

INTERNATIONAL TRAVEL CONNECT

i) Conditions precedent to the contract

Liberty General Insurance Limited (“the Company, We, Our, or Us”), having received a Proposal from the Proposer, along with declaration(s), reports and such other documents as may be required, upon receipt of such proposal and upon occurrence of the Insured event(s) agree to pay the compensation having become payable under Part 2 of this Policy, i.e. the Sum Insured/ appropriate benefit (s), subject however to the terms, conditions, provisos, exclusions contained herein or endorsed or otherwise expressed herein.

Part I: Definitions

The following words and terms shall have the meaning as described herein, wherever they appear in this Policy. The references to singular or masculine will include references to plural and female wherever the context permits and vice versa.

1. **“Accident or Accidental”** - An Accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **“Age”** – means completed age on last birthday as per English calendar.
3. **“Act of terrorism”**- means the calculated use of violence (or the threat of violence) against civilians, harmful to human life, tangible or intangible property or infrastructure in order to attain goals that are political, economical, religious or racial interests; this is done through intimidation or coercion or instilling fear. Terrorism shall also include any act which is verified or recognized by the relevant Government as an act of Terrorism.
4. **“Burglary”** – means the act of entry into or exit from a premise unlawfully, forcibly and violently with the intention of committing an act of crime
5. **“Common Carrier”**- means any civilian land or water conveyance or Scheduled Aircraft, in each case operated under a valid license issued by relevant authority for the transportation of passengers for hire.
6. **“Condition Precedent”** - Condition Precedent means a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.
7. **“Critical Illness”** shall mean any one of the following critical illness and it is subject to fulfillment of all conditions as defined above of this benefit and as applicable particularly to each Critical Illness as defined below-

1. Cancer of Specified Severity

2. Kidney Failure Requiring Regular Dialysis
3. Open Chest CABG
4. Major Organ / Bone Marrow Transplant
5. Multiple Sclerosis With Persisting Symptoms
6. Myocardial Infraction (First Heart Attack of Specified Severity)
7. Permanent Paralysis of Limbs
8. Stroke Resulting In Permanent Symptoms
9. Surgery to Aorta / Aorta Graft Surgery

1. Cancer of Specific Severity

A malignant tumor characterized by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded –

- i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3.
- ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- iii. Malignant melanoma that has not caused invasion beyond the epidermis;
- iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- vi. Chronic lymphocytic leukemia less than RAI stage 3
- vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
- ix. All tumors in the presence of HIV infection.

2. Kidney Failure requiring regular Dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

3. Open Chest (CABG)

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

The following are excluded:

- a. Angioplasty and/or any other intra-arterial procedures

4. Major Organ Transplant/Bone Marrow Transplant

The actual undergoing of a transplant of:

- 1. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- 2. Human bone marrow using hematopoietic stem cells

The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

- a. Other stem-cell transplants
- b. Where only islets of langerhans are transplanted

5. Multiple Sclerosis with Persisting Symptoms

- I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
 - i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
 - ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
- II. Other causes of neurological damage such as SLE and HIV are excluded.

6. Myocardial Infarction (First Heart Attack of specified Severity)

The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area.

The diagnosis for this will be evidenced by all of the following criteria:

- 1. history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
- 2. new characteristic electrocardiogram changes
- 3. elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- a. Other acute Coronary Syndromes
- b. Any type of angina pectoris
- c. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

7. Permanent Paralysis of Limbs

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

8. Stroke resulting in permanent symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intra-cranial vessel, hemorrhage and embolisation from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

- a. Transient ischemic attacks (TIA)
- b. Traumatic injury of the brain
- c. Vascular disease affecting only the eye or optic nerve or vestibular functions.

9. Surgery to Aorta / Aorta Graft Surgery

- a) The actual undergoing of major surgery to repair or correct aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. Undergoing of a laparotomy or thoracotomy to repair or correct an aneurysm, narrowing, obstruction or dissection of the aortic artery.
- b) For the purpose of this definition, aorta means the thoracic and abdominal aorta but not its branches.
- c) Surgery performed using only minimally invasive or intra-arterial techniques such as percutaneous endovascular aneurysm repair are excluded. Angioplasty and all other intra-arterial, catheter based techniques, "keyhole" or laser procedures are excluded.

8. **“Deductible”**- Deductible means a cost-sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the Insurer. A deductible does not reduce the sum insured. Deductible will be applicable for each event claimed by the Insured.
9. **“Declaration”**—means explicitly written or verbal statement/ information provided by the Insured/Insured Person during the course of Insurance, which forms the basis of this contract.
10. **“Disclosure to information norm”** - The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
11. **“Group”**-A group should consist of persons who assemble together with a commonality of purpose or engaging in a common activity like employees of a Company. Non-employer-employee groups

like employee welfare associations, holders of credit cards issued by specific Company, customers of a particular business where insurance is offered as an add on benefit, borrowers of bank, professional associations or societies may also be treated as a group provided the president/ secretary/ manager/ group organizer in his capacity as organizer of the group has an authority from majority of the members of the group to arrange insurance on their behalf or is doing so as a part of a necessary security for other matters such as bank on the life of borrowers.

12. **“Hospitalisation”** means admission in a hospital for a minimum period of twenty four (24) consecutive ‘In-patient care’ hours except for specified procedures/ treatments, where such admission could be for a period of less than twenty four (24) consecutive hours.
13. **“Illness”**- Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
- a) **Acute Condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
 - b) **Chronic Condition** - A chronic condition is defined as a disease, illness or injury that has one or more of the following characteristics:
 - 1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests.
 - 2. it needs ongoing or long-term control or relief of symptoms.
 - 3. it requires Your rehabilitation for the patient or for the patient to be specially trained to cope with it.
 - 4. it continues indefinitely.
 - 5. it recurs or is likely to recur.
14. **“Immediate family member”** – means Insured Person’s spouse, children, parents who reside in India
15. **“Inclement weather”** – means any catastrophic weather conditions which affect the Scheduled arrivals or departures of the common carriers and does not include normal, seasonal climatic/ weather changes.
16. **“Injury”** - Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
17. **“Insured/ You/ Your/ Yourself”** - means a Group Policyholder on whose name the Policy is issued.

