Liberty General Insurance Limited
Corporate Identity Number: U66000MH2010PLC269656. IRDAI Registration No.150
Unit 1501&1502, 15th Floor, Tower 2, One International Center
Senapati Bapat Marg, Prabhadevi, Mumbai – 400013,
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Website: www.libertyinsurance.in
UIN: IRDAN150CPMS0034V01202627

LIBERTY CONTRACTUAL LIABILITY INSURANCE POLICY

POLICY WORDINGS

PREAMBLE

Whereas **You**, by a proposal and declaration and/or details as reproduced in the transcript, which shall be the basis of this contract and is considered to be included herein, has applied to **Us** for insurance. **You** have paid the **Premium** specified in the **Schedule** for insurance coverage(s) described in this **Policy**.

NOW THIS POLICY STATES

That subject to the Terms, Conditions and Exclusions contained herein or endorsed or otherwise expressed hereon and in excess of the amount of the **Deductible**/ Threshold protects **You** against the loss in the manner and to the extent hereinafter provided.

PRECONDITION

To stay covered, **You** must discover and report any incident to **Us** during the designated **Policy Period**/ **Contract period** as specified in the **Policy Schedule**.
Our total payment will never exceed the specific **Limit of Indemnity** or the **Aggregate Policy Limit** specified in **Policy Schedule**

INSURING CLAUSE

We will indemnify **You** up to the **Limit of Indemnity** specified in the **Policy Schedule**, for all sums **You** become legally liable for any **Financial Loss** to the **Contracting Party** under **Contract(s)** issued during the **Period of Insurance** mainly from Financial Protection, Legal & Contractual, Travel & Related, Hotel & related, Health & Safety, Mobility, Rental Living, E-commerce & Delivery, Education & Career, Home Services, Digital Life, Hyperlocal/ Weather, Entertainment, Event, Fashion and Lifestyle Categories unless more specifically agreed by **Insurer** for:

1. An **Occurrence** specified in the **Policy Schedule**, pursuant to such liability and
2. Happening in connection with the business within the Territorial Limit as specified in the **Policy Schedule** arising during the **Contract Period**.

Category:

Liability arising in respect of an **Occurrence** shall be subject to the applicable Sub-Limits and **Deductible** as specified in the **Policy Schedule** and to the terms, conditions, special conditions, endorsements and exclusions of this **Policy**.

DEFINITIONS

Special meanings of certain words appearing other than in headers: The following words or terms shall have the meaning ascribed to them wherever they appear in this **Policy** in bold with first letter in capital unless otherwise more specifically stated elsewhere and references to the singular or to the masculine shall include references to the plural and to the feminine wherever the context so permits:

1. **Aggregate Limit** means the amount specified in **Your Policy Schedule** or updated by way of an endorsement issued by the **Company**, which represents the **Company's** maximum, total, and cumulative liability for all covered losses arising from all claims submitted under this **Policy** during the **Period of Insurance**, regardless of the number of **Contracts** involved.
2. **Contract** means a written agreement entered by **You** with the **Contracting Party**, as annexed to the **Policy Schedule**, which is insurable and enforceable by law.
3. **Contracting Party** means an entity, as the case maybe, who has entered into a **Contract** with **You**.
4. **Contract Period** means the period which is specified in the **Contract** and during which such **Contract** remains valid.

