

Liberty Complete Protect Group Policy Customer Information Sheet

Sr. No	Title	Description	Refer to Policy Clause No
1	Product Name	Liberty Complete Protect Group Policy	
2	Policy No		
3	Type of Insurance Product / Policy	Benefit (Where an Insurance Policy pays a fixed amount under the policy on occurrence of a covered event.	
4	Sum Insured Basis	Individual Sum Insured – Where each member has a separate sum insured under the policy. Family Floater – applicable only for Daily Hospital Cash Benefit Sum Insured per person – As opted	
5	Policy Coverage	This Policy offers coverage under 8 sections as opted: • Section I offers Daily Hospital Cash Benefit • Section II offers Personal Accident Benefit • Section III offers Critical Illness(es) Benefit • Section IV offers Vector Borne Diseases Benefit • Section V offers EMI Protector Benefit as opted under the policy • Section VI offers Loan Protection Benefit as opted under the policy • Section VII offers Infectious Diseases Benefit • Section VIII offers Income Protection Benefit <u>Section I – Daily Hospital Cash Benefit</u> The policy allows the Insured person to choose any one of the below benefit cover 1. Daily Hospital Cash Benefit (DHC) - Illness / Injury This benefit is available in Single Event Per Year and Multiple Event Per Year option. OR 2. Daily Hospital Cash (DHC) - Only Accidents This benefit is available in Single Event Per Year and Multiple Event Per Year option. Optional Covers Under Daily Hospital Cash Benefit 1. Double ICU Benefit (DIB)- Illness 2. Double ICU Benefit (DIB)- Only Accidents	Part II: Scope of Cover

3. Family Floater Cover
4. Deductible: There are 5 deductible options which the company plans to provide which is 1 day / 2 Days / 3 Days / 4 Days / 5 Days.
5. Day Care Procedure Cash (DCP): 141 listed day care procedures covered
6. Waiting Period Waiver
7. Hospitalisation due to Maternity
8. Pre and Post Natal Hospitalisation

Section II – Personal Accident Benefit

The policy allows the Insured person to choose any one or all the listed benefit coverage (1 /2 /3 or 4) and Optional Cover to complete his insurance needs:

Coverage

1. Accidental Death Only and or
2. Permanent Total Disablement Only and or
3. Permanent Partial Disablement Only and or
4. Temporary Total Disablement Only

Optional Covers Under Personal Accident Benefit

1. Child Education Support:
2. Accidental Medical Expenses
3. Transportation of Mortal Remains
4. Performance of Funeral Ceremony
5. Ambulance Hiring Charges
6. Modification of Vehicle/Residence
7. Permanent Total Disability (Enhanced)
8. Accidental Hospitalization Expenses (Inpatient)
9. Accidental Hospitalization Expenses (Outpatient)
10. Coma of Specified Severity
11. Burns Cover
12. Broken Bones
13. Vacation Cancellation Cover
14. Return to Home Benefit

Section III – Critical Illness Benefit

The policy allows the Insured person to choose the cover as per his/her requirement from the list of Critical Illness(es) plan available in Option-I and Option II.

1. **Option-I** – Plan A, B, C, D, E and F

2. **Option-II** - Brain Protect, Heart Protect, Cancer Protect, RenoLiv Protect – Minor Illness covered under these plans are limited to percentage of Sum Insured as agreed and mentioned in the Policy Schedule/ Certificate of Insurance

Optional Covers Under Critical Illness Benefit

1. Option to reduce Survival Period
2. Waiting Period Waiver
3. Second Opinion Cover

Section IV – Vector Borne Diseases Benefit

The policy allows the Insured person to choose any one or all the listed benefit coverage (Plan A and/or Plan B and/or Plan C) and Optional Cover as per his insurance needs

- a. In-patient Hospitalization Benefit (Compulsory under Section IV)
- b. Double Vector Borne Diseases Benefit (Optional Cover under Section IV)

Optional Covers Under Vector Borne Diseases Benefit

1. Waiting Period Waiver (Optional Cover under Section IV)

Section V offers EMI Protector Benefit as opted under the policy

This policy allows to the insurer to choose to cover his or her EMI amount due to following.

- a. In Patient Hospitalisation Benefit
- b. Personal Accident Benefit
- c. Critical Illness Benefit (as per plan opted) - Up to limit opted for both Major and Minor Illnesses
- d. Vector Borne Diseases Benefit

Optional Covers Under EMI Protector Benefit

1. Waiting Period Waiver under Inpatient Hospitalisation Benefit
2. Waiting Period Waiver under Critical Illness Benefit
3. Option to reduce Survival period under Critical Illness Benefit

Section VI offers Loan Protection Benefit as opted under the policy

Outstanding Loan Amount as mentioned in Policy Schedule or Certificate of Insurance or Actuals subject to maximum of 100% of the Section Sum Insured whichever is less.