18. **“Insured Person/s”** - means the person/s named in Certificate of Insurance issued by the Company either directly or through Group Policyholder, for whom the insurance is proposed and appropriate premium is paid.
19. **“Limb”** - means the hand above the wrist joint or foot above the ankle joint.
20. **“Limit of Indemnity”** - means the amount stated in the Schedule against each relevant Section, which shall be Our maximum liability under this Policy (regardless of number of Claims made) for any one claim and in the aggregate for all claims under such Section subject to deductible specified in the Policy Schedule.
21. **“Medical practitioner”**- A Medical Practitioner is a person who holds a valid registration from the Medical Council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license, somebody who is not related to Insured Person either by sharing the residence or is a family member of the Insured Person. It would also include specialist Surgeon and Anesthetist.
22. **“Nominee”** means the person named in the Proposal or Schedule to whom the benefits under the Policy is nominated by the Insured Person.
23. **“Notification of Claim”** - Notification of claim means the process of intimating a claim to the Insurer through any of the recognized modes of communication.
24. **“Passenger”** -means a fare paying traveller on a public or private conveyance other than the driver, cleaner, pilot, crew or on duty employee of the service provider.
25. **“Permanent Partial Disability”** - means an accidental Injury caused by accident, which as a direct consequence thereof, disables any part of the limbs or organs of the body of the Insured person and which falls into one of the categories listed in the Table of Benefits.
26. **“Permanent Total Disablement”** - means Doctor certified total, continuous and permanent physical or functional loss of body parts as a result of accidental bodily injury.
27. **“Policy”**— means this document of Policy describing the terms and conditions of this contract of insurance including the Company’s covering letter to the Insured if any, the Schedule attached to and forming part of this Policy, the Insured’s Proposal form and any applicable endorsement attaching to and forming part thereof either at inception or during the period of insurance.
28. **“Policy Period”** - means the period between the inception date and the expiry date as specified in the Certificate of Insurance or the cancellation off this insurance, whichever is earlier.

29. **Pre-Existing Disease (PED):** Pre-existing disease means any condition, ailment, injury or disease
- That is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer or
 - For which medical advice or treatment was recommended by, or received from, a physician not more than 36 months prior to the date of commencement of the policy
30. **“Proposal and Declaration Form”** - means any initial or subsequent declaration made by the Insured/ Insured Person/s and is deemed to be attached and forming part of this Policy.
31. **“Strike”** - means a stoppage of work (a) Announced, organized and sanctioned by a labor union; and (b) Which interferes with the normal departure and arrival of a Common/Private Carrier. Included in the definition of Strike are work slowdowns, lockouts and sickouts.
32. **“Subrogation”** - Subrogation means the right of the Insurer to assume the rights of the Insured Person to recover expenses paid out under the Policy that may be recovered from any other source.
33. **“Table of Benefits”** means the Table of Benefits specified under Accident Benefits section of this Policy.
34. **“Trip”**- means the period of time within the Policy Period commencing from the date & time when the Insured Person travels out of the Place of Residence or Place of Origin in India to reach Airport in India for boarding the International flight or the domestic flight transferring to International flight on which he/she is booked to travel as a fare paying passenger and ending on the date & time Insured Person de-boards the flight at the destination International Airport as specifically mentioned in the Certificate of Insurance.
- The Trip shall be deemed to be completed on the Date of Expiry of Insurance as specified in Part I of the Schedule
35. **“Valuables”** - means photographic, audio, video, computer, computer peripherals, kindle, telecommunications and electrical equipment, telescopes, binoculars, spectacles, sunglasses, antiques, watches, art, jewelry, furs and any articles made of precious stones and metals, money, manuscripts, stamps, collection of stamps, bonds, ATM cards, credit cards, cheques, securities, medals, i-pods, mini disc players, MP3 players, tapes, films, cassettes, cartridges, headphones.
36. **“War”** – means Open and declared conflict between the armed forces of two or more states or nations to achieve economic, geographic, nationalistic, political, racial, religious or other ends.
37. **“We, Us, Our, Company”** – means Liberty General Insurance Limited.

ii) Conditions applicable during the contract

Part II: Scope of Cover

Section 1- Accidental Death

The Company agrees to pay the Sum Insured specified in the Policy Schedule under this Section to the Nominee or legal representative, if during the Trip an Insured Person sustains Bodily Injury which results in Death within twelve (12) months of the Date of Loss.

If applicable and if payment has been made under the Permanent Total / Partial Disablement Section, any amounts paid under that Section would be deducted from payment of a claim under this Section of the Policy.

Specific Extension (Inbuilt cover under Section 1)

Disappearance- In the event of the disappearance of the Insured Person, following a forced landing, stranding, sinking or wrecking of a conveyance in which such Insured Person was known to have been travelling as an occupant during the Trip, it shall be deemed after twelve (12) months from the date of loss, subject to all other terms and conditions of this Policy, that such Insured Person shall have died as the result of an Accident. If at any time, after the payment of the Accidental death benefit considered under disappearance, it is discovered that the Insured Person is still alive; all payments shall be reimbursed in full to the Company.

Section 2- Permanent Total Disablement

The Company agrees to pay to the Insured Person the Compensation stated in the specific Table of Benefits below, if during the Trip an Insured Person sustains Bodily Injury which results in disablement within twelve (12) months of the Date of Loss.

Specific Condition

- 1) The insurance shall terminate for an Insured Person under this Section upon payment of a benefit equal to the Total Sum Insured.
- 2) The total amount payable in respect of more than one disablement due to the same Accident is arrived at by adding together the various percentages shown in the Table of Benefits but shall not exceed the Total Sum Insured.
- 3) If an Insured Person dies as the result of the Bodily Injury any amount claimed and paid to an Insured Person (s) under the Permanent Disablement Section will be deducted from any payment under the Accidental Death and/or Permanent Partial Disablement Section.
- 4) Claim under Section 'Death' or 'Permanent Total Disability' if applicable and eligible, will be paid upto the maximum Sum Insured on higher side of any one Section

Section 3- Permanent Partial Disablement

The Company agrees to pay to the Insured Person the Compensation stated in the specific Table of Benefits shown below, if during the Trip an Insured Person sustains Bodily Injury which results in Permanent partial disablement within twelve (12) months of the Date of Loss.

Specific Condition

- 1) The insurance shall terminate for an Insured Person under this Section upon payment of a benefit equal to the Total Sum Insured.
- 2) The total amount payable in respect of more than one disablement due to the same Accident is arrived at by adding together the various percentages shown in the Table of Benefits but shall not exceed the Total Sum Insured.
- 3) If an Insured Person dies as the result of the Bodily Injury any amount claimed and paid to an Insured Person under the Permanent Disablement Section will be deducted from any payment under the Accidental Death and/or Permanent Total Disablement Section.

Table of benefits Applicable under Death, Permanent Total disablement & Permanent Partial disablement:-

Type of Disablement	Compensation in % of Total Sum Insured available under specific benefit
Permanent Total Loss or dismemberment of two limbs	100
Permanent Total Loss of Sight of Both Eyes	100
Permanent Total Loss of Sight of One Eye and one limb	100
Permanent Total Loss of Hearing of Both ears	100
Quadriplegia	100
Death	100
Loss of each arm at the shoulder joint	70
Loss of each leg above center of the femur	70
Loss of each arm to a point above elbow joint	65
Loss of each leg up to a point below the femur	65
Loss of each arm below elbow joint	60
Loss of each hand at the wrist	55
Loss of each leg to a point below the knee	50
Permanent Total Loss of one eye/one limb	50
Loss of each eye	50
Paraplegia/Hemiplegia	50
Loss of each leg up to the center of tibia	45
Loss of each foot at the ankle.	40
Loss of Hearing in each ear	30
Permanent Total Loss of foot at ankle/arm at wrist	25
Loss of each thumb	20

Loss of each index finger	10
Loss of Sense of smell	10
Permanent Total Loss of any of the fingers or toes	5
Loss of each other finger	5
Loss of each big toe	5
Loss of Sense of taste	5
Loss of each other toe	2

Section 4- Common Carrier Delay

The Company is liable to pay the amount specified in the Policy Schedule, if the Common carrier on which Insured Person is booked to travel outside India, is delayed than the original Scheduled time beyond the no. of hours as specified in Your Policy Schedule, then the Company will reimburse the expenses incurred towards the meals and accommodation, which was not offered by the carrier up to Sum Insured for common carrier delay. The Insured person must provide the written confirmation towards the duration and cause of delay from the carrier authority.

The section covers the inadvertent delay due to inclement weather, strike of employees or technical/equipment failure of Common carrier booked for Insured Person's travel.

Exclusions applicable to Section 4:

- 1) Anything listed in General Exclusions

Section 5- Flight Ticket Cancellation

The Company will pay up to the amount specified in the Policy Schedule as compensation towards expenses for the flight tickets, hotel booking, pre-booked events including excursions which are unrecoverable from any other sources, if the booked flight tickets needs to be cancelled prior to commencement from the place of residence or Place of origin on account of:

1. Death or Critical illness diagnosis of the Insured Person or immediate family members.
2. Damage to Insured Person's residence declared in the Policy from catastrophic conditions like floods, fire, earthquake and riots.
3. Insured Person, Insured Person's legal spouse or child who were booked to travel with Insured Person and were Insured with Us, is hospitalized for at least 3 days due to sudden illness or injury.
4. Compulsory quarantine of the Insured person in a Government. authorized Quarantine Centre as advised by the Medical Practitioner in case the Insured person is diagnosed positive of Covid in a Government authorized diagnostic Centre

List of the Critical Illness applicable to this Section:

- ~~40.1.~~ 40.1. Cancer of Specified Severity

- 11.2. Kidney Failure Requiring Regular Dialysis
- 12.3. Open Chest CABG
- 13.4. Major Organ / Bone Marrow Transplant
- 14.5. Multiple Sclerosis With Persisting Symptoms
- 15.6. Myocardial Infraction (First Heart Attack of Specified Severity)
- 16.7. Permanent Paralysis of Limbs
- 17.8. Stroke Resulting In Permanent Symptoms
- 18.9. Surgery to Aorta / Aorta Graft Surgery

Exclusions applicable to Section 5:

- 1) The earlier bookings (which were booked prior to travel from Insured Person's place of residence) are not cancelled and rescheduled by Insured Person within 48 hours of the occurrence of the event.
- 2) Insured Person or immediate family member had received advice, medication or treatment for any serious or terminal, chronic or recurring illness, injury or disease and on regular medication and/or were planned for in-patient treatment for it or any diagnosed condition as advised by the Medical Practitioner, resulting into flight ticket cancellation, unless the condition was disclosed to and accepted by us.
- 3) Anything listed in General Exclusions.

Section 6- Flight Ticket Cancellation extension

The Company will reimburse the Insured Person the cost of flight ticket, up to the limit specified in the Policy Schedule and deductible as applicable, which are unrecoverable from any other sources, if the Insured Person cancels the booked flight ticket on account of a reason other than mentioned in the Special Condition, prior to commencement from Insured Person's place of residence or place of origin or the no. of days as specified in Insured Person's Policy schedule from the departure date and time of the flight
OR

If scheduled flight on which Insured Person was booked to travel is cancelled by the carrier authorities due to technical/equipment failure of the carrier and declared not before 24 hours of the scheduled date & Time of departure, and if the Insured Person has opted for refund of the ticket cost due to the time gap between alternate flight offered by the carrier Company and originally booked flight is of more than 4 hours, then We will pay difference in ticket cost booked by the Insured Person from other Carrier upto the limits mentioned in the Policy Schedule.

Special Condition

- i. Our payment will be reduced by any sum for which the Airline Carrier is liable to make payment
- ii. The city of destination on ticket booked from other carrier should be same as originally booked travel ticket which was cancelled.
- iii. The cover is not applicable when the Airline is suspended, grounded off or not operating for whatsoever reason.
- iv. Insured Person or immediate family member had received advice, medication or treatment for any serious or terminal, chronic or recurring illness, injury or disease and on regular medication and/or

were planned for in-patient treatment for it or any diagnosed condition as advised by the Medical Practitioner, resulting into flight ticket cancellation, unless the condition was disclosed to and accepted by us.

- v. Anything listed in General Exclusions.

Section 7 – Missed Flight Departure

The Company will reimburse up to the amount specified in the Policy Schedule towards the cost of Insured Person's flight ticket, if Insured Person cannot reach the original departure point of Insured Person's booked journey, on account of the following reasons:

1. Public transport services fail or
2. The vehicle in which Insured Person is travelling is involved in an accident, on the way to catch the flight which results in outpatient/inpatient hospitalization or
3. The vehicle in which Insured Person is travelling has reached at the airport beyond the estimated time of arrival resulting into missing the pre-booked flight. The estimated arrival time at the airport need to be on or before the time duration given by the airline authorities to proceed Insured Person's International Trip processes or
4. Inclement weather conditions.

Special Conditions

- i. The missed flight departure has to be certified by the concerned Schedule airlines confirming non-boarding of the flight by the Insured person and supporting evidence
- ii. Proof of the vehicle in which Insured Person is travelling has reached at the airport beyond the estimated time of arrival (if applicable)
- iii. Benefits for missed flight departure will be in excess of any amount paid or payable by the Airline Carrier, if any.

Section 8 – Trip Curtailment

The Company will pay the amount specified in the schedule as compensation towards the expenses incurred for travel tickets and/or hotel booking, if the Insured Person's Trip is cut short or Insured Person needs to return to India on account of following reasons:

1. Death or Critical illness diagnosis of the Insured person or immediate family members.
2. Serious damage to Insured person's residence in India declared in the policy from catastrophic conditions like floods, fire, earthquake and riots.
3. Hospitalization of Insured Person, Insured Person's spouse or child for at least 3 days due to sudden illness or injury.

List of the Critical Illness applicable to this Section:

1. Cancer of Specified Severity
2. Kidney Failure Requiring Regular Dialysis
3. Open Chest CABG
4. Major Organ / Bone Marrow Transplant
5. Multiple Sclerosis With Persisting Symptoms
6. Myocardial Infraction (First Heart Attack of Specified Severity)
7. Permanent Paralysis of Limbs
8. Stroke Resulting In Permanent Symptoms
9. Surgery to Aorta / Aorta Graft Surgery

Special Conditions

1. The earlier (those bookings of return journey, which were booked prior to travel from India) bookings are not cancelled and rescheduled by Insured Person within 48 hours of the occurrence of the event.
2. Insured Person or immediate family member had received advice, medication or treatment for any serious or terminal, chronic or recurring illness, injury or disease and on regular medication and/or were planned for in-patient treatment for it or any diagnosed condition as advised by the Medical Practitioner, resulting into flight ticket cancellation, unless the condition was disclosed to and accepted by us.
3. Any utilized/ recovered/refundable services for which the reimbursement has been claimed
4. Anything listed in General Exclusions.

Section 9 – Loss of Checked-in-Baggage

The Company herewith agree to reimburse Insured Person the expenses incurred towards the total loss of checked in baggage, subject to limit specified in the policy schedule, in case if Insured Person 's checked in baggage is lost by the common carrier at the destination outside India. The benefit will be extended towards the trip from India to Overseas destination including the halts and via destinations specified in the travel ticket.

The Insured must be ticketed passenger and must provide written communication from the common carrier towards the loss of baggage.

Special Conditions

1. In case more than one bag is checked in and are lost, then the maximum limit of Indemnity per bag would be restricted to 50% and per item 10% of the applicable sum insured or actuals whichever is less, after deduction of refund or compensation provided by the airline.

2. Items having value of more than INR 2000 will have to be supported by the bill/ receipts or documentation confirming th
3. e ownership of the Insured.
4. All claims will be subject to assessment of the value of the claim by the Company based on the age and estimated wear and tear of the article that forms the basis of the claim.
5. Insured Person provides written proofs towards the loss of baggage to the Insurer/Claims Administrator.
6. The Company's liability arises only on acceptance of the liability by the Airlines in the form of compensation (if available).
7. In the event that the Company makes any payment or reimbursement under this benefit, it is a condition of such payment that any recovery from any Common carrier by the Insured, or on behalf of the Insured, under the terms of the Convention for the Unification of Certain Rules Relating to International Carriage by Air, 1929 (—Warsaw Convention) shall become the property of the Company.

Exclusions Applicable to Section 9:

- 1) Valuables, money, securities and tickets/passes or any other item not declared by the Insured person.
- 2) Any partial loss of items contained in the checked-in baggage.
- 3) Items having value of more than INR 2000 will have to be supported by the bill/ receipts or documentation confirming the ownership of the Insured Person.
- 4) The same baggage being Insured Person under any other insurance will be considered as per 'Multiple policies' clause stated under 'General Conditions Applicable to all Sections'
- 5) Self-carried baggage
- 6) Anything listed in General Exclusions.

Section 10 – Home Burglary

The Company herewith agrees to compensate the Insured Person in case of any burglary/theft at his residence (as declared before inception of the Policy) during his Trip, subject to the sum specified in the Policy Schedule.

Special Conditions

- i. Articles in Pairs or Sets: Where any item insured hereunder consists of articles in pair or set, Our liability in respect thereof shall not exceed the value of any particular part or parts which may be lost or Damaged without reference to any special value which such article or articles may have as part of such pair or set not more than a proportionate part of the insured value of the pair or set.
- ii. The Company's liability shall be subject to a deductible as specified in the Policy Schedule against this section.

Exclusions applicable to Section 10-

- 1) The liability of the Company will be up to the sum specified in the section for burglary during that particular year.
- 2) For any Loss or Damage to Motor Vehicles, Pedal Cycles, Money, Jewellery and Valuables, work of art, paintings, curios, manuscripts, stamps, collection of stamps, bonds, cheques, securities, medals, documents, portable electronic equipment, livestock, credit and debit cards (unless previously specifically declared to and accepted by Us).
- 3) For any Loss or Damage of an item perishable and/or consumable in nature.
- 4) For any Loss or Damage caused by use of the key to the Insured person's Home or any duplicate thereof belonging to the Insured person, unless such key has been obtained from him, by assault or violence or any threat thereof.
- 5) For any Loss or Damage directly or indirectly, proximately or remotely occasioned by or which arises out of or in connection with riot and strike, civil commotion, terrorist activities.
- 6) Loss or damage caused by the Insured person, domestic staff of the Insured person or his family member's direct or indirect involvement in the attempted burglary.
- 7) Loss or damage to any part of the property or item occupied illegally in any manner.
- 8) Anything listed in General Exclusions.

Basis of Indemnity

In the event of Property insured being damaged by any of the specified perils, We shall pay for the amount of Damage or loss or at Our option replace or repair the Damaged property. If at the time of loss, the Property hereby insured is found to be collectively of greater value than the Sum Insured thereon, then You shall be considered as being Your own insurer for the difference and shall bear a rateable proportion of the loss accordingly.

Section 11 – Loss of Passport

The Company will reimburse the Insured Person, up to the amount specified in the schedule if the Insured Person loses his passport overseas during his Trip. The expenses incurred by the Insured person for obtaining a duplicate or fresh passport overseas would be reimbursed.

Section 12: Loss of Credit Card/Debit Card/International Driving license

The Company will reimburse the Insured person, up to the amount specified in the schedule if the Insured Person loses the Credit card/Debit Card/International Driving license overseas during his Trip. The expenses incurred by the Insured Person for obtaining a duplicate or fresh Credit card/Debit Card/International Driving license overseas would be reimbursed. The cover shall not be applicable to the purchases made or monetary losses incurred due to misuse of the card after loss.

Exclusions applicable to Section 11 & 12

- 1) Loss on account of confiscation or detention by customs, police or public authorities.
- 2) Theft of the passport/credit card/debit card/international driving license unless reported to the police in the foreign country within 24 hours of the occurrence of the event and the copy of the complaint submitted to Us.
- 3) Anything listed in General Exclusions

Section 13 – Visa denial Insurance

The Company will reimburse the Insured Person, the cost of visa application fees, hotel bookings, pre-booked site visit ticket fees of the destination location before inception of the Trip, up to the limit and deductible mentioned in the Policy Schedule, which are unrecoverable from any other sources, if Insured Person's Trip needs to be cancelled prior to the specified number of days from the departure date and time of the flight due to denial of Visa from the respective consulate, embassies or visa application centres.

Special Condition

The cover would not be granted if:

- 1) The Visa has not been applied within no. of days in advance as advised by the Consulate applicable for the travel destination country mentioned in the Policy Schedule
- 2) Visa denial due to not meeting the Visa requirement to gain entry in the applied Country
- 3) You have rescheduled the trip or reapplied for the Visa for your International destination.

Part III: General Exclusions applicable to all the Sections

The Company shall bear no liability to make the payment in respect of claims arising directly or indirectly out of or attributable or traceable to any of the following:

1. Loss or damage arising from Insured person committing any breach of law with criminal intent.
2. Insured Person travelling outside India unless as a passenger.
3. Insured Person participation in any naval, military or air forces operations whether in the form of military exercises, war games or actual engagement with domestic or foreign enemies.
4. For any loss 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, terrorism.
5. Self-inflicted injury, suicide or attempt threat.
6. Insured Person being under the influence of alcohol, drugs or intoxicating substances during an Insured event as specified by the Medical practitioner
7. Driving in any vehicle without valid driving license and all precautionary measures following traffic rules and regulations.
8. Any pathological fractures unless declared and agreed by the Company.
9. Any Pre-existing conditions and complications arising out of the same unless declared and agreed by the Company.

10. Any claim lodged being fraudulent in any respect or false declaration made or use of support documents or devices by Insured Person or anyone acting on Insured Person's behalf to obtain benefit out of the Policy by wrongful means or willful act.
11. Any claim in respect of accidental death or accidental injury caused by curative measures, radiation, infection as a proximate cause, poisoning except where these arise from an accident.
12. In the event the Insured Person is a victim of culpable homicide, i.e. where he dies due to act committed against him, which act is committed with the intention of causing death or with the intention of causing accidental injury as is likely to cause death, or with the knowledge that such act is likely to cause death.
13. 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.

Part IV: General Conditions Applicable to all Sections

A. Disclosure of information

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder.

("Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)

B. Alterations to the Policy

This Policy together with the Policy Schedule constitutes the complete contract of insurance. This Policy cannot be changed or varied by anyone (including an insurance agent or broker) except the Company, and any change We make will be evidenced by a written endorsement signed and stamped by the Company.

C. Material Change

It is a Condition Precedent to the Company's liability under the Policy that the Insured Person/s shall immediately notify the Company in writing of any material change in the risk on account of change in nature of occupation or business at his/ their own expense. The Company may, in its discretion, adjust the scope of cover and/or the premium paid or payable, accordingly.

D. Records to be maintained

The Insured Person/s shall keep an accurate record containing all relevant medical documents including a variety of types of "notes" entered over time by Medical Practitioner, recording observations and administration of drugs and therapies, Investigation reports and shall allow the Company to inspect such record. The Insured Person/s shall furnish such information to the Company as may be required under this Policy, during the Policy Period or until the final adjustment, if any, and resolution of Claim/s under this Policy whichever is later.

E. Notice of charge

The Company shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy, but the payment by the Company to the Insured Person/s, his/her nominees or legal representatives, as the case may be, of any Medical Expenses or compensation or benefit under the Policy shall in all cases be complete and construe as an effectual discharge in favor of the Company.

F. Policy Disputes

The parties to this Policy expressly agree that the laws of the Republic of India shall govern the validity, construction, interpretation and effect of this Policy. Any dispute concerning the interpretation of the terms and conditions, limitations and/or exclusions contained herein is understood and agreed to, by both the Insured and the Company to be subject to Indian law. Each party agrees to be subject to the executive jurisdiction of the High Court of Mumbai and to comply with all requirements necessary to give such Court the jurisdiction. All matters arising hereunder shall be determined in accordance with the law and practice of such Court.

G. Notice

Every notice and communication to the Company required by this Policy shall be in writing, within specified time and be addressed to the nearest office of the Company. In case the Policy is sold via voice log the notice to the Company may be placed via same mode.

H. Fraud

If the Insured shall make any Claim knowing the same to be false or fraudulent as regards amount or otherwise, this Policy shall be void and all Claims or payments hereunder shall be forfeited.

J.I. Possibility of Revisions of Terms of the Policy Including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The Insured person shall be notified three months before the changes are affected.

K-J. Nomination

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

L.K. Declaration

- i. The Company shall have no liability towards any claim arising under this Policy if Insured Person make any false/ incorrect declaration/information in the proposal form for insurance, which is material for accepting the risk and offering the cover under the Policy.
- ii. The Company further understands that Insured Person have read the Policy and Prospectus and have understood the implications of the contents prior to affixing signature on the Proposal Form.

M.L. Transfer of Interest

The insurance Policy forms a Contract between the Company and the Insured/Insured Person. The Insured Person under the Policy is not eligible to transfer, assign, alienate or in any way pass the benefits and/or liabilities to any other person, Institution, Hospital, Company or Corporate without specific prior approval in writing from the authorized officer of the Company. However, if the Insured Person is permanently incapacitated or deceased, the legal heirs of the Insured Person may represent him in respect of Claim under the Policy.

N.M. Arbitration

- B. If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties thereto or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and the arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.
- C. It is clearly agreed and understood that no dispute or difference shall be referable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of this Policy.
- D. It is hereby expressly stipulated and declared that it shall be a Condition Precedent to any right of action or suit upon this Policy that the award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.

A. Age

The Age shall be computed as on the Policy start Date.

Entry age of the Insured will be from 18 years and that for dependent children will be 91 days to 25 years.

B. Electronic Transaction

- E. The Insured agrees to adhere to and comply with all such terms, conditions and exclusions as the Company may prescribe from time to time, and hereby agrees and validates that all transactions

effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, tele service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the policy or its terms, or the Company's other products and services, has his concurrence and full understanding of the terms and conditions affecting this Contract and shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time. Sales through such electronic transactions shall ensure adherence to conditions of section 41 of the Insurance Act 1938 with full disclosures on terms, conditions and exclusions. A voice recording in case of tele-sales or other evidence for sales through the World Wide Web shall be maintained and sent to the Insured Person, duly validated/confirmed by the Insured Person.

A. Cancellation/Termination of the Policy

This Policy will terminate at the expiration of the Policy period for which premium has been paid or on the Expiration Date shown in Policy Schedule.

Cancellation by Insurer:

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

Cancellation by Insured/Insured Person:

No cancellation of the policy by the insured will be allowed in case the insured has reported and received payment for a claim under any of the covers of this Policy prior to the date of notice of cancellation.

- i. This Policy may be cancelled by the Insured any time before commencing the Trip until 7 days from the policy period end date, by intimation in writing to the Company as long as the Insured is able to establish to the Company's satisfaction that the Insured Journey has not commenced. Upon cancellation, the Company shall be entitled to deduct 10% of the premium amount received as administration charges and refund the balance amount.
- ii. There will be no refund of premium if the cancellation is made after 10 days from the policy period end date and/or the Insured Journey has commenced and/or any claim reported and received payment for a claim under any of the covers of this Policy.

B. Notifications & Declarations

The Insured needs to send any and all notices and declarations to the Company in writing only. Any and all notices and declarations for the attention of the Company shall be sent to the address specified in the Policy Schedule.

C. Governing Law

The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with the laws of India. The section headings of this Policy are included for descriptive purposes only and do not form part of this Policy for the purpose of its construction or interpretation. The terms of this Policy shall not be waived or changed except by endorsement issued by the Company.

D. Entire Contract

The Policy constitutes the complete contract of insurance. No change or alteration in this Policy shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by an endorsement on the Policy. No agent shall or has the authority to change in any respect whatsoever any term and conditions and exclusions under this Policy or waive off any of its provisions.

E. Condition Precedent to admission of Liability

The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

F. Claim Settlement (Provision for Penal Interest)

- a. 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.
- b. In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- c. 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.
- d. In case of delay beyond stipulated 45 days the company shall be liable to pay interest 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 Reserve Bank of Indian (RBI) at the beginning of the financial year in which the claim falls due.

G. Complete Discharge

Any payment to the Insured Person or his/ her nominees or his/ her legal representative or to the Hospital/Nursing Home or Assignee, as the case may be, for any benefit under the Policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

iii) Conditions when a claim arises

H. Notification of Claims

1. Upon the happening of any event giving rise or likely to give rise to a claim under this Policy, the Insured/Insured Person shall give immediate notice to Us by calling toll-free number or in writing to the address as shown in the Schedule with Particulars below:
 - i. Policy Number/ Certificate No.
 - ii. Name of the Insured / Insured Person availing treatment/ for whom the claim need to be lodged
 - iii. Type of claim
 - iv. Details of injury
 - v. Name and address of the Hospital
 - vi. Any other relevant information
2. An immediate notification is made to the Company in respect of any Claim by the Insured Person or, if deceased, his legal or other representative or immediate family member, and provided with the name of the treating Physician, the name and telephone number of the hospital at which treatment is being obtained, and the fact or matter giving rise to the need for medical treatment/event resulting in accidental injury, all the original bills and receipts and any other documentation or information that might be required or requested by the Insurance Company for assessment of the claim.
3. The named Insured Person shall notify the Insurance Company immediately or not later than 30 days after his return to India. He will have to fill in the claim form and forward the same to the Company along with all the bills, receipts and other supporting documentation or additional information requested by the Company for assessment of the claim.
4. The Insured Person shall not admit any liability or make any offer or promise of payment without the prior intimation and written consent of the Company.

I. Assessment of Claim & Payment

Notice of claim with particulars relating to Policy numbers, name of the Insured Person in respect of whom claim is made, nature of injury and name and address of the attending Medical Practitioner/ Hospital/ Nursing Home should be given to Us immediately on injury/ death and submitting the documents as mentioned in the ‘Annexure A – Claim Document Checklist’ for other type of claim as covered in your Policy Schedule, failing which admission of claim would be based on the merits of the case as per the board approved underwriting policy of the Company.

The Insured Person/s shall at any time as may be required authorize and permit the Company to obtain any further information or records from the Hospital, Medical Practitioner, Lab or other agency, in connection with the treatment relating to the claim. The Company may call for additional documents/information and/or carry out verification on a case to case basis to ascertain the facts/collect additional information/documents of the case to determine the extent of loss. Verification carried out will be done by

professional Investigators or a member of the Service Provider and costs for such investigations shall be borne by the Company.

The Company may accept claims where documents have been provided after a delayed interval in case such delay is proved to be for reasons beyond the control of the Insured/ Insured Person/s. The Insured Person shall tender to the Company all reasonable information, assistance and proofs in connection with any claim hereunder.

Applicable Taxes prevailing at the time of claim will be considered as part of the Claim Amount and the aggregate liability of the Company, including any payment towards such Taxes shall in no case exceed the Sum Insured opted.

No person other than the Insured /Insured Person and/ or nominees/Legal heir named in the proposal can claim or sue us under this Policy.

J. Payment of Claim

- i. We will make payment to Insured Person or Insured Person's Nominee. If there is no Nominee and Insured Person is incapacitated or deceased, We will pay Insured Person's heir, executor or validly appointed legal representative and any payment We make in this way will be a complete and final discharge of our liability to make payment.
- ii. No person other than the Insured /Insured Person and/ or nominees named in the proposal and/or legal heir can claim or sue us under this Policy
- iii. On receipt of all the documents as mentioned under Annexure 'A'- Claim Documents Checklist as provided hereunder and on being satisfied with regards to admissibility of the claims as per Policy terms and conditions, We shall settle/reject the claim within 30 days from the date of receipt of last necessary documents. In the case of delay in the payment of a claim, We shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate. 'bank rate' means 'Bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due"
- iv. However, where the circumstances of a claim warrants an investigation in the Our opinion, We 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 documents. In such cases, We shall settle/reject the claim within 45 days from the date of receipt of last necessary documents. In case of delay beyond stipulated 45 days, We shall be liable to pay interest at a rate 2% above bank rate from the date of receipt of last necessary document to the date of payment of claim
- v. In the event that the Company decides to reject a claim made under this Policy, the Company shall do so within a period of 30 days of the investigation report or the additional investigation report, as the

case may be, in accordance with the relevant provisions of applicable Circulars and Regulations issued by IRDAI from time to time.

- vi. All the claim payments with respect to the claims made by the Insured will be made in Indian Rupees only.
- vii. The following will apply specifically in respect of a Claim under Sections 1,2 and/or 3:
 - a) The Insured Person or legal heir in case of death of the Insured Person, shall furnish all certificates, Post mortem report (if conducted), information, proofs or other evidence in support of the Claim.
 - b) The Insured Person shall present himself for medical examination by a Medical Advisor as considered necessary by the Company at his expense and the Insured Person agrees that the Company may approach anyone who may have treated the Insured Person for information and/or documentation in respect of the Claim.
 - c) The Insured Person or legal heir in case of death of the Insured Person, shall furnish the additional documents if required to assess the claim to the Company.

K. Multiple Policies:

- a) Indemnity based Sections: In case of multiple policies held by Insured person, insured person has a choice to file claim settlement under any policy. If insured person chooses to file such claim under policy held with the Company, then same shall be treated as the primary Insurer. In case the available coverage under the said policy is less than the admissible claim amount, then we, Liberty General Insurance as primary Insurer shall seek the details of other available policies of the Insured and shall coordinate with other Insurers to ensure settlement of the balance amount as per the policy conditions, without causing any hassles to the Insured.
- b) Benefit based Section: On occurrence of the insured event, the policyholders can claim from all Insurers under all policies.

iv) Conditions for renewal of the contract

The Policy ends at the expiry of the Policy period as mentioned in the Policy Schedule or the cancellation of the Policy whichever earlier and with the nature of the policy cover can't be renewed.

L. Withdrawal of the Product

- i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
- ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break

M. Due Observance

The due observance and fulfillment of the terms, conditions and endorsements, including the payment of premium of this Policy and compliance with specified claims procedure insofar as they relate to anything to be done or complied with by the Insured shall be a Condition Precedent to any liability of the Company to make any payment under this Policy.

N. Benefit Schedule:

As enclosed with the Policy document

O. Premium Discount:

Group Discount

No. of Persons Insured under the Group Policy	Group Discounts %
Up to 1000 persons	0%
1001 Persons - 2000 Persons	2.50%
2001 Persons - 5000 Persons	5%
5001 Persons – 10000 Persons	7.50%
10001 Persons - 25000 Persons	10%
25001 Persons - 50000 Persons	12.5%
Above 50001 Persons	15%

Customer Care

We at Liberty General Insurance Limited assure to provide assistance to You round the clock. Hence request You to get in touch with our advisor on the mentioned toll free contact number or email ID for any queries, assistance, feedback or grievances. Your suggestions are most welcome to enhance the services.

Part V: Grievance Redressal Procedure

We are concerned about Insured Person and are committed to extend the best possible services. In case Insured Person is not satisfied with our services or resolutions, please follow the below steps for redressal.

Step 1	Step 2
Call us on Toll free number: 1800-266-5844 (8:00 AM to 8:00 PM, 7 days of the week) or	If our response or resolution does not meet Your expectations, You can escalate at Manager@libertyinsurance.in

Email us at: care@libertyinsurance.in or Write to us at: Customer Service Liberty General Insurance Ltd. Unit 1501 & 1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai – 400013 Maharashtra.	Step 3 If You are still not satisfied with the resolution provided, You can further escalate at ServiceHead@libertyinsurance.in
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Insured person may also approach the grievance cell at any time of the Company's branches with the details of the grievance.

If the insured person is not satisfied with the redressal of the grievance through one of the above methods, insured person may contact the grievance officer at gro@libertyinsurance.in.

For updated details of grievance officer kindly refer <https://www.libertyinsurance.in/customer-support/grievance-redressal>

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. The contact details of the Insurance Ombudsman offices have been provided below

The updated grievances redressal procedure shall be provided on the website of the Company and is subject to change in compliance with guidelines/regulations issued by Insurance Regulatory and Development Authority of India.

City	Jurisdiction	Contact Details
AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001.	Gujarat, Dadra & Nagar Haveli, Daman and Diu.	Tel: 079-25501201/02 Email: oio.ahmedabad@cioins.co.in
BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building, Ground Floor, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078.	Karnataka.	Tel: 080-26652048 / 26652049 Email: oio.bengaluru@cioins.co.in
BHOPAL Office of the Insurance Ombudsman, 1st Floor, Jeevan Shikha, 60-B, Hoshangabad Road, Bhopal – 462 011.	Madhya Pradesh, Chhattisgarh.	Tel: 0755-2769201 / 2769202 / 2769203 Email: oio.bhopal@cioins.co.in

BHUBANESWAR Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar – 751 009.	Odisha.	Tel: 0674-2596461 / 2596455 / 2596429 / 2596003 Email: oio.bhubaneswar@cioins.co.in
CHANDIGARH Office of the Insurance Ombudsman, SCO 20–27, Ground Floor, Sector 17-A, Chandigarh – 160 017.	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, UTs of J&K, Ladakh & Chandigarh.	Tel: 0172-2706468 Email: oio.chandigarh@cioins.co.in
CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai – 600 018.	Tamil Nadu, Puducherry (including Karaikal).	Tel: 044-24333668 / 24333678 Email: oio.chennai@cioins.co.in
DELHI Office of the Insurance Ombudsman, 2/2A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002.	Delhi and districts of Haryana – Gurugram, Faridabad, Sonapat & Bahadurgarh.	Tel: 011-46013992 / 23213504 / 23232481 Email: oio.delhi@cioins.co.in
GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, S.S. Road, Guwahati – 781 001.	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland & Tripura.	Tel: 0361-2632204 / 2602205 / 2631307 Email: oio.guwahati@cioins.co.in
HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st Floor, "Moin Court", Lane Opp. Hyundai Showroom, A.C. Guards, Lakdi-Ka-Pool, Hyderabad – 500 004.	Andhra Pradesh, Telangana, Yanam and part of the Union Territory of Puducherry.	Tel: 040-23312122 / 23376991 / 23376599 / 23328709 / 23325325 Email: oio.hyderabad@cioins.co.in
JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Building, Ground Floor, Bhawani Singh Marg, Jaipur – 302 005.	Rajasthan.	Tel: 0141-2740363 Email: oio.jaipur@cioins.co.in
KOCHI Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash (LIC Building), Opp. Maharaja's College Ground, M.G. Road, Kochi – 682 011.	Kerala, Lakshadweep, Mahe (part of UT of Puducherry).	Tel: 0484-2358759 Email: oio.ernakulam@cioins.co.in
KOLKATA Office of the Insurance Ombudsman, Hindustan Building Annexe, 7th Floor, 4, C.R. Avenue, Kolkata – 700 072.	West Bengal, Sikkim, Andaman & Nicobar Islands.	Tel: 033-22124339 / 22124341 Email: oio.kolkata@cioins.co.in
LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow – 226 001.	Districts of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Prayagraj, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Ghazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki,	Tel: 0522-4002082 / 3500613 Email: oio.lucknow@cioins.co.in

	Raebareli, Shravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkar Nagar, Sultanpur, Maharajganj, Sant Kabir Nagar, Azamgarh, Kushinagar, Gorakhpur, Deoria, Mau, Chandauli, Ballia, Siddharthnagar.	
MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz (West), Mumbai – 400 054.	Wards under Mumbai Metropolitan Region excluding M/E, M/W, N, S and T (covered under Thane Ombudsman) and areas of Navi Mumbai.	Tel: 022-69038800 / 27 / 29 / 31 / 32 / 33 Email: oio.mumbai@cioins.co.in
NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Gautam Buddh Nagar, UP – 201 301.	Uttarakhand and districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Auraiya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautam Buddh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kasganj, Sambhal, Amroha, Hathras, Saharanpur.	Tel: 0120-2514252 / 2514253 Email: oio.noida@cioins.co.in
PATNA Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna – 800 001.	Bihar, Jharkhand.	Tel: 0612-2547068 Email: oio.patna@cioins.co.in
PUNE Office of the Insurance Ombudsman, Jeevan Darshan Building, 3rd Floor, C.T.S. Nos. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030.	Goa and Maharashtra excluding Navi Mumbai, Thane, Palghar, Raigad districts and Mumbai Metropolitan Region.	Tel: 020-24471175 Email: oio.pune@cioins.co.in
THANE Office of the Insurance Ombudsman, 2nd Floor, Jeevan Chintamani Building, Vasantrao Naik Mahamarg, Thane (West) – 400 604.	Navi Mumbai, Thane, Raigad, Palghar districts and Mumbai wards M/East, M/West, N, S and T.	Tel: 022-20812868 / 69 Email: oio.thane@cioins.co.in



Liberty
General Insurance™

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Email: inscoun@ecoi.co.in

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Annexure A- Claim Documents Checklist

Following is the document list for processing the claim:

Accident Death:

- Duly Completed Personal Accident Claim Form signed by Nominee.
- Boarding pass and/or ticket towards the journey
- Copy of address proof (Ration card or electricity bill copy).
- Attested copy of Death Certificate.
- Burial Certificate (wherever applicable).
- Attested copy of Statement of Witness, if any lodged with police authorities.
- Attested of FIR / Panchanama / Inquest Panchanama.
- Attested copy of Post Mortem Report (only if conducted).
- Attested copy of Viscera report if any (Only if Post Mortem is conducted).
- Claim form with NEFT details
- Original cancelled cheque with payee name printed on the cheque. If the name of the payee is not printed on the cheque please provide copy of first page of bank passbook
- Original Policy copy

Permanent Total Disablement & Permanent Partial Disablement:

- Duly Completed Personal Accident Claim Form signed by insured person.
- Boarding pass and/or ticket towards the journey
- Attested copy of disability certificate from Civil Surgeon of Government Hospital stating percentage of disability.
- Attested copy of FIR.
- All X-Ray / Investigation reports and films supporting to disablement.
- Claim form with NEFT details
- Original cancelled cheque with payee name printed on the cheque. If the name of the payee is not printed on the cheque please provide copy of first page of bank passbook
- Original Policy copy.

Common Carrier Delay

- Duly filled and signed Claim Form.
- Policy copy
- Cancelled cheque
- Invoices related to List of essential purchases made, such as meals, refreshments or other related expenses directly resulting from the common carrier delay.

- Confirmation letter from the airlines clearly stating the duration and the reason for common carrier delay (Mandatory)
- Copies of Boarding Pass, Ticket.
- Please Note: Claim payment can be made only against the receipts for expenses directly resulting from common carrier delay.

Flight Ticket Cancellation & Flight Ticket Cancellation Extension:

- Duly filled and signed Claim Form.
- Policy copy
- Letter from insured mentioning the reason of trip cancellation with related proof
- Confirmation of cancellation of the Trip from the Common Carrier detailing the circumstances of cancellation
- Copies of Travel ticket and boarding pass of flight or travel ticket in case of rail or any other common carrier boarded by Insured.
- Medical reports and doctor's certificate in case of medical reasons for Trip cancellation/Curtailment
- Copy of death certificate in case of death of the immediate family member.
- Proof of travel and accommodation expenses made in advance for the trip
- Copies of receipts of travel and accommodation and proof of refund received for travel and accommodation expenses.
- Certificate from service providers about deductions of travel and accommodation charges.
- Cancelled cheque

Missed Flight Departure:

- Duly filled and signed claim form.
- Policy copy
- Cancelled cheque
- Original Travel ticket and boarding pass
- Proof of complaint to local police in case vehicle in which You are travelling is involved in an accident
- Proof of the vehicle in which Insured Person is travelling has reached at the airport beyond the estimated time of arrival
- Proof of Public transport services failure

Trip Curtailment:

- Duly filled and signed claim form
- Copies of Travel ticket and boarding pass
- Passport copy revealing entry and exit stamps
- Consent for Declaration of Medical information form
- Medical reports and doctor's certificate in case of medical reasons for trip curtailment
- Copy of death certificate in case of death of the family member
- Copies of receipts of travel and accommodation and proof of refund received for travel and accommodation

expenses

- Certificate from service providers about deductions of travel and accommodation charges

Loss of Checked-in-Baggage:

- Duly filled and signed claim form
- Copies of Travel ticket and boarding pass
- Passport copy revealing entry and exit stamps
- Correspondence copies with common carrier about the loss of Baggage with declaration of contents and cost of the same in the lost baggage
- Property Irregularity report from the Common Carrier authority
- Details of compensation received from the common carrier

Home Burglary:

- Duly filled and signed claim form
- Copies of Travel ticket and boarding pass
- Passport copy with entry and exit stamp
- Proof of complaint to local police
- Inventory/list of items stolen/ damaged and their cost
- Details of householders policy
- Bills towards repair of damages (if applicable)

Loss of Passport/Debit card & Credit Card/International driving license

- Duly filled and signed claim form
- Copy of new passport/debit card/credit card/IDL
- Copy of previous passport/debit card/credit card/IDL (if available)
- Copy of return tickets
- Proof of complaint to local police

Visa Denial Insurance

- Duly filled and signed claim form
- Copy of passport with letter received from the respective consulate, embassies or visa application centres stating the Visa denial with reasons.
- Copy of Flight tickets, Hotel booking bills & confirmation received from the Hotels, Original bills of site-visit pre-booked tickets
- Copy of return tickets

- Further details may be asked based on the claim type

Disclaimer : Prohibition of Rebates as per Section 41-of the Insurance Act. 1938. (4 of 1938) No person shall allow or offer to allow, either directly, or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer'. Violations of Section 41 of the Insurance Act 1938, as amended, shall be – Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to Ten Lakhs.

Legal Disclaimer Note: The information must be read in conjunction with the product brochure and CIS. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.