5. **Cyber Loss** means any loss, damage, liability, expense, fines or penalties or any other amount directly or indirectly caused by: a. The use or operation of any **Computer System** or **Computer Network**;
   i. The reduction in or loss of ability to use or operate any **Computer System**, **Computer Network** or Data;
   ii. Access to, processing, transmission, storage or use of any Data;
   iii. Inability to access, process, transmit, store or use any Data;
   iv. Any threat of or any hoax relating to (i) to (iv);
   v. Any error or omission or accident in respect of any **Computer System**, **Computer Network** or Data.
6. **Computer System** means any computer, hardware, software, application, process, code, programme, information technology, communications system or electronic device owned or operated by the **Insured** or any other party. This includes any similar system and any associated input, output or data storage device or system, networking equipment or back up facility.
7. **Computer Network** means a group of **Computer Systems** and other electronic devices or network facilities connected via a form of communications technology, including the internet, intranet and Virtual Private Networks (VPN), allowing the networked computing devices to exchange Data. 'Data' means information used, accessed, processed, transmitted or stored by a **Computer System**.
8. **Deductible** means the amount specified in the **Policy Schedule**, which is to be borne by **You** before any payment of claim is made under this **Policy**.
9. **Financial Loss** means a monetary loss caused to the **Contracting Party** on account of the **Occurrence**, but does not include any loss arising out of, or even accompanied by, any **Illness**, **Injury** or **Property Damage**.
10. **Illness** means a sickness or disease or pathological condition leading to impairment of normal physiological function. To clarify, any claims arising out of an illness under a **Contract** is not covered under the **Policy**.
11. **Injury** means accidental physical injury, bodily harm including resulting death but excluding **Illness** solely and directly caused to **Contracting Party** resulting from an **Occurrence** and verified by a licensed practitioner. To clarify, any claims arising out of an injury under a **Contract** is not covered under the **Policy**.
12. **Limit of Indemnity** means the amounts specified in **Your Policy Schedule** or updated by way of an endorsement issued by the **Company**, which represents the **Company's** maximum, total and cumulative liability for any one **Contract**.
13. **Occurrence** means an incidence or event that is neither expected nor intended by **You**, but is precisely mentioned in **Your Contract** with the **Contracting Party** that may result into a claim against **You**.
14. **Period of Insurance** means the period between the **Policy** Commencement Date and **Policy** Expiry Date as specified in **Your Policy Schedule** or updated by way of an endorsement issued by the **Company**, unless the **Policy** is terminated earlier.
15. **Policy** means the document that provides the details of insurance provided, exclusions and other terms and conditions. It comprises of Policy Wording, **Policy Schedule** and any Annexure attached to it, Proposal Form, Endorsements and the **Contract**.
16. **Policy Schedule** means the document that is attached to and is a part of **Your Policy** and includes details such as the **Limit of Indemnity**, **Premium**, **Occurrence**s, details of **Contract**, **Period of Insurance** and other specific terms & conditions.
17. **Pollutant** means any solid, liquid, gaseous, biological or thermal irritant or contaminant, including but not limited to dust, smoke, vapour, soot, fumes, chemicals, organisms or waste.
    'Waste' includes but is not limited to any material destined to be recycled, reconditioned or reclaimed.
18. **Premium** means the amount paid by **You** to **Us** for this insurance. The **Policy Schedule** shows the amount of Premium for the **Policy Period** and all other taxes and levies.
19. **Property Damage** means actual physical loss of or damage to tangible material property or product. To clarify, any claims arising out of a Property Damage under a **Contract** is not covered under the **Policy**.
20. **You/ Your/ Yourself/ Insured** means the entity, as the case maybe, who is named as the Insured in the **Policy Schedule**.
21. **We/ Us/ Our/ Company/ Insurer** means Liberty General Insurance Limited.

EXCLUSIONS

Any claim arising out of or on account of the following, whether directly or indirectly, shall be excluded under the **Policy**, unless specifically covered and mentioned in the **Policy Schedule**:

1. Any **Contracts** which are:
   i. Verbal or oral;
   ii. Unconditional or deemed.
2. A claim where any liability under a **Contract** cannot be quantified, measured, or assessed.
3. Any claim arising due to unlawful act(s) or illegal activity(ies) including but not limited to criminal act(s) or intentional or fraudulent act(s) by **You** or **Your** representative/employee or by the **Contracting Party**, including a family member, domestic help, employee or staff member of **Contracting Party**.
4. Any obligation, commitment, or act that the **Contracting Party** has not performed that he was supposed to perform as per the terms and conditions of the **Contract**.
5. Any claim arising due to a decision or action or omission of **Your** employee/s including directors, officers and/or managers.
6. Any claims or resultant liability in relation to costs which are recoverable from any other third-party, vendor or service provider under a separate **Contract** or arrangement, including but not limited to any refund programme, warranty or insurance **Policy**.
7. Any claims connected in any way to any incidents of theft, robbery or burglary.
8. Any claims made against **You** by a third-party, who is not the **Contracting Party** under the **Contract**.
9. This **Policy** does not cover any liability arising as a consequence of "**Illness**" and/or **Injury** and/or **Property Damage**, or any other liability arising out of losses which are consequential or indirect to the losses indemnifiable under this **Policy**.
10. Any unexplained loss/damage/disappearance of a product covered under the **Contract**.
11. Any claim arising due to misuse, reckless, abusive, wilful or intentional conduct associated with handling and use of a product covered under the **Contract**.
12. Any latent / inherent defect or recall campaign in the event of mass failure of the products covered or any use other than in accordance with such product manufacturer's recommendation or use of any accessory which has not been approved by the manufacturer with the product.
13. Any pre-existing conditions in relation to damage or cosmetic issues including but not limited to peeling of paint, scratches and dents, that do not otherwise affect the functionality of the product.
14. Any product where identification could not be established at the time of claim as identification number (or any unique number used to similarly identify such product) has been altered, defaced or removed, except where product identification details could not be established due to damage by fire.
15. Any product that has been modified to alter its functionality or capability without the written permission of manufacturer.
16. Any claims not directly arising from **Your Contract**, such as claims arising from any services rendered or the products offered by the **Contracting Party** onwards to other third-parties or customers.
17. Design, Material and Workmanship: This **Policy** does not cover liability arising due to:
    i. Any component part or individual item of product which is the subject matter of the **Contract**, and which is defective in design, plan, specification materials or workmanship; or
    ii. Such product lost or damage to enable replacement, repair or rectification of the otherwise undamaged product excluded by (i) above.

    Note: Clause (i) above shall not apply to other parts or items of product which are the subject matter of the **Contract** and which are free from defect but are damaged in consequence thereof. For the purpose of the **Policy** and not merely this exclusion, product which is the subject matter of the **Contract** shall not be regarded as lost or damaged solely by virtue of the existence of any defect in design, plan, specification, materials or workmanship in the product or any part thereof.
18. This **Policy** does not cover any claim connected in any way with asbestos, or with any product or material containing asbestos.
19. This **Policy** does not cover any claim connected in any way with blasting operations or the handling or use of explosives.
20. This **Policy** does not cover any claim directly or indirectly caused by, or contributed to, or arising from:

i. Ionizing radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion or fission of nuclear fuel; or
ii. Radio-active toxic explosive or other hazardous properties of any nuclear assembly or nuclear component thereof.

21. This **Policy** does not cover any claim for any consequence of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, or military or usurped power.
22. This **Policy** does not cover any claim arising out of or attributable to **Your** giving or failure to give any professional advice in consideration for a fee or arising out of any error or omission in any such advice.
23. This **Policy** does not cover claim arising directly or indirectly out of:
    i. Any design, plan, specification, formula or pattern that **You** provided for a fee; or
    ii. Any error or omission associated with any such design, plan, specification, formula or pattern.
24. This **Policy** does not cover any liability unless:
    i. **You** have expressly assumed it in **Contract**;
    ii. The liability would not have attached in the absence of that **Contract**; and
    iii. Agreed by **Us** and mentioned in the **Policy Schedule**.
25. This **Policy** does not cover liability for:
    i. Any aggravated or exemplary damages irrespective of whether agreed in the **Contract** and/or awarded by any court of law;
    ii. Any fine; or
    iii. Any liquidated damages or other penalty imposed under the Terms of **Contract**, or any warranty or agreement.
26. This **Policy** does not cover any claim arising directly or indirectly out of the discharge, dispersal, release, escape, removal, nullification, cleaning up or any measures taken to prevent escape of any **Pollutant**, unless resulting from a sudden identifiable event:
    i. That **You** neither expected nor intended; and
    ii. That took place in its entirety at a specific time and place.
27. This **Policy** does not cover any liability arising due to **Your** breach of **Contract** where:
    i. Liability is incurred due to **Your** failure to arrange or maintain an insurance required by any law or statute; or
    ii. Liability arises on account of violation of any legal and/or regulatory provision; or
    iii. Any liability that would have been recoverable from the **Contracting Party** but for **Your** release, waiver or limitation of that liability. However, this exclusion does not apply to any such waiver or limitation that is already agreed under the terms of the **Contract** itself; or
    iv. Liability which is covered by any of the Insurance Policies listed in the Proposal Form or elsewhere in the information **You** provided to **Us**.
28. This **Policy** does not cover:
    i. Any liability for **Injury** to **Insured's** employee arising directly or indirectly out of the employment: or
    ii. Any claim arising under any employee's compensation legislation or under any industrial award or agreement or determination; or
    iii. Any claim that is or would be within the scope of any Insurance Cover mandated under any applicable law/regulation, irrespective of whether such Insurance Cover was maintained or not; or
    iv. Any claim connected with an employee's **Contract** of Employment.
29. This **Policy** does not cover any liability assumed by **You** from **Cyber Loss** caused by or arising from **Your** Internet Operations.

