Liberty General Insurance Ltd.
Unit 1501&1502, 15th Floor, Tower 2, One International Center,
Senapati Bapat Marg, Prabhadevi, Mumbai – 400013,
Phone: +91 226700 1313 Fax: +91 226700 1606
IRDAI of India Reg. No.150, CIN: U66000MH2010PLC269656
Website Link: www.libertyinsurance.in

Liberty Group Personal Accident Policy
Customer Information Sheet

Sr. No	Title	Description	Refer to Policy Clause No
1	**Product Name**	**Liberty Group Personal Accident Policy**	
2	**Policy No**		
3	**Type of Insurance Product / Policy**	**Benefit**	
4	**Sum Insured Basis**	Individual Sum Insured – Where each member has a separate sum insured under the policy. Family Floater – Where all eligible family members are covered under a single sum insured which will be the single maximum limit for the entire family. Sum Insured per person – As opted	
5	**Policy Coverage**	**Accident Benefit(s):** • Accidental Death (AD) a. Death Due to Accident b. Disappearance Cover c. Drowning Cover • Permanent Total Disability (PTD) • Permanent Partial Disability (PPD) • Temporary Total Disability (TTD) **Available Extensions:** • Waiver of Accidental Death Cover • Permanent Total Disability (Enhanced) • Child Education Support • Transportation of Mortal Remains • Performance of Funeral Ceremony • Accidental Medical Expenses • Accidental Hospitalisation Expenses(Inpatient) • Accidental Hospitalisation Expenses(Outpatient) • Accidental Hospital Daily Cash • Life Support Benefit • Loan Protector • Broken Bone	**Part II: Policy**

		• Modification of Vehicle/Residence • Family Transportation Benefit • Outstanding Bills Protection Benefit • Ambulance Hiring Charges • Cost of Support Devices • Marriage Expenses for Children • Loss / Damage to School Accessories • Loss of Job Cover • Legal Bail Expenses • Double Indemnity • Evacuation Expenses • Family Floater • Coma of Specified Severity • Trauma Counselling • Orphan Benefit For Children • Burns Cover • Miscarriage Due To Accidental Injury • Adventure Sports Cover • Assault Cover • Chauffer / Rental Car Benefit • Common Disaster Benefit • Medical Insurance Premium Benefit • Animal Attack Cover • Snake bite / Insect bite Cover • Paralysis due to Accident • Air Travel Cover • Rent Protection Cover • Loss of Personal Belongings • Purchase of Blood Cover • Air Ambulance Cover • EMI Protector	
6.	**Exclusions (What the policy does not cover)**	General Exclusions: PROVIDED ALWAYS THAT the Company shall not be liable under this Policy for –	**Part III: Policy**

		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 injury or disablement arising out of or contributed to by or traceable to any disability existing on the date of issue of this Policy. 3. Expenses related to any treatment necessitated due to participation in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving. 4. Any claim for death or disablement (whether of a permanent nature or of a temporary nature), hospitalisation of the insured person, directly or indirectly due to 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. 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. 6. Any claim for death, disablement (whether of a permanent nature or of a temporary nature), hospitalization of Insured Person a. from intentional self-injury unless in self-defense or to save life, suicide or attempted suicide; b. whilst under the influence of intoxicating liquor or drugsor other intoxicants except where the insured is not directly responsible for the injury / accident though under influence of intoxication. c. whilst engaging in aviation or ballooning, or whilst mounting into, or dismounting from or travelling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airlines in the world. [Standard type of aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft has a single engine or multiengine;] d. arising or resulting from the Insured Person committing any breach of law with criminal intent. 7. 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 8. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from: a. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self-sustaining process of nuclear fission) of nuclear fuel. b. Nuclear weapons material c. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof. d. Nuclear, chemical and biological terrorism	

