs.100000	Rs.100000
Accidental Hospital Daily Cash		Rs. 500/day for max 30 days	Rs. 500/day for max 30 days
Loan Protector			Rs. 12000/month for max of 12 months
Broken Bone		Rs. 1,00,000	Rs. 1,00,000
Ambulance Hiring Charges	Rs. 1,500	Rs. 1,500	Rs. 1,500
Legal Bail Expenses		Max of Rs. 5,000	Max of Rs. 5000
Double Indemnity			10 lacs

Flexi Plan:		Policy Coverage (What the policy covers?)	Part II: Policy Wording
COVER TYPE	COVERAGE		
A - Accident Benefit(s)	Accidental Death		
	Permanent Total Disability		
	Permanent Partial Disability		
	Temporary Total Disability		
B - Inbuilt Value Added covers	Child Education Benefit		
	Transportation of Mortal Remains		
	Performance of Funeral Ceremony		
C - Add-On covers (optional)	Accidental Hospitalization Expenses		
	Accidental Hospital Daily Cash		
	Child Education Support Benefit		
	Life support Benefit		
	Loan Protector		

	to maximum 5 multiples for a maximum of 12 m
Outstanding bills payment protection	SI as opted-max S limited to 10% of C
Family Transportation Benefit	SI as opted-max S limited to 10% of C
Broken Bone	SI as opted-max S limited to 25% of C
Modification of Residence/Vehicle	SI as opted-max S limited to 10% of C
Ambulance Hiring Charges	Rs. 1,500
Legal Bail Expenses	Rs. 5,000
Double Indemnity	100% of CSI opted Death

6	Exclusions (What the policy does not cover)	<ol style="list-style-type: none"> 1. Death or disability resulting directly or indirectly caused by, contributed to or aggravated or prolonged by child birth or from pregnancy excluding ectopic pregnancy . 2. Any pre-existing condition/ disability / accidental injury. 3. Any claim of the Insured Person <ol style="list-style-type: none"> (i) from intentional self-injury, suicide or attempted suicide (ii) whilst under the influence of liquor or drugs or other intoxicants (iii) whilst engaging in aviation or ballooning whilst mounting into, dismounting from or traveling in any aircraft or balloon other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world (iv) directly or indirectly, caused by venereal disease, AIDS or insanity (v) whilst engaging in racing, hunting, mountaineering, ice hockey, winter sports (vi) driving any vehicle without a valid driving licence (vii) whilst engaging as a driver, co-driver or passenger of a vehicle engaging in speed contest or racing of any kind or participating in a trail run. 4. Any loss or damage arising from insured person committing any breach of law with criminal intent 5. Any claim arising out of War, civil war, invasion, insurrection, revolution, act of foreign enemy, hostilities (whether War be declared or not), rebellion, mutiny, use of military power or usurpation of government or military power 6. Any claim caused by or contributed to or arising from - <ol style="list-style-type: none"> (i) ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel and for the purposes hereof, combustion shall include any self- sustaining process of nuclear fission; or (ii) nuclear weapons material 7. Any loss in respect of the Insured Person/s whilst engaging in speed contest or racing of any kind (other than on foot), bungee jumping, rafting, underwater diving, canoeing, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports. 8. Any claim arising or resulting from an act of trespassing by the Insured / Insured Person/s on any public/private property. 	Part III: Policy Wordings
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		9. Any loss whilst flying or taking part in aerial activities (including cabin crew) except as a fare-paying passenger in a regular Scheduled airline or Air Charter Company.	
7	Waiting Period	Nil	Part II: Policy Wordings
8	I. Sub-limit (It is pre-defined limit, and the insurance	Sub-limit is not applicable for this product	Part II: Policy Wordings