- a) **Personal Accident Benefit** - in case of Accidental Death and/or Permanent Total Disability and / or Permanent Partial Disability of the Insured Person as opted and mentioned in Policy Schedule / Certificate of Insurance
- b) **Critical Illness Benefit** - in case the Insured Person is diagnosed to be suffering from or undergoing for the first time any of the listed surgical procedure as opted and mentioned in Policy Schedule / Certificate of

		Insurance. - Minor Illness covered under these plans are limited to percentage of Sum Insured as agreed and mentioned in the Policy Schedule/ Certificate of Insurance Optional Covers Under Loan Protector Benefit 1. Waiting Period Waiver under Critical Illness Benefit 2. Option to reduce Survival Period under Critical Illness Benefit <u>Section VII offers Infectious Diseases Benefit as opted under the policy</u> Insured Event shall mean any one of the below as opted by the Insured Person and specified in the Policy Schedule / Certificate of Insurance A) First diagnosis of (or first medical advice or treatment in relation to) illness or medical event, with respect to the Insured Person OR B) Medically necessary In-patient Hospitalization for minimum 24 hours of an Insured Person due to illness or medical event The policy allows the Insured person to choose any one or all the listed sets and coverage type as per his insurance needs 1. Set A: Water borne diseases – Typhoid / Hepatitis A, D and E / Amoebiasis / Leptospirosis / Cholera / Nipah Virus/ Ebola / Swine, Influenza Virus, H1N1 Virus / SARS , MERS/ Mucormycosis/ Diptheria / Tuberculosis 2. Set B: HIV Infection - HIV 3. Set C: Covid Infection - Covid – 19 Optional Covers Under Infectious Diseases Benefit 1. Waiting Period Waiver <u>Section VII offers Income Protection Benefit as opted under the policy</u> Weekly benefit amount for the maximum no of weeks as stated in the policy shall be in the policy after Insured Person has completely utilized the Sick / Casual / Privileged / Paid leaves paid from the time the Insured Person goes on Leave of Absence (without pay) till her/his return to employment (with pay) or till end of maximum number of months specified in Policy Schedule /Certificate of Insurance whichever is earlier, arising due to a) Loss of Income due to Disability b) Loss of Income due to Listed Critical Illness: Optional Covers Under Infectious Diseases Benefit 1. Waiting Period Waiver under Critical Illness Benefit 2. Option to reduce Survival Period under Critical Illness Benefit	
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		<u>Optional Covers (available for all Sections)</u> Surgical Benefit Cover- In the event of Hospitalisation due to listed Surgical procedure, lump sum amount as stated in the Policy Schedule / Certificate of Insurance shall be payable. Maternity Benefit Cover - In the event of Hospitalisation due to Maternity / Childbirth, lump sum amount as stated in the Policy Schedule / Certificate of Insurance shall be payable. Double Maternity Benefit Cover - In the event of Hospitalisation due to Maternity / Childbirth, twice the lump sum amount as stated in the Policy Schedule / Certificate of Insurance shall be payable. Joint hospitalization Cover - In the event of hospitalisation where more than one insured persons are hospitalised during the same period for more than 1 Day, lump sum amount as stated in the Policy Schedule / Certificate of Insurance shall be payable. Convalescence Benefit - Lumpsum benefit as mentioned in the Schedule to the Policy is payable in the event of continuous hospitalisation exceeding the number of days as stated in the policy each time upto the maximum of times as stated in the policy.	
6.	Exclusions (What the policy does not cover)	Specific Exclusions Applicable to Section I – Daily Hospital Cash Benefit, Section V EMI Protector Benefit (a) Unless specifically waived off and mentioned in the Policy Schedule / Certificate Of Insurance We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary elsewhere in this Policy: Maternity: Code Excl18 - Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy; - Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period. - Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident - Any OPD treatment - Treatment received outside India - Charges incurred at Hospital primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or Injury for which Inpatient Care/Day Care Treatment is required - Any charges incurred to procure any medical certificate, treatment or Illness related documents pertaining to any period of Hospitalization or Illness. - Alopecia, wigs and/or toupee and all hair or hair fall treatment and products - EECP & Chelation Therapy, Rotational Field Quantum Magnetic Resonance (RFQMR) or Cytotron therapy. Specific Exclusions applicable to Section II – Personal Accident Benefit, Section V-EMI Protector Benefit (b), Section VI-Loan Protector Benefit (a) and VIII-Income Protection Benefit (a) as per benefit cover opted.	Part IV: Section Specific Exclusion (In addition to General Exclusion) Part V: General Exclusions applicable to all sections