		9. 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. "For complete list of exclusions please refer the Policy Wordings or contact your group administrator".	
7.	**Waiting Period**	NIL	
8.	**Financial Limits of Coverage** **i. Sublimit** **ii. Co-payment** **iii. Deductible**	This is a Benefit Policy which compensates the Insured Person as under: **Accident Benefit(s):** • Accidental Death (AD) covered up to _____ Sum Insured a. Death Due to Accident b. Disappearance Cover c. Drowning Cover • Permanent Total Disability (PTD) covered up to _____ Sum Insured as per table of benefit. • Permanent Partial Disability (PPD) up to Sum Insured as per table of benefit. • Temporary Total Disability (TTD) covered up to _____per week for maximum of ___ no of weeks. Some of the Extensions listed below are on indemnity basis as specifically indicated hereunder whilst the others are on Benefit basis. **Extensions:** • Child Education Support [Benefit Basis] – Covered up to Rs.____ per child for maximum of 2 dependent children. • Transportation of Mortal Remains [Indemnity Basis] – Covered up to Rs. _____ • Performance of Funeral Ceremony [Indemnity Basis] – Covered up to Rs. _____ • Accidental Medical Expenses [Indemnity Basis] – Covered up to ___% of Sum Insured or ___% of claim amount or actual expenses whichever is less. • Accidental Hospitalisation Expenses(Inpatient) [Indemnity Basis] – Covered up to Rs. _____ • Accidental Hospitalisation Expenses(Outpatient) [Indemnity Basis] – Covered up to Rs. _____ • Accidental Hospital Daily Cash [Benefit Basis] – Covered up to Rs. _____ • Life Support Benefit [Benefit Basis] – Covered up to Rs. _____ • Loan Protector [Benefit Basis] – Covered up to Rs. _____ • Broken Bone [Benefit Basis] – Covered up to Rs. _____ • Modification of Vehicle/Residence [Indemnity Basis] – Covered up to Rs. _____ • Family Transportation Benefit [Indemnity Basis] – Covered up to Rs. _____	**Part II: Policy**

		• Outstanding Bills Protection Benefit [Indemnity Basis] – Covered up to Rs. _____ • Ambulance Hiring Charges [Indemnity Basis] – Covered up to Rs. _____ • Cost of Support Devices [Indemnity Basis] – Covered up to Rs. _____ • Marriage Expenses for Children [Benefit Basis] – Covered up to Rs. _____ • Loss / Damage to School Accessories [Benefit Basis] – Covered up to Rs. _____ • Loss of Job Cover [Benefit Basis] – Covered up to Rs. _____ • Legal Bail Expenses [Indemnity Basis] – Covered up to Rs. _____ • Double Indemnity [Benefit Basis] – Covered up to Rs. _____ • Evacuation Expenses [Indemnity Basis] – Covered up to Rs. _____ • Family Floater – Covered up to ___% of SI for Spouse and ___% of SI for children. • Coma of Specified Severity [Benefit Basis] – Covered up to Rs. _____ • Trauma Counselling [Benefit Basis] – Covered up to Rs. _____ • Orphan Benefit For Children [Benefit Basis] – Covered up to Rs. _____ • Burns Cover [Benefit Basis] – Covered up to Rs. _____ • Miscarriage Due To Accidental Injury [Benefit Basis] – Covered up to Rs. _____ • Adventure Sports Cover [Benefit Basis] – Covered up to Rs. _____ • Assault Cover [Benefit Basis] – Covered up to Rs. _____ • Chauffer / Rental Car Benefit [Indemnity Basis] – Covered up to Rs. _____ • Common Disaster Benefit [Benefit Basis] – Covered up to Rs. _____ • Medical Insurance Premium Benefit [Indemnity Basis] – Covered up to Rs. _____ • Animal Attack Cover [Benefit Basis] – Covered up to Rs. _____ • Snake bite / Insect bite Cover [Benefit Basis] – Covered up to Rs. _____ • Paralysis due to Accident [Benefit Basis] – Covered up to Rs. _____ • Air Travel Cover [Benefit Basis] – Covered up to Rs. _____ • Rent Protection Cover [Benefit Basis] – Covered up to Rs. _____ • Loss of Personal Belongings [Benefit Basis] – Covered up to Rs. _____ • Purchase of Blood Cover [Indemnity Basis] – Covered up to Rs. _____ • Air Ambulance Cover [Indemnity Basis] – Covered up to Rs. _____ • EMI Protector [Benefit Basis] – Covered up to Rs. _____	
9.	**Claims / Claims Procedure**	**Claim Procedure** For Reimbursement of Claim: You need to intimate Us immediately on hospitalization/ injury/ death, further submit all claim documents with supporting details/documents at your own expense to the TPA within 15 days of discharge from the hospital. i. Helpline number – 1800 266 5844	**Part II: Policy**