    'Internet Operations' means any of the following:
    i. The use of any electronic mail system by **You** or by anyone else at **Your** order or with **Your** consent; or
    ii. Access through **Your** network to the World Wide Web or a public internet site by **You** or by anyone else at **Your** order or with **Your** consent; or
    iii. Access to **Your** internal company information and computing resources that is made available through the World Wide Web or

iv. The operation and maintenance of **Your** website.

30. Loss or damage caused by or arising out of **Your** wilful act or any person acting on **Your** behalf or **Contracting Party** including circumstances, facts or matters that **You** are or ought to be reasonably aware prior to the commencement of this **Contract**.
31. Any loss deemed contrary to public policy or which is uninsurable under Indian Law.
32. Any loss arising out of an act of terrorism.
33. Notwithstanding any other provision, clause or term of this **Policy** to the contrary, this **Policy** does not cover any **Occurrence** arising, whether directly or indirectly and/or in whole or in part, due to a Communicable Disease and/or any fear or threat thereof (whether actual or perceived). For avoidance of doubt:
    i. No other prior, concurrent or subsequent provision, clause, term or exception of this **Policy** (including (but not limited to) any prior, concurrent or subsequent endorsement and/or any provision, clause, term or exception that operates, or is intended to operate, to extend the coverage of, or protections provided by, this **Policy**;
    ii. Any change in the law clause or similar provision;
    iii. Any follow the fortunes clause or similar provision; and/or,
    iv. No change in the law or any regulation (to the extent permitted by applicable law), shall operate to provide any insurance, coverage or protection under this **Policy** that would otherwise be excluded through the exclusion set forth in this clause.

    If the **Insurer** alleges that by reason of this clause, any amount is not covered by this **Policy**, the burden of proving the contrary shall rest with the **Insured**.

GENERAL CONDITIONS

The General Conditions set out hereunder impact the way the **Policy** works and a failure to fulfil these conditions and obligations may have an adverse effect on the cover provided under this **Policy**:

i. **Contract**
The respective **Contract** is provided to **Us** and attached to this **Policy** at inception of cover for each
ii. **Observance of Terms and Conditions**
The due observance and fulfilment of the terms, conditions and endorsement of this **Policy** in so far as they relate to anything to be done or complied with by **You** and the truth of the statements and answers in the Proposal Form shall be a condition precedent to **Our** liability to make any payment under this **Policy**.
iii. **Admission of Liability**
Unless **You** have obtained **Our** prior written consent, neither **You** nor any of **Your** employees, agents or others acting on **Your** behalf may: a. Admit liability, fault or guilt in connection with any **Occurrence**; or
    b. Do anything that might be seen as an admission of liability, fault or guilt unless permissible in law; or
    c. Settle any claim with the **Contracting Party** under the **Contract**, even though it may be within the amount of the **Deductible**.
iv. **Alteration of Risk**
You must immediately inform **Us** of any alteration/addition/change in the information/design/work methodology or terms and conditions of the **Contract** that differs from that previously disclosed to **Us**. No change or alteration will be effective or valid under this **Policy** unless approved in writing which will be evidenced by a written endorsement, signed and stamped by **Us** and **Our** liability will be only assumed under the **Policy** where **You** have paid any additional **Premium** as **We** may require to accept such differences.
v. **Adjustment of Premium**
We retain the right to adjust the **Premium** upon expiry of the **Period of Insurance** for the difference between the **Premium** collected and **Premium** calculated based on the **Aggregate Limit** sought and the sum of the individual limits of Indemnity per **Contract**, as may be declared to **Us** during the **Period**

of Insurance. Such adjustment will be subject to a minimum deposit of **Premium** wherever agreed and specified in the **Policy Schedule**.