		The Company shall not be liable under this Policy for – 1. Death or disability resulting directly or indirectly caused by, contributed to or aggravated or prolonged by childbirth or from pregnancy excluding ectopic pregnancy. 2. Any pre-existing condition/ disability / accidental injury except where the proximate cause of injury is accident. 3. Any claim arising out of Insured Person(s) serving in any branch of the Military or Armed Forces of any country during war or warlike operations. 4. We shall not be deemed to provide cover and shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose us to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America. Specific Exclusion under Section III – Critical Illness Benefit, Section V-EMI Protector Benefit (c), Section VI-Loan Protector Benefit (b) and VIII-Income Protection Benefit (b) as per benefit cover opted and unless specifically waived off and mentioned in the Policy Schedule / Certificate Of Insurance. The Company shall not be liable to make any payment under this Policy in connection with or in respect of any Insured Event, as stated in this Section, occurred or suffered before the commencement of Period of Insurance or arising within the first 90 days of the commencement of the Period of Insurance. 1. If the Insured Person does not submit a medical certificate from the Doctor evidencing diagnosis of Illness or Injury or occurrence of the medical event or the undergoing of the medical / surgical procedure in relation to the claim of the particular insured Person. 2. Any Critical Illness arising out of use, abuse or consequence or influence of any substance (substances that are abused like illegal drugs, opioids, marijuana etc) intoxicant, drug, alcohol or hallucinogen. 3. Any illness which is not a part of the listed Critical Illness, as mentioned under Section III of the Policy and/or not opted by the Insured/Insured Person/s. Specific Exclusion applicable to Section IV - Vector Borne Diseases Benefit and Section V- EMI Protector Benefit (d) as per benefit cover opted and unless specifically waived off and mentioned in the Policy Schedule / Certificate Of Insurance. We will not make any payment for any claim in respect of the Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy; 1) Pre-existing Lymphatic Filariasis at the time of taking the policy is excluded for lifetime 2) Any OPD Treatment 3) Any Treatment taken for any illness other than for vector borne diseases as listed in Section IV 4) Admission to hospital for less than 24 hours 5) Diagnosis and treatment outside India. Specific Exclusion under Section VIII - Infectious Diseases Benefit We will not make any payment for any claim in respect of the Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy 1. Any Treatment taken for any illness other than for infectious diseases as listed in Section VII.	
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2. Diagnosis and treatment outside India.
3. If the Insured does not submit a medical certificate from the Medical Practitioner evidencing diagnosis of Illness or Injury or occurrence of the medical event or the undergoing of the medical / surgical procedure in relation to the claim of the particular Insured Person.
4. Any treatment/surgery for change of sex or any cosmetic surgery or treatment/surgery /complications/illness arising as a consequence thereof.
5. Treatment by a family member and self-medication or any treatment that is not scientifically recognized.

General Exclusion Applicable for all Benefit Sections

I. Standard Exclusions

We will not make any payment for any claim in respect of any Insured Person/s directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary elsewhere in this Policy:

- 1) **Rest Cure, rehabilitation and respite care: Code- Excl05**
- 2) **Obesity /Weight Control: Code-Excl06**
- 3) **Change of Gender Treatments: Code-Excl07**
- 4) **Cosmetic or Plastic Surgery: Code-Excl08**
- 5) **Hazardous and Adventure Sports: Code-Excl09**
- 6) **Breach of Law: Code-Excl10**
- 7) Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **Code-Excl12**
- 8) Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. **Code-Excl13**
- 9) **Unproven Treatments: Code-Excl16**
- 10) **Sterility and Infertility: Code-Excl17**

II. Other Exclusions

- 1) Treatment taken from anyone who is not registered as Medical Practitioners under respective Medical Councils or from a Medical Practitioner who is practicing outside the discipline for which he is licensed, or the treatment is undertaken from an immediate family member or any kind of self-medication.
- 2) Congenital external diseases, defects or anomalies.
- 3) Birth control procedures and hormone replacement therapy.
- 4) War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.
- 5) Dental care or surgery except as occasioned by Accidental Injury and requiring hospitalization.
- 6) Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:

		(i) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death. (ii) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death. (iii) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death. 7) Any expenses incurred on Domiciliary Hospitalization and OPD treatment 8) Any claim of the Insured Person i) from intentional self-injury, suicide or attempted suicide ii) whilst under the influence of liquor or drugs or other intoxicants except where the insured person is not directly responsible for the injury / accident though under influence of intoxication. iii) as a result of active participation in any violent labour disturbance, riot or civil commotion or public disorder iv) driving any vehicle without a valid driving licence v) 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. 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. Fare paying passenger includes person travelling through some concession or benefit in terms of valid boarding pass / voucher Expenses for treatment directly arising from or consequence upon any insured person participating in an actual or attempted felony, riot, crime, misdemeanor or civil commotion. 10) Any claim caused by or contributed to or arising from- 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 purpose hereof, combustion shall include any self-sustaining process of nuclear fission; or ii) Nuclear weapons material	
7.	Waiting Period	I. Waiting Period Applicable to Section I – Daily Hospital Cash Benefit, Section V - EMI Protector Benefit (a) and Section VII – Infectious Diseases Benefit, Optional Cover -Surgical Benefit Cover, Joint Hospitalization Cover and Convalescence Benefit Cover, unless specifically waived off and mentioned in the Policy Schedule / Certificate Of Insurance, 2. 30 days Waiting Period: Code Excl03 3. 90 days Waiting Period: applicable for Critical Illness(s) 4. Specified disease/procedure waiting period- Code- Excl02 a) First Year (12 months) Waiting Period: applicable for listed ailments	Part III – Applicable Waiting Period

		b) Two Year (24 months) Waiting Period: applicable for listed ailments c) Four Year (48 months) Waiting Period: applicable for listed ailments d) Pre- Existing Diseases: Code- Excl01 II. Waiting Period applicable to Section III – Critical Illness Benefit, Section V-EMI Protector Benefit ©, Section VI – Loan Protector Benefit (b) and Section VIII – Income Protection (b) Benefit, unless specifically waived off and mentioned in the Policy Schedule / Certificate Of Insurance 90 days Waiting Period: applicable for Critical Illness(s) Pre-Existing Diseases: Code- Excl01 Specified disease/procedure waiting period- Code- Excl02 Two Year (24 months) Waiting Period: applicable for listed ailments Four Year (48 months) Waiting Period: applicable for listed ailments Survival Period: A claim for an insured condition becomes valid and payable if the Insured Person survive for 30 days after the insured condition. III. Waiting Period under Section IV - Vector Borne Diseases Benefit and Section V – EMI Protector Benefit (d), unless specifically waived off and mentioned in the Policy Schedule / Certificate Of Insurance 30 days Waiting Period: Code Excl03. - If the Policy is opted after occurrence of any of the listed vector borne diseases, 60 days waiting period shall be applicable for the specific ailment from date of previous admission. However, - Single Year Policy - Once a benefit is paid under this section during the Policy Period and the Named Insured Person renews the Policy, in such scenario for the renewal Policy, 60 days waiting period from date of previous admission would apply for the specific ailment of which a claim has been paid. - Multi-Year Policy - Once a benefit is paid under this section during the Policy Year and the policy is continued for the next policy year in case of long term policy, in such scenario 60 days waiting period from date of previous admission would apply for the specific ailment of which a claim has been paid. - If the Policy is renewed post 60 days from the date of admission of the previously paid claim for the named Insured Persons, then a fresh waiting period of 15 days shall apply for all listed vector borne diseases.	
8.	Financial Limits of Coverage Sublimit Co-payment Deductible	This Policy offers coverage under 8 sections as opted: - Section I offers Daily Hospital Cash Benefit - ____ Per day for maximum of ____ days. Deductible ____ no of days. - Section II offers Personal Accident Benefit - ____ Sum Insured - Section III offers Critical Illness(es) Benefit - ____ Sum Insured (Minor Illness covered under are limited to percentage of Sum Insured as agreed and mentioned in the Policy Schedule/ Certificate of Insurance) - Section IV offers Vector Borne Diseases Benefit - ____ Sum Insured - Section V offers EMI Protector Benefit - ____ per EMI for upto ____ no of EMI	Part II: Policy

6. Section VI offers Loan Protection Benefit - _____ Sum Insured (Minor Illness covered under Critical Illness section VI(b) are limited to percentage of Sum Insured as agreed and mentioned in the Policy Schedule/ Certificate of Insurance)
7. Section VII offers Infectious Diseases Benefit - _____ Sum Insured
8. Section VIII offers Income Protection Benefit - _____ Sum Insured

Section I – Daily Hospital Cash Benefit

The policy allows the Insured person to choose any one of the below benefit cover

1. Daily Hospital Cash Benefit (DHC) - Illness / Injury [Benefit Basis]

OR

2. Daily Hospital Cash (DHC) - Only Accidents [Benefit Basis]

Optional Covers Under Daily Hospital Cash Benefit

1. Double ICU Benefit (DIB)- Illness [Benefit Basis]
2. Double ICU Benefit (DIB)- Only Accidents [Benefit Basis]
3. Day Care Procedure Cash (DCP): 141 listed day care procedures covered [Benefit Basis]
4. Family Floater Cover
5. Deductible: There are 5 deductible options which the company plans to provide which is 1 day / 2 days / 3 days / 4 days / 5 days [Deductible]
6. Hospitalisation due to Maternity [Benefit]
7. Pre and Post Natal Hospitalisation [Benefit]

Section II – Personal Accident Benefit

The policy allows the Insured person to choose any one or all the listed benefit coverage (1 /2 /3 or 4) and Optional Cover to complete his insurance needs:

Coverage

1. Accidental Death Only _____ Sum Insured
2. Permanent Total Disablement Only – as per table of benefit up to Sum Insured _____
3. Permanent Partial Disablement Only – as per table of benefit up to Sum Insured _____
4. Temporary Total Disablement Only - _____ per week for maximum of ___ no of weeks

Optional Covers Under Personal Accident Benefit

1. Child Education Support: [Benefit Basis]
2. Accidental Medical Expenses [Indemnity Basis]
3. Transportation of Mortal Remains [Indemnity Basis]
4. Performance of Funeral Ceremony [Indemnity Basis]
5. Ambulance Hiring Charges [Indemnity Basis]
6. Modification of Vehicle/Residence [Indemnity Basis]

7. Permanent Total Disability (Enhanced) [Benefit Basis]
8. Accidental Hospitalization Expenses (Inpatient)
9. Accidental Hospitalization Expenses (Outpatient)
10. Coma of Specified Severity [Benefit Basis]
11. Burns Cover [Benefit Basis]
12. Broken Bones [Benefit Basis]
13. Vacation Cancellation Cover [Indemnity Basis]
14. Return to Home Benefit [Indemnity Basis]

Section III – Critical Illness Benefit

Option-I – Plan A, B, C, D, E and F - _____ Sum Insured

Option-II - Brain Protect, Heart Protect, Cancer Protect, RenoLiv Protect- _____ Sum Insured (Minor Illness covered under these plans are limited to percentage of Sum Insured as agreed and mentioned in the Policy Schedule/ Certificate of Insurance)

Optional Covers Under Critical Illness Benefit

1. Second Opinion Cover [Indemnity Basis]

Section IV – Vector Borne Diseases Benefit

- b) In-patient Hospitalization Benefit (Compulsory under Section IV) - _____ Sum Insured
- c) Double Vector Borne Diseases Benefit (Optional Cover under Section IV) - _____ Sum Insured

Section V offers EMI Protector Benefit as opted under the policy

- a. In Patient Hospitalisation Benefit – No of EMI _____ Per EMI Limit _____
- b. Personal Accident Benefit– No of EMI _____ Per EMI Limit _____
- c. Critical Illness Benefit (as per plan opted) – No of EMI _____ Per EMI Limit _____
- d. Vector Borne Diseases Benefit– No of EMI _____ Per EMI Limit _____

Section VI offers Loan Protection Benefit as opted under the policy

1. Personal Accident Benefit – _____ Sum Insured

Critical Illness Benefit - _____ Sum Insured (Minor Illness covered under Critical Illness section VI(b) are limited to percentage of Sum Insured as agreed and mentioned in the Policy Schedule/ Certificate of Insurance)

Section VII offers Infectious Diseases Benefit as opted under the policy

- a. **Set A: Water borne diseases** – _____ Sum Insured
- b. **Set B: HIV Infection** - _____ Sum Insured
- c. **Set C: Covid Infection** - _____ Sum Insured
- d. **Set D: Other Infections** - _____ Sum Insured

		<u>Section VII offers Income Protection Benefit as opted under the policy</u> 1. Loss of Income due to Disability - _____ Sum Insured 2. Loss of Income due to Listed Critical Illness - _____ Sum Insured <u>Optional Covers (available for all Sections)</u> 1. Surgical Benefit Cover - - _____ Sum Insured 2. Maternity Benefit Cover - - _____ Sum Insured 3. Double Maternity Benefit Cover - - _____ Sum Insured 4. Joint hospitalization Cover - _____ Sum Insured 5. Convalescence Benefit - - _____ Sum Insured	
9.	Claims / Claims Procedure	Notification of Claim It is a condition precedent to our liability hereunder that written notice of claim must be given by the Insured Person/Nominee/Legal Heir, as applicable, to the Company within 15 days after an actual or potential loss begins or as soon as is reasonably possible and, in any event, not later than 30 days after an actual or potential loss begins. 1. Claim Intimation for Hospital Cash Benefit / Vector Borne Diseases. You shall intimate the Claims to us within 2 days hospitalization or diagnosis of Vector Borne Diseases as the case may be or as specified in the policy schedule through any available mode of communication as specified in the Policy, Health Card or our Website However, the Company may condone the delay on merits of the claim subject to getting satisfied that the delay in notification was due to reasons beyond the control of the Insured Person/Nominee/Legal Heir. 2. Time for Filing Claim Documents Completed Claim Forms and written evidence of loss must be furnished to us within 30 days after the date of such accident. Failure to furnish such evidence within the time required shall not invalidate nor reduce any claim if the Insured Person/Nominee/Legal Heir can satisfy the company that it was not reasonably possible for the Insured Person/Nominee/Legal Heir to give proof / documents within such time. The above time limit will not apply to claims pending action or arbitration. 3. Claim Procedure It is a condition precedent to the Company's liability that upon the discovery or happening of any loss that may give rise to a claim under this Policy, the Insured Person/Nominee/Legal Heir, as applicable, shall undertake the following: The claim has to be intimated to the Company directly or through the group administrator. The following information should be furnished by the Insured Person/s while intimating a claim: 1. Insured Person's contact numbers 2. Policy Number 3. Location, Date and Time of Loss	Part VI -General Terms and Conditions II (9) Conditions when a Claim arises

4. Whether Police authorities has been informed (in case of Road/Rail Accident claim)
5. Name of the Insured Person(s) named in the Policy schedule/Certificate of Insurance availing treatment,
6. Nature of disease/illness/injury,
7. Name and address of the attending Medical Practitioner/Hospital
8. Date and time of event if applicable
9. Date of admission

Claims Processing and Settlement

- i. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document.
- ii. 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.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days the company shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

Bank rate shall mean the rate fixed by Reserve Bank of India at the beginning of the financial year in which claim have fallen due.

Claims processing and settlement will be as per Protection of Policy Holder's Interest, Regulation 2017 as amended from time to time.

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 on behalf of the Company. Such evidence as the Company may from time to time require shall be furnished within the space of fourteen days after demand in writing.

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

Section I: Daily Hospital Cash:

1. Duly Filled and signed claim form;
2. Copy of discharge summary/ Final bill/ investigation reports.
3. Photo ID proof of the insured member whose name the payment is to be done.
4. Address proof of the insured member whose name the payment is to be done.

5. NEFT mandate form filled by deceased / Insured Person in whose name the payment is to be done
6. Indoor case papers from hospital."

Section II: Personal Accident benefit

A. Accidental Death

1. Duly filled and signed claim form.
2. FIR / MLC from police authorities.
3. Driving License of the Insured Person in case death or injury because of Road Traffic accident and the Insured Person was driving the vehicle involved.
4. Death Certificate issued by competent Authorities.
5. Death Summary from the Hospital Authorities if death is confirmed by the Hospital.
6. Post Mortem Report if conducted (Viscera report may asked in case chemical analysis preserved)
7. Inquest / Panchnama Report.
8. Letter from HR stating the attendance closure to the incident in case if employee for Group policies.
9. Indemnity Bond / Succession Certificate/ Legal Heir Certificate.
10. Latest Photograph of the beneficiary / Insured Person / Legal Heirs in whose name the payment is to be done.
11. Photo ID proof of the beneficiary / Insured Person / Legal Heirs in whose name the payment is to be done.
12. Address proof of the beneficiary / Insured Person / Legal Heirs in whose name the payment is to be done.
13. NEFT mandate form filled by beneficiary / Insured Person / Legal Heirs in whose name the payment is to be done
14. Outstanding Loan Statement"

B. PTD/PPD Claim Check List:

- a. Duly filled and signed claim form
- b. FIR / Medico Legal Case (MLC) report from police authorities.
- c. Driving License of the Insured Person in case of injury because of Road Traffic accident and the Insured Person was driving the vehicle involved.
- d. Medical Certificate from the attending Medical Practitioner for the injury indicating the extent of disability.
- e. Hospital / Nursing Home Medical Records.
- f. Radiological / X Ray report relevant to the disability.
- g. Photographs of the insured showing affected area.
- h. Photo ID proof of the deceased / Insured Person in whose name the payment is to be done.
- i. Address proof of the deceased / Insured Person in whose name the payment is to be done.
- j. NEFT mandate form filled by deceased / Insured Person in whose name the payment is to be done.
- k. Disability Certificate from Civil Surgeon in PPD & PTD Claim."

C. TTD Claim Check List

1. Duly filled and signed claim form
2. FIR / MLC from police authorities.

3. Driving License of the Insured Person in case of injury because of Road Traffic accident and the Insured Person was driving the vehicle involved.
4. Medical fitness certificate from the Treating consultant indicating duration of rest medically advised
5. Hospital / Nursing Home Medical Records.
6. Radiological / X Ray report relevant to the disability.
7. Leave certificate from HR (for salaried people) if employee for Group policies.
8. Salary certificate / income proof if employee for Group policies.
9. Photo ID proof of the deceased / Insured Person in whose name the payment is to be done.
10. Address proof of the deceased / Insured Person in whose name the payment is to be done.
11. NEFT mandate form filled by deceased / Insured Person in whose name the payment is to be done."

Optional Cover Under Section II Personal Accident Benefit

A. Child Education Support:

1. Proof of number of dependent child /children viz. Ration card
2. Age proof of the dependent child /children
3. Proof of education and payment of fee

B. Accidental Medical Expenses

1. Copy of document of hospitalization/medical treatment
2. Certificate from treating doctor about the diagnosis and line of treatment given during hospitalization/medical treatment
3. Bills and receipts towards medical expenses.
4. Copy of the test reports
5. Hospital / Nursing Home Medical Records, when required for verification of claims.

C. Transportation of Mortal Remains:

1. Bills and receipt towards cost of transportation of the mortal remains to the place of residence/hospital and/or cremation/burial ground.
2. NEFT mandate form filled by deceased / Insured Person in whose name the payment is to be done

D. Performance of Funeral Ceremony

1. Bills and receipt towards expenses relevant to funeral ceremony
2. NEFT mandate form filled by deceased / Insured Person in whose name the payment is to be done.

E. Ambulance Hiring Charges

1. Bills and receipt towards cost of ambulance services
2. NEFT mandate form filled by deceased / Insured Person in whose name the payment is to be done

F. Modification of Vehicle/Residence

1. Permanent Total Disability / Permanent Partial Disability related documents
2. Bills and receipts towards vehicle or residence modifications

Section III: Critical Illness Benefit:

1. Dully filled & signed claim form
2. Investigation reports, Histological report or Scan/ X Ray Plates, etc. as applicable confirming diagnosis of the indicated Critical Illness
3. All Documents prior and after, related to the diagnosis of indicated critical illness
4. Medical certificate from the certified Physician confirming the diagnosis of Indicated critical illness
5. NEFT mandate form filled by deceased / Insured Person in whose name the payment is to be done "

Section IV: Vector Borne Diseases Benefit

A. In-patient Hospitalization Benefit

1. Duly Filled and signed claim form;
2. Copy of discharge summary/ Final bill/ investigation reports.
3. Photo ID proof of the insured member whose name the payment is to be done.
4. Address proof of the insured member whose name the payment is to be done.
5. NEFT mandate form filled by deceased / Insured Person in whose name the payment is to be done
6. Indoor case papers from hospital."

B. Double Vector Borne Diseases Benefit

1. Duly filled and signed claim form.
2. Copy of discharge summary/ Final bill/ investigation reports
3. Indoor case papers from hospital
4. Latest Photograph of the beneficiary / Insured Person / Legal Heirs in whose name the payment is to be done.
5. Photo ID proof of the beneficiary / Insured Person / Legal Heirs in whose name the payment is to be done.
6. Address proof of the beneficiary / Insured Person / Legal Heirs in whose name the payment is to be done.
7. NEFT mandate form filled by beneficiary / Insured Person / Legal Heirs in whose name the payment is to be done

Section V & VI: EMI Protector and Loan Protector Benefit:

1. Duly completed claim form;
2. Certificate if applicable from the Bank stating the amortization schedule, the EMI Amounts, Principal Outstanding, etc.
3. Certificate from the employer of the Insured Person confirming the termination, dismissal temporary suspension or retrenchment from employment of the Insured person furnishing the date of termination, dismissal, temporary suspension or retrenchment from employment of the Insured Person with the reasons for the same. In case of temporary suspension the period of suspension should also be mentioned in such certificate.
4. Any other document as may be required by the Company.

3. Photo Id & Address Proof of insured member
4. NEFT mandate form filled by beneficiary / Insured Person / Legal Heirs in whose name the payment is to be done.
5. Documents Pertaining to the cover opted.
 - i. In Patient Hospitalisation Benefit – as mentioned in Section I-Daily Hospital Cash Benefit
 - ii. Personal Accident Benefit – as mentioned in Section II – Personal Accident Benefit
 - iii. Critical Illness Benefit – as mentioned in Section III – Critical Illness Benefit
 - iv. Vector Borne Diseases Benefit – as mentioned in Section IV – Vector Borne Diseases Benefit"

Section VII: Infectious Diseases Benefit: (as applicable)

1. Duly Filled and signed claim form;
2. Copy of discharge summary/ Final bill/ investigation reports.
3. Photo ID proof of the insured member whose name the payment is to be done.
4. Address proof of the insured member whose name the payment is to be done.
5. NEFT mandate form filled by deceased / Insured Person in whose name the payment is to be done
6. Indoor case papers from hospital.

Section VIII: Income Protection Benefit: (as applicable)

1. Duly Filled and signed claim form;
2. List of documents as mentioned in Section III Critical Illness Benefit, for Loss of Income Due to Critical Illness (as per plan opted)
3. List of documents as mentioned in Section II Personal Accident Benefit, for Loss of Income Due to Personal Accident (as per cover opted)
4. Leave Certificate from Employer confirming loss of pay"

Optional Cover

Surgical Benefit Cover / Maternity Benefit Cover / Double Maternity Benefit Cover / Joint Hospitalization Cover / Convalescence Benefit

- Copy of document of hospitalization/medical treatment
- Certificate from treating doctor about the diagnosis and line of treatment given during hospitalization/medical treatment
- Discharge Summary"

We may call for additional documents/ information as relevant and necessary for processing of the claim.

In case you are covered under multiple policies which provide fixed benefits, on the occurrence of the insured condition, We shall make the claim payments as per terms and conditions of this policy, independent of payments received by You under other similar policies.

		No person other than the Insured /Insured Person(s) and/ or nominees named in the proposal and/ or Legal Hair 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.	
10.	Policy Servicing	Step - 1 Call center number - 1800-266-5844 (8:00 AM to 8:00 PM, 7 days of the week) or Email us at: care@libertyinsurance.in Senior Citizens can email us at - seniorcitizen@libertyinsurance.in or Write to us at: Customer Service Liberty General Insurance Limited, Unit 1501&1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai – 400013 Step - 2 If our response or resolution does not meet your expectations, you can escalate at - Manager@libertyinsurance.in Step - 3 If you are still not satisfied with the resolution provided, you can further escalate at - ServiceHead@libertyinsurance.in	Part IV: Policy
11.	Grievances / Complaints	Grievance—In case of any grievance relating to servicing the Policy, the Insured Person may contact the Company through Website: www.libertyinsurance.in Toll free:1800166584 Email: care@libertyinsurance.in Courier: 10th floor, Tower A, Peninsula Business Park, Lower Parel, Mumbai- 400013 Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at gro@libertyinsurance.in For grievance redressal mechanism and details of grievance office of the Company, kindly refer the link - https://www.libertyinsurance.in/customer-support/grievance-redressal	Part VII - Grievance Redressal Procedure

		Senior Citizens can email us at: seniorcitizen@libertyinsurance.in Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/ Insurance Ombudsman –If the 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 as per Insurance Ombudsman Rules 2021. For the latest details of Ombudsman offices, please visit the Insurance Ombudsman website at the following link: https://www.cioins.co.in/Ombudsman	
12.	Things to Remember	1. Cancellation (if applicable) (i) The policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing. The Company shall a. 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. b. 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. (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. 2. Migration (if applicable) 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 30days before policy renewal date as per IRDA Guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses 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. 3. Portability (if applicable) The insured person will have the option to port the policy 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. 4. Moratorium Period (if applicable) After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium	Part VI: General Terms and Conditions I (9), (10), (11) and (13)

		would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract. Note :The accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period." 5. Free look period (if applicable) 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. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to - - 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; 6. Renewal of Policy (if applicable) The policy shall ordinarily be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured person. - The Company shall give notice for renewal at least 30 days prior to expiry of the policy. - Renewal of a health insurance policy shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years, except for benefit based policies where the policy terminates following payment of the benefit covered under the policy. - Request for renewal along with requisite premium shall be received by the Company before the end of the policy period. - At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period."	
13.	Insured's Obligations	- Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. - Disclosure of Material Information during the policy period that relates to questions in the Proposal Form and which is relevant to the Company in order to accept the risk of insurance. Such information need to be provided to us in the form named as 'Alteration in Risk form' available on our Company website www.libertyinsurance.in before the Renewal, extension, variation, endorsement or reinstatement of the contract.	
Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.			

***This document provides key information about your policy. You are also advised to go through your policy document.**

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 and confirm having noted the details:

Place:

Date:

(Signature of the Policy Holder)