ii. Claim form – https://www.libertyinsurance.in/customer-support/download-forms.html

1.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. 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/Insured Person/Nominee.

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/Insured Person/Nominee can satisfy the company that it was not reasonably possible for the Insured/Insured Person/Nominee 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:
a) Insured Person/Claimant's contact numbers
b) Policy Number/COI number
c) Location, Date and Time of Loss
d) Whether Police authorities has been informed (in case of Road/Rail Accident claim)
e) Name of the Insured Person(s) named in the Policy schedule/Certificate of Insurance, availing treatment,
f) Nature of injury,
g) Name and address of the attending Medical Practitioner/Hospital
h) Date and time of event if applicable
i) Date of admission

Claims processing and settlement will be as per relevant provisions of applicable Circulars and Regulations issued by IRDAI 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. Documents to be submitted are as below. List of documents required: **A. Accidental Death** 1.Duly fil led 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." **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." We may call for additional documents/ information as relevant and necessary for processing of the claim. The Insured / Insured Person /Claimant shall forward to the Company forthwith every written notice or information of any verbal notice of claim and shall send to the Company any writ, summons or other legal process issued or commenced against the Insured / Insured Person/ Claimant and shall give all necessary information and assistance to enable the Company to settle or resist any claim or to institute proceedings. 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. All sums payable hereunder shall be payable in the case of - i) death or permanent total disability, only after deleting by an endorsement the name of the Insured/ Insured Person in respect of whom such sum shall become payable without any refund of premium; ii) permanent partial disability, only after reduction of Capital Sum Insured, by an endorsement, by the amount admissible under the claim in respect of the Insured Person in respect of whom such sum shall become payable; and iii) temporary total disability upon termination of such disability. **Claim Settlement (Provision for Penal Interest)** 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 or reject 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 (RBI) at the beginning of the financial year in which claim has fallen due.	
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**	In case of any grievance, the Insured Person may contact the Company through Website: www.libertyinsurance.in Toll free:1800166584 Email: care@libertyinsurance.in Courier: Unit 1501&1502, 15th Floor, Tower 2, One International Center,	

		Senapati Bapat Marg, Prabhadevi, Mumbai – 400013 Senior Citizens can email us at: seniorcitizen@libertyinsurance.in 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. 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 as per Insurance Ombudsman Rules 2021. The contact details of the Insurance Ombudsman offices have been provided below, Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/ Insurance Ombudsman – 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 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** (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. 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 - i. 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 ii. 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 iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period. **3. Renewal of Policy** The policy shall ordinarily be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured person. i. The Company shall give notice for renewal atleast 30 days prior to expiry of the policy ii. 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. iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period. Iv. 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. **4. Change in Sum Insured** The provision for increase in Capital Sum Insured is available at the time of renewal of the Policy as well as during the policy period due to promotion of insured member/s subject to written confirmation from authorized person from HR department of Insured group provided the Incurred Claim Ratio for their policy as on date of request received is less than 25%. The final approval and acceptance will be on case to case basis. Prior approval is required for the commence of cover for the revised sum insured.	
13.	**Insured's Obligations**	• Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid. • 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	

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		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)