	<p>company will not pay any amount in excess of this limit)</p> <p>II. Co-Payment (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured)</p> <p>III. Deductible (It is a specified amount – up to which an insurance company will not pay any claim, and which will be deducted from total claim amount (if claim amount is more than the specified amount)</p> <p>IV. Any other limit (as applicable)</p>	<p>Co-Payment is not applicable for this product.</p> <p>Deductible is not applicable for this product.</p> <p>NA</p>	
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9	Claims/Claims procedure	<p>a. For Cashless Service: You may call to our Customer care number for obtaining Cashless facility. You may also visit to our Company website www.libertyinsurance.in to know the list of empaneled Hospitals.</p> <p>b. For Reimbursement of Claim: You need to intimate Us immediately on hospitalization/ injury/ death, further submit all claim documents with supporting details/documents at your own expense to the TPA within 15 days of discharge from the hospital. TPA within 15 days of discharge from the hospital.</p> <p>Turn Around Time (TAT) for claim settlement:</p> <p>* TAT for preauthorization of cashless facility within 2 Hours.</p> <p>* TAT for cashless final bill authorization within 2 Hours.</p> <p>i. Network Hospital details – https://www.libertyinsurance.in/products/CPMigration/hospitalLocator</p> <p>ii. Helpline number – 1800 266 5844</p> <p>iii. Claim form – https://www.libertyinsurance.in/customer-support/download-forms.html</p> <p>iv. Hospitals which are blacklisted or from where no claims will be accepted by insurer – https://www.libertyinsurance.in/Docx/ExcludedHospitalLists.pdf</p> <ul style="list-style-type: none"> • The following information should be furnished by the Insured/Insured Person/s while intimating a claim: • Insured Person's contact numbers and address • Policy Number • Location, Date and Time of Accident • Nature and cause of Accident and description of the accident. • Whether Police authorities have been informed • 	Part IV.24: Policy Wordings
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		<ul style="list-style-type: none"> • Claims processing and settlement will be as per relevant provisions of applicable Circulars and Regulations issued by IRDAI from time to time. • In case of death, written notice of the death must, unless reasonable cause is shown, be so given before internment / cremation. • In the event of disability, written notice of disability must be given to the Company immediately on a likely demand or claim being made on the Company. • Proof satisfactory to the Company shall be furnished on all matters upon which a claim is based. Any Medical Officer or other representative of the Company shall be allowed to examine the Insured/Insured Person on the occasion of any alleged injury or disability when and so often as the same may reasonably be required 	
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		<p>on behalf of the Company and in the event of death, to make a postmortem examination of the body of the Insured Person. Such evidence as the Company may from time to time require shall be furnished within the space of fourteen days after demand in writing.</p> <ul style="list-style-type: none"> • • The Insured / Insured Person or his / her legal representatives as the case may be, is required to submit the following documents while lodging a claim under the Policy: • • Indicative list of documents required: In case of Personal Accident Death claims: • FIR from police authorities wherever necessary (in case of accidents outside residence) • Death Certificate from the Municipal Authorities • Death Summary from the Hospital Authorities if death is confirmed by the Hospital • Post Mortem Report, if conducted • Documentary proof of accidental death • Legal Heir/Succession Certificate • Duly filled and signed claim form • Policy Copy and Annexure • Inquest / Panchnama Report • Photographs of the Insured • Coroner's Report • Letter from HR stating the attendance closure to the incident • • In case of Personal Accident Permanent Partial and Total Disability claims: • • FIR from police authorities wherever necessary (in case of accidents outside residence) • Medical Certificate from the attending Medical Practitioner for the injury indicating the extent of disability • Duly filled and signed claim form • Policy Copy and Annexure • Hospital / Nursing Home Medical Records • Leave certificate from HR (for salaried people) • Salary certificate / income proof • Photographs of the Insured showing affected area • • In case of Personal Accident Temporary Total Disability claims: • • FIR from police authorities wherever necessary (in case of accidents outside residence) • Medical Certificate from the attending Medical Practitioner for the 	
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		<p>injury indicating the extent of disability</p> <ul style="list-style-type: none"> • Medical fitness certificate from the Treating consultant indicating duration of rest medically advised • Duly filled and signed claim form • Policy Copy and Annexure • Hospital / Nursing Home Medical Records • Leave certificate from HR (for salaried people) • Salary certificate / income proof • Photographs of the Insured showing affected area • • We may ask for additional requirement in certain peculiar cases as per the nature • of claim • The Insured / Insured Person shall forward to the Company forthwith every written notice or information of any verbal notice of claim and shall send to the Company any writ, summons or other legal process issued or commenced against the Insured / Insured Person and shall give all necessary information and assistance to enable the Company to settle or resist any claim or to institute proceedings. The Insured / Insured Person shall not incur any expenses in making good any claim without the written consent of the Company and shall not negotiate, pay, settle, admit or repudiate any claim without such consent. • All sums payable hereunder shall be payable in the case of - • • death or permanent total disability, only after deleting by an endorsement the name of the Insured/ Insured Person in respect of whom such sum shall become payable without any refund of premium; • permanent partial disability, only after reduction of Capital Sum Insured, by an endorsement, by the amount admissible under the claim in respect of the Insured Person in respect of whom such sum shall become payable; and • temporary total disability upon termination of such disability. • • The Claim Procedure would be in full compliance with relevant provisions of Insurance Regulatory and Development Authority Health Regulation 2013. • • No sum payable under this Policy shall carry interest except as required under relevant provisions of applicable Circulars and Regulations issued by IRDAI from time to time whereby payment of the claim amount due shall be made within 7 days from the date of acceptance of the offer of settlement by the Insured/ Insured Person. In case of any delay in payment, the Company shall be liable to pay interest at a rate which is 2% above 	
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		<p>the bank rate prevalent at the beginning of the financial year in which the claim is reviewed.</p> <ul style="list-style-type: none"> • No person other than the Insured /Insured Person(s) and/ or nominees named in the proposal can claim or sue us under this Policy. • • In the event of the original documents being provided to any other Insurance Company or to a reimbursement provider, the Company shall accept properly verified photocopies of such documents attested by such other Insurance Company/ reimbursement provider. • In case of claim under other Covers: Child Education Benefit: • Proof of number of dependent child /children viz. Ration card • Age proof of the dependent child /children • Cost of Transportation of Mortal remains: • Bills and receipt towards cost of transportation of the mortal remains to the place of residence/hospital and/or cremation/burial ground. • Cost of Performance of Funeral Ceremony: • Bills and receipt towards expenses relevant to funeral ceremony. • Accidental Hospitalization Expenses: • Copy of document of hospitalization/medical treatment • Certificate from treating doctor about the diagnosis and line of treatment given during hospitalization/medical treatment • Hospital / Nursing Home Medical Records, when required for verification of claims • Bills and receipts towards medical expenses. • Copy of the test reports • Accidental Hospital Daily Cash • Copy of document of hospitalization • Certificate from treating doctor about the diagnosis and line of treatment given during hospitalization • Child Education Support Benefit • Proof of dependent child /children viz. Ration card • Age proof of the dependent child /children • Loan Protector • Loan documents from financial institution/s • Life Support • Permanent Total Disability related documents • Bill and receipts towards Life support expenses • Broken Bone • Bills and receipts towards medical expenses. • Copy of the test reports • X-Ray plates reflecting broken bones • Modification of Vehicle / Residence • Permanent Total Disability related documents. • Bills and receipts towards vehicle or residence modifications. 	
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		<ul style="list-style-type: none"> • Family Transportation Benefit • Bills and receipts towards travel expenses of immediate family member/s • Outstanding Bills Protection Benefit • Proof of outstanding Bills • Ambulance Hiring Benefit • Bills and receipt towards cost of ambulance services • Legal Bail Expenses • Notice & Bills of the bail expenses incurred. • Double Indemnity • Proof of travel through listed Public Carrier. • All Other documentation would be similar to the Accident Benefit(s). Note: We may call for additional documents/ information as relevant 	
10	Policy Servicing	<p>Step - 1</p> <p>Call center number - 1800-266-5844 (8:00 AM to 8:00 PM, 7 days of the week) or</p> <p>Email us at: care@libertyinsurance.in</p> <p>Senior Citizens can email us at – seniorcitizen@libertyinsurance.in</p> <p>or</p> <p>Write to us at: Customer Service Liberty General Insurance Ltd. 15th Floor, Unit-1501&1502, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai- 400013</p>	Part V: Policy Wordings