vi. **Specific Underwriting Condition**
This **Policy** will be subject to any specific underwriting conditions that may be specified in the **Policy Schedule**. These conditions may be included either due to underwriting considerations or as mutually agreed between **Insured** and the **Company**.

vii. **Cancellation**
Cancellation by the Insured: The **Insured** may cancel this **Policy** by giving written notice to **Liberty**. If the **Policy** is cancelled, **Liberty** shall be entitled to retain a pro-rata proportion of the premium for the time it has been on risk provided that no claim has been made on the Policy.
Cancellation by Insurer: Liberty may cancel the **Policy** by giving **You** at least 7 days written notice, and if no claim has been made then **We** shall refund a pro-rata **Premium** for unexpired **Policy Period**. Under normal circumstances, **Policy** will not be cancelled except for reasons of mis- representation, fraud, non-disclosure of material facts or **Your** non-cooperation.

Annual Short Period Cancellation Scale	
Cancellation Period (Days)	**Refund Amount as percentage of Annual Premium amount (excluding GST)**
Up to 7 days	100%
8 to 270 days	Pro Rata
271 to 365 days	0%

Policy issued for the Period of more than 1 year, the following method shall be applied:

(i) If the request for cancellation is received in First Year, the apportioned **Premium** for subsequent years will be refunded in full and for refund of Premium of First Year, the annual short period cancellation scale as mentioned hereinabove will be applied on the apportioned First Year Premium.

(ii) If the request for cancellation is received in subsequent year(s)
   a) the apportioned Premium for the completed years of the Policy Period will be retained in full,
   b) the annual short period scale as mentioned in hereinabove will be applicable for the refund of apportioned Premium of the ongoing Policy year,
   c) Apportioned Premium for the remaining unutilized years of the Policy Period to be refunded in full. Note:

No Premium refund shall be made in respect of Policy on which Claim has been lodged by the **Insured** or a person on behalf of the **Insured**, whether such Claim was admitted or repudiated.

viii. **Claim Conduct**

1) In case of any **Occurrence** that may give rise to a claim under **Your Policy**, **You** must:
   a. Inform **Us** of such **Occurrence** as soon as **You** can and in any event within a duration agreed and mentioned in the **Policy Schedule** of becoming aware of any such **Occurrence**. **We** may, at **Our** sole discretion, condone the delay in notification of claim on merits based on the reason for delay furnished by **You** to **Us** in writing.
   b. Provide such written documents and information as **We** may require and, if asked, include verification of particulars on oath; and
   c. Take all steps within **Your** power to minimize the extent of loss, damage or liability;
   d. Preserve any product affected (if applicable) and make it available for **Us** or **Our** representatives; and
   e. Inform the police if the loss or damage has been caused by any act purporting to be an offence under the applicable laws; and forward to **Us** every letter, written, summons and process in relation to **Your** claim as soon as **You** receive it; and
   f. Advise **Us** in writing as soon as **You** receive notice of any prosecution or inquest that involves **You** and relates to **Your** claim; and
   g. Provide any assistance that **We** may reasonably require.

2) **Basis of Claim Settlement:** All settlements made under the **Policy** shall be subject to the following conditions:
   a. **Covered Loss:** Indemnification of **Your** legal liability under any and all **Contract(s)** issued by **You** and covered under this **Policy** shall be always subject to the nature of **Occurrence** specified in the **Policy Schedule**, Sub-Limits, **Deductible** and Other **Deductibles**, and any General Exclusions specified under the **Policy** that may be applicable to a claim made against **You**.
   b. **Records:** For any **Contract(s)** covered under this **Policy** and specified as such in the **Policy Schedule**, it is a condition precedent to liability of the **Company** that **You** shall create and maintain an MIS, which shall be an accurate and updated record containing the full particulars of each **Contract** issued by **You**, which also includes details of the underlying invoices. Such MIS shall be provided to **Us** by **You** as and when requested.

3) **Indicative List of Documents:**
   i. Claim Form duly filled in & signed.
   ii. Claimant's letter of allegations or the fact or circumstance that might give rise to a claim, writ or summons received, or letter of demand, etc.
   iii. A chronology of events and / or brief summary of the background to the claim.
      a. This should include: the allegations were first made against the insured, the nature of the allegations, the identity and insured's relationship to the third party making the allegations and any response made by the insured to the allegations.
      b. If proceedings have been commenced, a copy of the letter of service and the originating process
      c. Copies of any other court documents
      d. Formal investigation report with supporting documents
      e. Claim value / estimate
      f. Copies of investigative reports, internal memorandum or correspondence that will help the Company to understand the origin of the claim.
   iv. List of all individuals against whom allegations have been made, which should include the full name of the individual, the position they occupied with the insured's entity and the period during which the individuals held their position with the insured entity. If the individual is not a director of the insured entity, insured need to provide individual's contract of employment.
   v. Any other document which may be required for processing of the claim.

ix. **Inspection**
You must allow **Us** or **Our** representative to inspect any **Contract** related documents and to audit any financial or other records relevant to this **Policy** at any reasonable time.

x. **Governing Law & Jurisdiction**
Any interpretation of this **Policy** relating to its construction, validity or operation shall be made exclusively in accordance with the Indian laws. All payments under this **Policy** will be made in Indian Rupees only.

xi. **Reasonable Care**
Without exception, **You** and **Your** employees must take all reasonable steps to prevent incurring any loss, damage or liability.

xii. **Subrogation**
If **You** have a right to recover **Your** loss from any other party, then, on accepting liability and indemnifying **You** under **Your Policy**, **We** shall be entitled to exercise that right in **Your** name and for **Our** own benefit, before or after any indemnification under this **Policy**. This is called 'subrogation'. **You** must fully co-operate with **Us** in exercising that right.

xiii. **Contribution**
If at the time of any loss or damage, there is some other insurance of any nature whatsoever covering the same liability, whether effected by **You** or not, **We** shall not be liable to pay or contribute more than **Our** ratable proportion of such loss or damage.

In case of multiple policies involving bank or other lending or financing entity - In case there is more than one insurance policy issued to **You** covering the same risk, **We** shall not apply contribution clause and shall pay its ratable proportion of such loss or damage.

xiv. **Exclusions**
We shall not be liable to make any payment under this **Policy** in connection with or in respect of any expenses whatsoever incurred by **You** in connection with or in respect of the exclusions which are specifically stated in the 'Exclusions' section of the **Policy**.

xv. **Renewal**
This **Policy** will automatically terminate at the end of the **Period of Insurance** specified in the **Policy Schedule**. The **Policy** may be renewed by mutual consent and in such event the applicable **Premium** should be paid to **Us** on or before the date of expiry of the **Policy**.

xvi. **Fraud and Non-Disclosure**
This **Policy** has been issued on the basis of the information provided in respect of **You** in the Proposal Form, personal statement and any other details submitted in relation to the Proposal Form. The **Company** reserves the right, at its sole and absolute discretion, to cancel or avoid the **Policy**, repudiate any claim and/or seek legal recourse, on account of any non-disclosure (partial or full), fraud whether in terms of amounts or otherwise, misrepresentations of information/facts made at the proposal stage or the claim stage, with forfeiture of complete **Premium** to **Us**.

xvii. **Material Information**
Material information to be disclosed includes every matter that **You** are aware of, or could reasonably be expected to know, that relates to questions in the Proposal Form and which is relevant to **Us** in order to accept the risk of insurance. **You** must exercise the same duty to disclose those matters to **Us** before any renewal, extension, variation, endorsement of the **Contract**. **We** may, adjust the scope of cover and/or **Premium**, if necessary, accordingly.

xviii. **Arbitration**
This contract of Insurance shall be governed and construed in accordance with the laws of India. All disputes, claims, suits and actions arising out of this Agreement or its validity will be finally decided by arbitration in accordance with the provisions of the Arbitration and Conciliation Act, 1996, as may be amended from time to time. The Parties shall mutually appoint a sole arbitrator. The venue for the arbitration shall be at Mumbai. The arbitration proceedings shall be conducted in English. Any award made in such arbitration will be final and binding upon the Parties. Subject to the above, the Parties submit to the exclusive jurisdiction of the courts in Mumbai, India.

xix. **Notices & Communications**
Any notice or communication in relation to this **Policy** will be in writing and if it is to:

a. **You**, then it will be sent to **You** at **Your** contact details specified in the **Policy Schedule**.
b. **Us**, it will be delivered to **Our** contact details specified in the **Policy Schedule**. No insurance agents, insurance intermediaries or other person or entity is authorized to receive any notice or communication on **Our** behalf.

xx. **Sanctions/Embargoes**
Liberty General Insurance will not be deemed to provide cover nor 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 Liberty or its parent to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of India, the European Union, United Kingdom, United States of America or other applicable jurisdiction.

xxi. **Grievance Redressal Procedure**
We are committed to providing you with the best possible service. In case you are not satisfied with our products or have a complaint to make about this Policy or the financial services we provide to you, please follow the below steps:

Step 1

Call us on Toll free number: **1800-266-5844** (8:00 AM to 8:00 PM, 7 days of the week)Or **Email us at**: care@libertyinsurance.in or **Write to us at: Customer Service Liberty General Insurance Limited** Unit 1501 & 1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai, Maharashtra 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

An acknowledgement will be sent on receipt of your concern, we would then investigate the matter internally and respond with a suitable resolution. Please share your contact details to enable us to get in touch with you.

Step 4

If your issue remains unresolved or if you are not satisfied with the resolution provided, you may escalate your grievance to our Grievance Redressal Officer (GRO).

For GRO details, click here

Step 5

If you are still not satisfied with the resolution provided, you may further escalate your grievance to our Chief Grievance Redressal Officer (Chief GRO).

Chief GRO: Mr. Sachin Joshi

Email us:gro@libertyinsurance.in

In case you are not satisfied with the decision or resolution provided by Liberty, you may approach the Insurance Ombudsman for redressal. The details of Insurance Ombudsman offices are given below.

OMBUDSMAN DETAILS	
Office Details	**Jurisdiction of Office Union Territory, District)**
AHMEDABAD Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02 Email: oio.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: oio.bengaluru@cioins.co.in	Karnataka.

BHOPAL Insurance Ombudsman Office of the Insurance Ombudsman, 1st floor,"Jeevan Shikha", 60-B,Hoshangabad Road, Opp. Gayatri Mandir,Arera Hills Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 / 2769203 Email: oio.bhopal@cioins.co.in	Madhya Pradesh, Chhattisgarh.
BHUBANESWAR Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455/2596429/2596003 Email: oio.bhubaneswar@cioins.co.in	Odisha.
CHANDIGARH Insurance Ombudsman Office Of The Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172-2706468 Email: oio.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir,Ladakh & Chandigarh.
CHENNAI Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: oio.chennai@cioins.co.in	Tamil Nadu, PuducherryTown and Karaikal (which are part of Puducherry).
DELHI Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 46013992/23213504/23232481 Email: oio.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.
GUWAHATI Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Near Pan Bazar , S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 / 2631307 Email: oio.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.

HYDERABAD Insurance Ombudsman 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. Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325 Email: oio.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
JAIPUR Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363 Email: oio.jaipur@cioins.co.in	Rajasthan
KOCHI Insurance Ombudsman Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash,LIC Building, Opp to Maharaja's College Ground,M.G.Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: oio.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
KOLKATA Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: oio.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: oio.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: oio.mumbai@cioins.co.in	**List of wards** under Mumbai Metropolitan Region excluding wards in Mumbai – i.e M/E, M/W, N , S and T covered under Office of Insurance Ombudsman Thane and excluding areas of Navi Mumbai.

NOIDA Insurance Ombudsman Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: oio.noida@cioins.co.in	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: oio.patna@cioins.co.in	Bihar, Jharkhand.
PUNE Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: oio.pune@cioins.co.in	State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district,Palghar District, Raigad district & Mumbai Metropolitan Region
THANE Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor,Jeevan Chintamani Building, Vasantrao Naik Mahamarg, Thane (West)- 400604 Tel.: 022-20812868/69 Email: oio.thane@cioins.co.in	Area of Navi Mumbai, Thane District, Raigad District, Palghar District and **wards of Mumbai**, M/East, M/West, N, S and T."

Note: Address and contact number of Governing Body of Insurance Council
Council for Insurance Ombudsmen,3rd Floor,
Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai -400 054.
Tel No: 022 -69038800/69038812,
E-mail ID: inscoun@cioins.co.in
Website: https://www.cioins.co.in/Ombudsman