		<p>Step - 2</p> <p>If our response or resolution does not meet your expectations, you can escalate at - Manager@libertyinsurance.in</p> <p>Step - 3</p> <p>If you are still not satisfied with the resolution provided, you can further escalate at - ServiceHead@libertyinsurance.in</p>	
11	Grievance/ Complaints	<ul style="list-style-type: none"> • For Grievance Redressal, please refer: https://www.libertyinsurance.in/customer-support/grievance-redressal.html • Bima Bharosa (Grievance Redressal Portal), IRDAI : https://bimabharosa.irdai.gov.in/ • Insurance Ombudsman - For the latest details of Ombudsman offices, please visit the Insurance Ombudsman website at the following link: https://www.cioins.co.in/Ombudsman <p>Insurance Ombudsman – The contact details of the Insurance Ombudsman offices have been provided as Annexure-B of Policy document.</p>	Part V: Policy Wordings

12	Things to remember	<p>Free Look Cancellation: The insured person shall be allowed free look period of 30 days from date of receipt of the policy document to review the terms and conditions of the policy. If he/she is not satisfied with any of the terms and conditions, he/she has the option to cancel his/her policy. The Free Look Period shall be applicable only for new individual health insurance policies, except for those policies with tenure of less than a year and not on renewals.</p> <p>If the insured has not made any claim during the Free Look Period, the insured shall be entitled to -</p> <ol style="list-style-type: none"> a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period; <p>Cancellation by Insurer</p> <p>(i) The policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing. The Company shall</p> <ol style="list-style-type: none"> refund proportionate premium for unexpired policy period, if the term of policy upto one year and there is no claim (s) made during the policy period. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced. <p>(ii) The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.</p> <p>Policy Renewal: Except on ground of established fraud or non-disclosure or misrepresentation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</p> <p>Migration: The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company by applying for Migration of the policy atleast 30 days before the policy renewal date as per the IRDA Guidelines on Migration. If such person is presently covered and has been continuously covered without any lapse under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDA Guidelines on Migration.</p> <p>Portability: The insured person will have the option to port the policy</p>	Part IV: Policy Wordings
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		<p>to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.</p> <p>Change in Sum Insured: Increase in Sum Insured or Reduction in Deductible or Change in Plan Sum Insured can be enhanced or deductible amount can be reduced or Policy Plan can be changed only at the time of renewal subject to no claim having been lodged/ paid under the earlier policy/ies and with the specific approval and acceptance subject to medical clearance called for analysing substandard risk, by the Company. In all such case of increase in the Sum Insured, waiting period will apply afresh in relation to the amount by which the Sum Insured has been enhanced.</p>	
13	Your Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid.</p>	Part IV.1: Policy Wordings

For Policy related documents visit our website-

<https://www.libertyinsurance.in/customer-support/download-forms.html>

Declaration by the Policy Holder:

I have read the above Customer Information Sheet along with Policy documents and confirm having noted the details:

Place:

Date:

Signature of the Policyholder: