

Liberty Group Personal Accident Policy Prospectus

Introduction

A Group Personal Accident Policy is available to any Corporate / Association / Institution / Companies / Groups as defined by the Authority from time to time through Circulars and Regulations as applicable.

General Features

1. Capital Sum Insured :

- Accidental Death / Permanent Total Disability / Permanent Partial Disability - Option to opt for minimum Rs 1000 upto 144 times of monthly income.
- Temporary Total Disability - Minimum 0.5% of CSI per week Maximum 25% of CSI per week or Rs. 200,000/-week or actual wages for a maximum of 104 weeks. Maximum Liability under this benefit shall not exceed CSI.

2. Entry age :

Adult – Minimum 18 Years
Dependent Child – 3 Years to 35 Years
Student Policy – 3 Years to 45 Years

3. The Policy will be issued for a period of maximum 1 year.
4. Short Period Policy can be issued for period less than 1 year.
5. The geographical scope of this policy will be worldwide; however the claims shall be settled in India in Indian rupees.
6. Coverage restriction like **'India Only Cover'** & **'On-Duty Only Cover'** can also be offered based on Insured requirement.

Scope of cover:

The Policy offers following Accident Benefits. Accident benefits and extensions are optional and can be as chosen by the client to complete his insurance needs:

1. Accident Benefit(s):

(a) Accidental Death (AD)

If an Insured Person suffers an Accident during the Policy Period and this is the sole and direct cause of his death within twelve calendar months from the date of the Accident, then We will pay the Capital Sum Insured as mentioned in the Policy Schedule and the benefit and relevant extensions shall cease to exist.

(b) Disappearance Cover

We will only pay, when the nominee or the legal heir provides a legally binding indemnity bond or any other document as required by Us which guarantees, that, if at any time, after the payment of the Accidental death benefit, it is discovered that the Insured Person is still alive, all payments shall be repaid in full to Us.

(c) Drowning Cover

We shall be liable to be pay under this benefit the Accident Benefit amount, if the Insured Member's full body cannot be located within a period of consecutive twelve (12) months, on account of Drowning during the Policy Period, where it is reasonable to believe that such Insured Member has died as a result of drowning.

We will only pay, when the nominee or the legal heir provides a legally binding indemnity bond or any other document as required by Us which guarantees, that, if at any time, after the payment of the Accidental death benefit, it is discovered that the Insured Person is still alive, all payments shall be repaid in full to Us.

* The total liability for payment of compensation for an insured person under Accident benefit(s)/ Disappearance Cover/ Drowning Cover in aggregate shall not exceed the amount mentioned as Sum Insured against each insured person in Policy Schedule. On payment of the Sum Insured as referred for all the above benefits, such benefits and relevant extensions shall cease to exist.

1. The Company will pay, the Sum Insured less any other amount paid/payable under: Permanent Total Disability and Permanent Partial Disability and Temporary Total Disability section of this Policy
2. Once a Claim has been accepted and 100% Sum Insured has been paid then this Coverage shall immediately and automatically cease in respect of that Insured Person.

2. Permanent Total Disability (PTD) – If an Insured Person suffers from an accidental injury during the Policy Period and within twelve calendar months from the date of Accident, which is the sole and direct cause of his Permanent Total Disability in one of the ways detailed in the table below, We will pay the percentage of the Capital Sum Insured shown in the table

The total liability for payment of compensation for an insured person under Accident benefit(s) in aggregate shall not exceed the amount mentioned as Sum Insured against each insured person in Policy Schedule. On payment of the Sum Insured as referred for all the above benefits, such benefits and relevant extensions shall cease to exist.

Permanent Total Disability – Table of Benefits	
Loss of	% of CSI
Limbs (both hands or both feet or one hand and one foot)	100%
Loss of a Limb and an eye	100%
Complete and irrecoverable loss of sight of both eye	100%
Complete and irrecoverable loss of speech & hearing of both ears	100%

In this benefit

- i. Limb means a hand at or above the wrist or a foot above the ankle.
- ii. Loss of Limb means physical separation of a limb above the wrist or ankle respectively

In case of physical severance of Limbs, waiting period of 12 months shall not be applicable and the claim would be payable immediately subject to admission of claim as per the Policy terms and conditions and submission of all necessary documents / information and any other additional information required for the settlement of the claim.

3. Permanent Partial Disability (PPD) – If an Insured Person suffers from an accidental injury during the Policy Period and within twelve calendar months from the date of the Accident this is the sole and direct cause of his Permanent Partial Disability in one of the ways detailed in the table below, then We will pay the percentage of the Capital Sum Insured shown in the table.

The total liability for payment of compensation for an insured person under Accident benefit(s) in aggregate shall not exceed the amount mentioned as Sum Insured against each insured person in Policy Schedule. On payment of the Sum Insured as referred for all the above benefits, such benefits and relevant extensions shall cease to exist.

Table of Benefits:

Permanent Partial Disability – Table of Benefits	
Loss of	% of CSI
Each arm at the shoulder joint	70%
Each arm to a point above elbow joint	65%
Each arm below elbow joint	60%
Each hand at the wrist	55%
Each thumb	20%
Each index finger	10%
Each other finger	5%
Each leg above center of the femur	70%
Each leg up to a point below the femur	65%
Each leg to a point below the knee	50%

Each leg up to the center of tibia	45%
Each foot at the ankle.	40%
Each big toe	5%
Each other toe	2%
Each eye	50%
Hearing in each ear	30%
Sense of smell	10%
Sense of taste	5%
Any other Permanent Partial Disability	Percentage as assessed by the registered medical practitioner

4. Temporary Total Disability (TTD) – If an Insured Person suffers an accidental injury during the Policy Period which is the sole and direct cause of a Temporary Total Disability which completely prevents him/her from performing each and every duty pertaining to his/her employment or occupation of any description whatsoever, then We will pay a weekly benefit, provided that:

- The temporary total disability is certified by the treating Doctor, and
- Our maximum liability to make payment will be limited to the amount per week as opted and mentioned in the policy schedule against this benefit and disability period not exceeding 104 weeks from the date of accident as stated in the Schedule of this Policy towards this benefit.

The total liability for payment of compensation for an insured person under Accident benefit(s) in aggregate shall not exceed the amount mentioned as Sum Insured against each insured person in Policy Schedule. On payment of the Sum Insured as referred for all the above benefits, such benefits and relevant extensions shall cease to exist.

Note: Table of benefits is as per Annexure 1.

Extensions:

1. Waiver of Accidental Death Cover

Notwithstanding anything contrary to the terms & conditions of the policy, it is hereby agreed and declared that item number 1 of the Accident Benefits relating to “Accidental Death” stands deleted from the Table of Benefits in this Policy.

2. Permanent Total Disability (Enhanced)

Notwithstanding anything contrary to the terms & conditions under the Permanent Disability benefit cover of the Policy and in consideration of the extra premium charged, it is hereby agreed and declared that, If the Insured Person suffers from an accidental injury during the Policy Period and within 12 (twelve) Calendar months from the date of Accident and this is the sole and direct cause of Permanent Total Disability in one of the ways detailed in the table below, we will pay the percentage of the Capital Sum Insured shown in the table:

Permanent Total Disability – Table of Benefits	Option 1	Option 2	Option 3
Loss of	% of CSI	% of CSI	% of CSI
Limbs (both hands or both feet or one hand and one foot)	125%	150%	200%
Loss of a Limb and an eye	125%	150%	200%
Complete and irrecoverable loss of sight of both eye	125%	150%	200%
Complete and irrecoverable loss of speech & hearing of both ears	125%	150%	200%

a. In this benefit

- Limb means a hand at or above the wrist or a foot above the ankle.
- Loss of Limb means physical separation of a limb above the wrist or ankle respectively

3. Child Education Support

If the Insured Person suffers an Accident during the Policy Period for which a valid claim has been admitted for Accidental Death or Permanent Total Disability, We will make payment towards child education support of the Insured Person(s)’ dependent child /children maximum for two dependent children to the extent of the sum insured mentioned against this benefit.

In case of one child, the benefit payable would be the maximum Sum Insured as specified under this extension and in the case of more than one child, the benefit will be equally divided between maximum two dependent children.

“Dependent Child” refers to a child (natural or legally adopted) below 25 years of age, who is pursuing an educational course as a full time student in an Educational Institution.

4. Transportation of Mortal Remains

In the event of We making payment for a claim for Accidental Death, this extension indemnifies

- i. Expenses incurred for transportation of the mortal remains from the place of death to Your city of residence/residential place as mentioned in the Policy Schedule provided the place of death is not less than 100 kms from Your normal place of residence.
- ii. Our liability to make payment will be actuals or upto the maximum amount as mentioned in the Policy Schedule whichever is lower.

5. Performance of Funeral Ceremony

In the event of We making payment for a claim for Accidental Death, this extension indemnifies

- i. Expenses incurred for preparation for burial or cremation service of mortal remains
- ii. Our liability to make payment will be actuals or upto the maximum amount as mentioned in the Policy Schedule whoever is lower.

6. Accidental Medical Expenses

If an Insured Person suffers an Accident during the Policy Period requiring immediate medical treatment following such accident, we will reimburse Reasonable and Customary Charges for Medical Expenses that are incurred towards treatment of such person to the extent of limit/s mentioned in the schedule forming part of the policy, provided a valid claim has been admitted in respect of any of the accident benefit(s) defined in the Table of Benefits.

“Medical expenses” means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

“Reasonable and Customary Charges” means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.

Specific Exclusions

- a. Any treatment for an existing disability from a previous accident.
- b. Any treatment for an injury due to an accident, arising or resulting from the Insured Person’s or any of his/her family members committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanor or civil commotion.
- c. Any treatment, resultant from an accidental injury, received in convalescent homes, convalescent hospitals, health hydros, nature cure clinic, detoxification center, sanatorium, home for the aged, mentally disturbed and remodeling clinic.
- d. Any treatment due to an accidental injury where the treatment is undertaken from an immediate family member or/and through self-medication or any treatment that is not scientifically recognized.
- e. Vaccination and inoculation of any kind unless forming part of treatment for injury due to an accident as prescribed by the Medical Practitioner.
- f. Vitamins and tonics unless forming part of treatment for injury due to an accident as prescribed by the Medical Practitioner.
- g. Aesthetic treatment, cosmetic surgery and plastic surgery unless necessitated due to accident or as a part of any injury.
- h. Any treatment received outside India.
- i. Treatment taken from persons not registered as Medical Practitioners under respective Medical Councils.
- j. Naturopathy treatment.
- k. Costs incurred on all methods of treatment except Allopathic.
- l. Loss caused directly or indirectly, wholly or partly by Bacterial infections (except pyogenic infections which shall occur through an accident) or any other kind of disease
- m. Medical or surgical treatment except as may be necessary solely as a result of injury;
- n. Dental care or surgery except as occasioned by Accidental Injury and requiring hospitalization.

7. Accidental Hospitalisation Expenses (In-patient)

If any Insured Person suffers an Accident during the Policy Period that requires the Insured Person's Hospitalization as an Inpatient, then we will reimburse the Reasonable and Customary Charges for Medical Expenses that are incurred for the treatment of such Insured Person provided that the Hospitalization commences within the Policy Period. Our liability to meet Medical Expenses caused by such Accident will be limited to the Sum Insured mentioned against this benefit in the Policy Schedule.

“Medical Expenses” means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

“Reasonable and Customary Charges” means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.

“In-patient Care” means treatment for which the Insured Person has to stay in a hospital for more than 24 hours for a covered event

Specific Exclusions

- a. Any treatment for an existing disability from a previous accident.
- b. Any treatment for an injury due to an accident, arising or resulting from the Insured Person's or any of his/her family members committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanor or civil commotion.
- c. Any treatment, resultant from an accidental injury, received in convalescent homes, convalescent hospitals, health hydros, nature cure clinic or similar establishments.
- d. Any treatment due to an accidental injury where the treatment is undertaken from an immediate family member or/and through self-medication or any treatment that is not scientifically recognized.
- e. Vaccination and inoculation of any kind unless forming part of treatment for injury due to an accident as prescribed by the Medical Practitioner.
- f. Vitamins and tonics unless forming part of treatment for injury due to an accident as prescribed by the Medical Practitioner.
- g. Aesthetic treatment, cosmetic surgery and plastic surgery unless necessitated due to accident or as a part of any injury.
- h. Any treatment received outside India.
- i. Treatment taken from persons not registered as Medical Practitioners under respective Medical Councils.
- j. Naturopathy treatment.
- k. Costs incurred on all methods of treatment except Allopathic.
- l. Loss caused directly or indirectly, wholly or partly by Bacterial infections (except pyogenic infections which shall occur through an accident) or any other kind of disease.
- m. Medical or surgical treatment except as may be necessary solely as a result of injury;
- n. Dental care or surgery except as occasioned by Accidental Injury and requiring hospitalization.

8. Accidental Hospitalisation Expenses (Outpatient)

If any Insured Person suffers an Accident during the Policy Period that requires the Insured Person's Medical treatment as an Outpatient, then we will reimburse the Reasonable and Customary Charges for Medical Expenses that are incurred for the treatment of such Insured Person provided that the medical treatment commences within the Policy Period. Our liability to meet Medical Expenses caused by such Accident will be limited to the Sum Insured mentioned against this benefit in the Policy Schedule / Certificate of Insurance.

This cover is also subject to deductible per event as opted and mentioned in the Policy Schedule / Certificate of Insurance against this benefit.

“Deductible” is a cost sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the sum insured.

“Medical Expenses” means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured

Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

“Reasonable and Customary Charges” means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.

“Outpatient treatment (OPD)” is one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

9. Accidental Hospital Daily Cash

If an Insured Person suffers an Accident during the Policy Period requiring immediate hospitalization and a valid claim has been admitted under Accident Benefit(s) cover for Accident Death, Permanent Total Disability, Permanent Partial Disability or Temporary Total Disability, we will make payment of a daily allowance for the number of days the Insured Person is hospitalized for treatment as specified in the Policy Schedule. The maximum number of days for which the benefit is payable, the amount payable and the deductible of minimum number of days / minimum number of hours of admission are as mentioned in the Policy Schedule or Certificate of Insurance.

“Deductible” is a cost sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies, which will apply before any benefits are payable by the insurer. A deductible does not reduce the sum insured.

10. Life Support Benefit

If an Insured Person suffers an Accident during the Policy Period for which a valid claim has been admitted under Permanent Total Disability, We will also make payment towards Insured Person’s life support as per the Sum Insured upto the number of months as mentioned against this benefit in the Policy Schedule.

11. Loan Protector

If the Insured Person suffers an Accident during the Policy Period for which a valid claim has been admitted under the Accident benefit(s) cover for Accidental Death and Permanent Total Disability, we will pay benefit amount / Out Standing Loan Amount as mentioned in the policy schedule / Certificate of Insurance falling due in respect of the loan obtained through a Financial institution subject to a maximum Loan Amount mentioned in the Policy Schedule / Certificate of Insurance or the Actual outstanding loan amount whichever is less. . This will be made available to the Insured Person / Nominee/ legal heir as the case may be. This is subject to submission of Sanction letter and Repayment Track Record or Bank account statement reflecting Loan account Statement.

“Loan” means the sum of money lent at interest or otherwise to the Insured by any Bank/Financial Institution as identified by the Loan Account Number referred to in this policy.

“Financial Institution” means an establishment that focuses on dealing with financial transactions, such as investments, loans and deposits and licensed by the regulatory authority to conduct such business.

12. Broken Bone

If the Insured Person sustains an Injury which results in fracture of bones/dislocation of joints in one of the ways detailed in the table below and this is certified by a Medical Practitioner then We will pay the percentage of the Sum Insured opted for such fracture/dislocation of joints as mentioned in the table below.

Broken Bones – Benefit Chart	% of Sum Insured
Injury to vertebral body resulting in spinal cord damage	100%
Pelvis	100%
Skull (excluding nose and teeth)	30%
Chest (all ribs and breast bone)	50%

Shoulder (collar bone and shoulder blade)	30%
Arm	25%
Leg	25%
Vertebra – vertebral arch (excluding coccyx)	30%
Wrist (collies or similar fractures)	10%
Ankle (Potts or similar fracture)	10%
Coccyx	5%
Hand	3%
Finger	3%
Foot	3%
Toe	3%
Nasal bone	3%
Any other Broken Bone	Percentage as assessed by the Registered medical practitioner

Joints Defined:

- i. “Hip Joint” comprises of Acetabulum of the Pelvis & Head of the femur.
- ii. “Knee Joint” comprises of Base of the femur, tibia and fibula & Patella.
- iii. “Shoulder Joint” comprises of Humerus, Clavicle and Scapula.
- iv. “Wrist Joint” comprises of Distal Radius & Ulna and Carpals.
- v. “Ankle Joint” comprises of lower end of the tibia (shinbone), the fibula (the small bone of the lower leg) and the talus.
- vi. “Elbow Joint” comprises of the Distal Humerus and the two bones of the forearm (ulna and radius).
- vii. “Pelvis Bone” comprises of Illium, Ischium and Pubis bones

Special Exclusions:

1. Loss caused directly or indirectly, wholly or partly by the Insured Person suffering from sickness or disease not resulting from bodily injury.
2. Any hair line fracture

13. Modification of Vehicle/Residence

If the Insured Person suffers an Accident during the Policy Period for which a valid claim has been admitted under Permanent Total Disability or Permanent Partial Disability and if there is requirement for modification of insured persons accommodation or vehicle,, we will reimburse the reasonable expenses incurred to modify Insured Person’s residential accommodation and/or vehicle within India and as certified by a Doctor to be necessary, up to the limit as specified in the Policy Schedule.

Special Exclusions: Any modifications or alterations not compliant with the Motor Vehicle Act and Construction of residential houses laws applicable in the respective city / State of India.

14. Family Transportation Benefit

Following an accidental injury, if the Insured Person is confined in a hospital outside 100 kms of his normal place of residence**, and the attending physician recommends the personal attendance of an immediate family member, we shall under this extension reimburse, subject to a valid claim being admitted under Accidental Death, Permanent Total or Permanent Partial Disability provided under the policy

- i. Expenses incurred for the immediate family member for transportation by the most direct route by a licensed Common Carrier# to the place of confinement of the Insured Person.
- ii. The maximum amount payable for this cover shall be limited to the amount as specified under this extension or actual transportation fare whichever is less

"Immediate Family Member" means the Insured Person, his/her lawful spouse, legitimate Children, Parents and Parents-in-Law.

** Normal Place of Residence means an accommodation which has been in possession of the insured person and the address at which an insured person lives or intends to live for six months or more.

- **Common Carrier** is a public and ticketed transportation in bus and train.

15. Outstanding Bills Protection Benefit

Following an accidental injury which results in Death or Permanent Total Disability, if the Insured Person has outstanding pay out to creditors like utility bills and credit card bills, then We shall under this extension, reimburse such outstanding expenses up to the limit and up to the specified period as mentioned under the Policy.

“Utility Bill” would include bill payments due under any of the following heads as specified in the schedule to this policy like Electricity, Telephone or Mobile bills.

16. Ambulance Hiring Charges

Following an Accident, if it is necessary to immediately transfer the Insured Person to the nearest Hospital / Nursing Home by ambulance offered by a healthcare or an ambulance service provider, then We shall under this extension, reimburse the actual expenses of the transfer using the shortest route or up to a maximum amount as specified in the Policy subject to a valid claim under the Accident benefit(s) covers provided under the Policy.

17. Cost of Support Devices

If the Insured Person suffers an Accident during the Policy Period for which a valid claim has been admitted under Permanent Total Disability or Permanent Partial Disability and the injury is of such a nature that such Insured person needs to operate an electric wheel chair, crutches, prosthetic limbs which is needed to carry out his/her daily activities of living following an accident then, we shall reimburse such reasonable expenses up to the limit as specified in the Policy Schedule towards the purchasing of such equipment and installation thereof.

18. Marriage Expenses for Children

If the Insured Person suffers an Accident during the Policy Period for which a valid claim has been admitted under the Accident benefit(s) cover for Accidental Death or Permanent Total Disability, We will in addition pay a lump sum amount towards the marriage expenses for unmarried Dependent Child of the Insured person equally divided between each dependent child, provided that maximum liability under this Benefit for all Dependent Children, irrespective of the number of Dependent Children shall be as specified in the Policy Schedule

Provided, such marriage takes place within 6 months of the date of loss.

“Dependent Child” refers to a child (natural or legally adopted) below 25 years of age, who is financially dependent on the primary insured or proposer and does not have his / her independent source of income.

❖ Lump sum Expenses benefit toward dependent child first marriage will be covered.

19. Loss/Damage to School Accessories

If an Insured Person suffers an Accident during the Policy Period for which a valid claim has been admitted under the Benefits like Accidental Death, Permanent Total Disability, Permanent Partial Disability, then We as Insurer, in addition pay a lump sum amount towards the loss/damage of school uniform, books, bags of students/members covered as specifically stated in the Policy Schedule.

20. Loss of Job cover

If an Insured Person suffers an Accident during the Policy Period for which a valid claim has been admitted under Permanent Total Disability which renders the Insured Person unfit for the job s/he is carrying out at the time of accident and loses his employment arising out of the same, then we will provide the Insured Person the benefit amount for the number of months as opted and specifically stated in the Policy Schedule / Certificate of Insurance.

21. Legal Bail Expenses

If the Insured Person is involved in an accident while the policy is in force, where he/she is detained by the police/judicial authorities and if the offence for which he/she is detained is bailable, we shall reimburse towards any such bail fees subject to the maximum amount specified under the Policy.

22. Double Indemnity

We will pay an **additional amount equivalent** to the Capital Sum Insured available under the Accident benefit(s) cover, if Death or Permanent Total Disability occurs following an accident whilst the Insured Person(s) is travelling as a valid passenger in any of the listed Public Carriers like bus, ferry, hovercraft, ship, taxi, train, tram, underground train, commercial helicopter or aircraft under this benefit.

“**Public Carrier**” means shared passenger transportation service which is available for use by the general public and which operates in a scheduled timetable.

“**Valid Passenger**” means fare paying passenger as well as a Passenger with valid proof of concession for traveling in Public carrier issued by the respective authority.

23. Evacuation Expenses

The extension covers, for a stated Sum Insured, Emergency Medical evacuation to the Insured Person to the nearest hospital in India required immediately following an accident resulting in Bodily Injury in an area where appropriate care is not available occurring within the Policy period. This extension shall indemnify such expenses relating to the transportation and medical services/medical supplies necessarily incurred in connection with such Emergency Evacuation subject to a valid claim under the Accidental Benefit(s) cover provided under the policy. All transportation arrangements made for evacuation must be by the most direct and economical route possible.

If the Insured person is at a clinic/hospital that is unable to provide the medically necessary treatment, emergency evacuation of the insured person to the nearest hospital will be allowed subject to a valid claim under Accidental Benefits(s) cover provided under policy subject to recommendation by the attending licensed Physician.

24. Family Floater

Family Floater means a Policy where the Insured person(s) in a family are insured under a single Sum Insured. The Sum Insured represents the maximum liability for any and all claims made by the Insured person(s) covered under this Family Floater during the Policy period.

Primary Insured Person means the first Insured Person with other members insured under the Policy being treated as secondary members to this Policy. The secondary member/s shall mean his/her lawful spouse &/or two dependent child/children & /or dependent parents / parent-in-laws.

Benefits under Extensions are optional and available only to the Primary Insured Person on payment of additional premium and subject to any limitations specified under the Policy.

Dependent child/children covered under Family Floater shall have the option to continue renewal by migrating to a suitable policy at the end of the specified exit age. Due credit for Continuity in respect of the previous policy years will be allowed provided the earlier policies have been maintained without a break.

Restoration of Sum Insured for Family Floater

- a. In case of a claim under Accidental Death being admitted under Family Floater in respect of members other than the Primary Insured, there will be one restoration of the exhausted Sum Insured upto Capital Sum Insured at no extra cost during the policy period.
- b. There is no Restoration of Capital Sum Insured in case of a claim for Accidental Death of Primary Insured.
- c. Restoration of Sum Insured also not allowed where Sum Insured got exhausted due to any valid claims under Permanent Total Disability, Permanent Partial Disability, Total Temporary Disability and /or any of the Extensions except Accidental Death during the policy period.
- d. Cover for non-earning spouse will be limited to 25% of Capital Sum Insured
- e. Cover for Earning spouse will be limited to 50% of Capital Sum Insured
- f. Cover for two dependent children up to 25 years will be limited to 12.5% of Capital Sum Insured for each child.

25. Mid Terms Sum Insured Enhancement

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 and provided the Incurred Claim Ratio for their policy as on date of request received is less than 25%.

The final approval and acceptance rest with the Insured and will be on case to case basis.

Prior approval is required for the commence of cover for the revised sum insured.

26. Addition & Deletion of Members

The Insured shall provide data in the prescribed format for all the additions and deletions in the member information as per the agreed intervals & timelines and premium thereon will be calculated on a pro rata basis.

- a. During the currency of the Policy, additions will be permitted for new members and their dependents, newly married spouse, newborn child (if applicable) subject to the age criteria under this policy. The deletions will be permitted for the employees/members (including their dependents (if applicable) leaving the organization. No interchange of dependents is allowed under this policy.
- b. Inclusion of persons shall be done on collection of additional premium as decided by the company.
- c. Refunds in respect of any deletion of Insured Persons shall be made on pro-rata basis from the date of deletion until the expiry date of the Policy provided no claim has been made in respect of that Insured Person.
- d. Existing employees/members and dependents cannot be included during the currency of the Policy period.

27. Coma of Specified Severity

A state of unconsciousness with no reaction or response to external stimuli or internal needs.

This diagnosis must be supported by evidence of all of the following:

- i. No response to external stimuli continuously for at least 96 hours;
- ii. Life support measures are necessary to sustain life; and
- iii. Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

The condition has to be confirmed by a specialist medical practitioner

Coma resulting from alcohol or drug abuse is excluded.

If You have opted for this Cover and You sustain accidental bodily injury which solely and directly results in Your hospitalization in a state of Coma, within 30 days of date of accident, then We will pay You the benefit amount for the number of months as opted and mentioned in Your Policy Schedule/Certificate of Insurance against this Section, subject to maximum of number of months in a state of coma or number of months opted whichever is less.

This Cover is subject to terms, conditions, limitations, and exclusions mentioned in the Policy.

28 Trauma Counselling

If You have opted for this Cover and We have accepted a claim under “Section 1. Accidental Death” and/or “Section 2. Permanent Total Disablement” and/or “Section 3. Permanent Partial Disablement”, and the treating Medical Practitioner advises Professional Counselling sessions for the psychological upliftment, changes in daily diet or nutrition intake, Psychotherapy or Medications, then We will reimburse up to the Sum Insured as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section, towards the expenses incurred for the counselling session, provided that, Coverage needs to be availed within Six months from the date of incident covered under this Section and is applicable to:

- a. Insured Person’s Parents, Spouse and Children – In case of accidental death of the Insured Person.
- b. Insured Person – In case of Permanent Total Disablement and/or Permanent Partial Disablement sustained by the Insured during the Policy Period.

This Cover is subject to terms, conditions, limitations, and exclusions mentioned in the Policy.

29 Orphan Benefit For Children

If You have opted for this Cover and we have accepted a claim under “Accidental Death” for the Insured Person who is a parent and while as a result of same accident or separate accident occurring during the Policy Period the Insured Person’s Spouse (who may or may not be an Insured Person) has also died, then, we will pay the Sum Insured as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this section to Your dependent child (children) irrespective of whether the child(children) is an Insured Person under the Policy or not and provided that:

1. The dependent child (children) is under the age of 25 years and unmarried as on date of accident.
2. The dependent child (children) does not have any independent source of income.
3. Irrespective of the number of Children, maximum amount is the Sum Insured as mentioned in Your Policy Schedule/Certificate of Insurance.

4. Any Claim under this Section that becomes admissible where the Dependent child (children) is a minor, shall be payable to the legal guardian/heirs.

5. For the purposes of this Section, Child (Children) means those who has/have been born out of a marriage which is legally valid as on the date of the accident and/or those who has/have been adopted in accordance with Indian Law.

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

30 Burns Cover

If You have opted for this Cover and You sustain Second Degree Burns or Third Degree Burns solely and directly due to an accident, then We will pay the percentage shown in the below table of benefits applied to the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section.

Nature of Burns	% of Sum Insured
SECOND DEGREE BURNS	
Head	
Second degree burns of 30% or more of the total head surface area	50%
Second degree burns of 20% or more, but less than 30% of the total head surface area	40%
Second degree burns of 10% or more, but less than 20% of the total head surface area	30%
Rest of the Body	
Second degree burns of 20% or more of the total body surface area	50%
Second degree burns of 15% or more, but less than 20% of the total body surface area	40%
Second degree burns of 10% or more, but less than 15% of the total body surface area	30%
Second degree burns of 5% or more, but less than 10% of the total body surface area	10%
THIRD DEGREE BURNS Head	
Head	
Third degree burns of 30% or more of the total head surface area	100%
Third degree burns of 20% or more, but less than 30% of the total head surface area	80%
Third degree burns of 10% or more, less than 20% of the total head surface area	60%
Rest of the Body	
Third degree burns of 20% or more of the total body surface area	100%
Third degree burns of 15% or more, but less than 20% of the total body surface area	80%
Third degree burns of 10% or more, less than 15% of the total head body area	60%
Third degree burns of 5% or more, less than 10% of the total head body area	20%

For the purpose of this cover,

- Burns means an injury caused by exposure to heat or flame including chemical and electric burns.
- Second Degree Burns means Burns which involve the epidermis and part of the dermis layer of skin, causing the burn site to appear red, blistered, and may be swollen and painful.
- Third Degree Burns (full thickness burns) means the burns that destroy the outer layer of the skin (epidermis) and the entire layer beneath i.e. the dermis. It also affects deeper tissues resulting in white or blackened, charred skin that may cause numbness, loss of fluid and sometimes shock.

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

31 Miscarriage Due to Accidental Injury

If You have opted for this Cover and You sustain accidental bodily injury which solely and directly results in Miscarriage of a Pregnant Insured Member within 15 days of such accident, then We will pay a lumpsum amount as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance, provided that:

- The miscarriage shall not be attributed to any natural causes and/or sickness relating to pregnancy or child birth.
- We shall not be liable for voluntary termination of pregnancy.

c. This benefit is applicable only to the female Insured Member covered under this Policy.

For the purpose of this Cover, Miscarriage shall mean the spontaneous or unplanned expulsion of a foetus from the womb within the first 20 weeks of gestation.

This Cover is subject to terms, conditions, limitations, and exclusions mentioned in the Policy.

32 Adventure Sports Cover

If You have opted for this Cover and You sustain accidental bodily injury, whilst engaged in Adventure Sports listed below in a non-professional capacity and under the supervision of a trained professional, which solely and directly results in Your

a. “Death” and/or “Permanent Total Disablement” within twelve (12) months from the Date of accident; then We will pay 100% of Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section for “Death” and/or “Permanent Total Disablement”;

and/or

b. “Accidental Hospitalization”, then We will Pay Up to the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section for “Accidental Hospitalization”. We will pay the expenses Incurred in respect of the below items under “Accidental Hospitalization”

Accommodation/Room Rent	Hospital accommodation in a ward, shared or private room.
ICU	Intensive Care Unit
Professional Fees	Fees for treatment by specialists, physicians, nurses, surgeons and anaesthetists.
Medication Drugs	medicines, consumables, prescribed by a specialist or medical practitioner. This also includes Anaesthesia, Blood, Oxygen, Patient’s Diet, Surgical appliances & cost of prosthetic and other devices or equipment if implanted during the Surgical Procedure. Diagnostic Necessary Procedures such as x-rays, pathology, brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment.
Diagnostic	Necessary Procedures such as x-rays, pathology, brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment
Theatre Fees	Operation Theatre Fees
Day Care Procedures	Medical Expenses incurred for Medical treatment and/or surgical procedure as an inpatient under General or Local Anaesthesia in a hospital/day care centre for a stay less than 24 hour because of technological advancement.

Depending upon the option opted by You and mentioned in Your Policy Schedule/Certificate of Insurance

Option 1: “Death” and/or “Permanent Total Disablement” and b. “Accidental Hospitalization”

Option 2: “Death” and/or “Permanent Total Disablement”

Option 3: “Accidental Hospitalization”

List of Adventure Sports Activities Covered:

If You have opted for this Section, We will cover You against the below listed Adventure Sports only:

“abseiling, aerial safari, ballooning, black water rafting, bouldering, bushwalking up to 3,000 mts, canoeing, go karting, hiking/trekking up to 3,000 mts, ice skating (indoor only), jet boating, jet skiing, kayaking, mountain biking (cross country), mountain biking on tracks and trails, parasailing, parascending (over water only), rafting, river boarding, rock climbing up to 3,000 mts, rowing / sculling, sea canoeing, sea kayaking (coastal waters only), snorkeling, speed boating, surf boat rowing, surfing, tubing, wake skating, wakeboarding, windsurfing (coastal waters within 3 nautical miles only), yachting (coastal waters only), bungee jumping, motor biking, sandboarding, sand skiing, skidoos, skiing / snowboarding, snow mobiling, snow rafting, zip lining, zorbing, triathlon, gliding, hang gliding, parachuting, paragliding, parapenting, skydiving with a professional trainer, scuba diving to 50 metres, unless any of the activities are modified/added /deleted and are specifically mentioned in Your Policy Schedule/Certificate of Insurance against this Section.”

Specific Conditions:

1. The cover for the Insured Member under this Section shall terminate immediately once a claim is admitted and paid under the Adventure Sports Cover for “Death” or “Permanent Total Disablement”.

2. Our maximum, total and cumulative liability under this Benefit shall be limited to the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section

3. We will not pay any claim under this Cover, whilst You are Training for or Taking part in sport as a:

- professional for which You are paid or funded by sponsorship or grant; or
- as an amateur sports person; or
- You are not performing the activity under the supervision of a trained professional

33 Assault Cover

The Company will pay, the Sum Insured per occurrence as mentioned in the Policy Schedule / Certificate of Insurance for expenses incurred due to Injury that result in Accidental Death and / or Paralysis due to Accident and / or Permanent Total Disablement and / or Permanent Partial Disability and/ or Temporary Total Disability during the Policy / Cover Period due to Assault.

Our maximum, total and cumulative liability under this Benefit shall be limited to the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section

Exclusions specific to this coverage:

The Company shall not be liable to pay any benefit in respect of any Insured Person for an act of Assault by an Immediate Family Member, Close Business Associate.

34 Chauffer / Rental Car Benefit

The Company will pay per Day Sum Insured up to the maximum period as mentioned in Policy Schedule / Certificate of Insurance for expenses incurred towards Chauffer / Rental Car transportation due to valid Claim under Permanent Total Disability and/ or Permanent Partial Disability and/ or Temporary Total Disability to the Insured Person who is unable to drive during the Policy / Cover Period

35 Common Disaster Benefit

The Company will pay the Sum Insured mentioned in the Policy Schedule/ Certificate of Insurance in case the Spouse of the Insured Person has also lost life as a result of the same Accident which results into Accidental Death and/or Permanent Total Disability and/ or Permanent Partial Disability of Insured Person, subject to admissibility of the claim of the insured person under the policy.

36 Medical Insurance Premium Benefit

The Company will reimburse the actual costs of one time Annual immediate upcoming medical insurance premiums (payable for the Spouse and Dependent Child / children combined) up to Sum Insured as mentioned in the Policy Schedule / Certificate of Insurance if Claim accepted and paid or payable under Benefit Accidental Death and/or Permanent Total Disability and/ or Permanent Partial Disability and/ or Temporary Total Disability of the Insured Person.

*In case the medical insurance policy is renewed for a period more than 1 year then the amount payable under this benefit will be reduced in proportionate to annual premium.

*Medical Insurance which is due for renewal with the 12 months of date of Loss will be considered.

37 Animal Attack Cover

The Company will pay Sum Insured as mentioned in the Policy Schedule / Certificate of Insurance for Medical Expenses of Insured Person as the result of an attack by any four (4) limbed Animal that is not an insect or reptile during the Policy / Cover Period.

This cover is also subject to deductible per event as opted and mentioned in the Policy Schedule / Certificate of Insurance against this benefit.

38 Snake bite / Insect bite Cover

Insured can opt for Accidental Death Benefit cover and /or Accidental Medical Expenses cover under this benefit cover.

- a. Notwithstanding anything contrary to the terms & conditions of the policy, it is hereby agreed and declared that Accidental Death resulting from Snake bite / Insect bite is covered as per the CSI opted and mentioned in the Policy Schedule/ Certificate of Insurance.
- b. The Company will pay Medical Expenses upto the limit as mentioned under this cover in the Policy Schedule / Certificate of Insurance for Medical Expenses of Insured Person due to injury caused by the bite of a snake or Insect during the Policy /Cover Period.

This cover is also subject to deductible per event as opted and mentioned in the Policy Schedule / Certificate of Insurance against this benefit.

Our liability towards Medical Expenses including OPD/ IPD will be limited to the Sum Insured Opted and mentioned in the Policy schedule / Certificate of Insurance.

“Deductible” is a cost sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the sum insured.

The total liability for payment of compensation for an insured person under Accident benefit(s)/ Snake bite / Insect bite cover in aggregate shall not exceed the amount mentioned as Sum Insured against each insured person in Policy Schedule / Certificate of Insurance. On payment of the Sum Insured as referred for all the above benefits, such benefits and relevant extensions shall cease to exist.

***Snake Bite** - A snakebite is an injury caused by the bite of a snake, especially a venomous Snake.

***Insect Bite** – A Insect Bite or Stings containing venom causing severe toxic reaction affecting multiple organ and also are also associated with morbidity and mortality in humans.

39 Paralysis due to Accident

The Company will pay a specified percentage of the Sum Insured shown in the Policy Schedule/ Certificate of Insurance if Injury to Insured Person within the Policy / Cover Period because of an Accident directly and independently resulting in one of the losses shown in the Table of Losses–below.

1. The loss must occur within 12 Months from the date of the Accident which caused Injury.
2. The Company will pay, the Sum Insured less any other amount paid/payable under: Permanent Total Disability and Permanent Partial Disability and Temporary Total Disability section of this Policy
3. If more than one “Nature of Loss” Paralysis results from any one Accident, only one amount, the largest, will be paid.

Once a Claim has been accepted and 100% Sum Insured has been paid then this Coverage shall immediately and automatically cease in respect of that Insured Person.

Table of Losses		
Sr.No	Nature of Loss	Percentage (%) of Sum Insured
1	Quadriplegia	100%
2	Paraplegia	50%
3	Hemiplegia	50%
4	Uniplegia	25%

40 Air Travel Cover

The Company will pay the Sum Insured mentioned in the Policy Schedule/ Certificate of Insurance for this benefit as a result of the Accident which results in Accidental Death of Insured Person while travelling by Air as a fare paying passenger. Sum Insured for this cover will be in addition to the sum insured payable under Death benefit and as opted by you and mentioned in the Policy Schedule / Certificate of Insurance

41 Rent Protection Cover

If the Insured Person suffers an Accident during the Policy Period for which a valid claim has been admitted under Accidental Death and/or Permanent Total Disability and/or Permanent Partial Disability and /or Temporary Total Disability, we will pay benefit amount equal upto the number of Monthly House Rent falling due subject to a maximum of Sum Insured as stated in the Policy specified against this cover.

*This will be made available to the Insured Person / Nominee/ legal heir as the case may be.
 This is subject to submission of valid rent agreement in the name of the insured person.

42. Loss of Personal Belongings

If the Insured Person suffers an Accident during the Policy Period for which a valid claim has been admitted under Accidental Death and/or Permanent Total Disability and/or Permanent Partial Disability and /or Temporary Total Disability and this

resulted in loss or damage to insured's personal belongings, we will pay the Sum Insured as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section

Personal belongings for purpose of this coverage would mean the articles or other items of personal nature which are likely to be used, carried or worn but excludes Money, Securities, Cheques, Bank Drafts, Credit or Debit Cards, Jewellery, Lens, Glasses, Travel Tickets, Watches, Valuables, Manuscripts, Painting and Items of similar nature. Any goods or samples in connection with any business or trade are not covered.

Company's liability (maximum subject to the sum insured mentioned in the schedule) under this cover will be payable as mentioned below:

- a. In case of Partial loss or damage to the insured item(s): Company will pay the reasonable cost of repair to restore the item in similar condition as it was immediately before the event leading to loss or damage.
- b. In case of Total loss or damage to the insured item(s) including the situation wherein the cost of repair is equal to or exceeding the value of insured item immediately prior to the event leading to loss or damage: Company will pay the market value of the insured item as it was immediately before the event leading to loss or damage less salvage value if any.

Special Condition:

- a. A police report must be submitted to Company for claims due to theft of personal belonging after the above said Accident.
- b. Deductible as mentioned in Your Policy Schedule/Certificate of Insurance against this Section shall be applicable on each and every claim.

43. Purchase of Blood Cover

If an Insured Person suffers an Accident during the Policy Period requiring immediate medical treatment following such accident requiring blood for Surgery or treatment which is solely and directly a results of Accidental Injury, we will reimburse the incurred amount towards the Purchase of Blood for treatment /Surgery of such person to the extent of limit/s mentioned in the schedule forming part of the policy.

*In case the insured person has opted for Accidental Medical Expenses / Accidental Hospitalizations Expenses (IPD)/(OPD) and Purchase of Blood Cover then the benefit will be paid under any one of the cover.

44. Air Ambulance Cover

If the Insured Person suffers an Accident during the Policy Period for which a valid claim has been admitted under Accidental Death and/or Permanent Total Disability and/or Permanent Partial Disability, we will pay the Sum Insured as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section for emergency air ambulance expenses from the accident site to the nearest hospital.

45. EMI Protector

If the Insured Person suffers an Accident during the Policy Period for which a valid claim has been admitted under the Accident benefit(s) cover for Accidental Death and Permanent Total Disability, we will pay benefit amount equal upto the number of Equated Monthly Installments (EMI) as mentioned in the policy schedule / Certificate of Insurance falling due in respect of the loan obtained through a Financial institution subject to a maximum number of EMI mentioned in the Policy Schedule / Certificate of Insurance or the Actual no of out standing EMI whichever is less. . This will be made available to the Insured Person / Nominee/ legal heir as the case may be.

This is subject to submission of Sanction letter and Repayment Track Record or Bank account statement reflecting EMI or Loan account Statement.

“Loan” means the sum of money lent at interest or otherwise to the Insured by any Bank/Financial Institution as identified by the Loan Account Number referred to in this policy.

“Financial Institution” means an establishment that focuses on dealing with financial transactions, such as investments, loans and deposits and licensed by the regulatory authority to conduct such business.

46. Short Period Cover

Short Period Policy can be issued for period less than one year.

General Exclusions

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 child birth 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 drugs or 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 (Liberty General Insurance) shall 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.

General Terms & Conditions:

1. Disclosure of Information

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

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

2. Condition Precedent to Admission of Liability

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

3. Complete Discharge

Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

4. Free look period

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;

5. Multiple Policies

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

b) Benefit based Policies:

On occurrence of the insured event, the policyholders can claim from all Insurers under all policies.

6. 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.

7. Fraud

If any claim made by the Insured Person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the Company.

For the purpose of this clause, the expression "fraud" means any or all of the following acts committed by the Insured Person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance Policy:

- a. the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;
- b. the active concealment of a fact by the Insured Person having knowledge or belief of the fact;
- c. any other act fitted to deceive; and
- d. any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and/or forfeit the policy benefits on the ground of fraud, if the Insured Person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer.

8. Premium Payment in Installments

If the insured person has opted for payment of premium on an installment basis i.e. Half Yearly, Quarterly or Monthly as mentioned in the policy schedule / certificate of insurance, the following conditions shall apply (notwithstanding any terms contrary elsewhere in the policy).

- i. The grace period of fifteen days (where premium is paid in monthly installments) and thirty days (where premium is paid in quarterly/half-yearly/annual installments) is available on the premium due date, is available to the policyholder to pay the premium.
- ii. If the premium is paid in instalments during the policy period, coverage will be available for the grace period also.
- iii. If the policy is renewed during grace period, all the credits (Sum Insured, No Claim Bonus, Specific Waiting periods, waiting periods for pre-existing diseases, Moratorium period etc.) accrued under the policy shall be protected.
- v. In case of instalment premium due not received within the grace period, the policy will get cancelled.
- vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
- vii. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.

Installment Frequency	Inception Premium	2nd Installment	3rd Installment	4th Installment
Four	40%	20%	20%	20%
Three	40%	30%	30%	NA
Two	60%	40%	NA	NA
Annual	100%	NA	NA	NA

NOTE: IT IS NOT OBLIGATORY ON THE PART OF THE INSURERS TO GIVE ANY NOTICE TO THE INSURED FOR PAYMENT OF PREMIUM INSTALMENT.

9. Possibility of Revision of Terms of the Policy Including the Premium Rates

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

10. Nomination

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and

such change shall be effective only when an **endorsement** on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/**Endorsement** (if any) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.

11. Renewal of Policy

- i. The policy shall ordinarily be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured person.
- ii. The Company shall give notice for renewal atleast 30 days prior to expiry of the policy
- iii. 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.
- iv. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- v. 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.

12. Withdrawal of Policy

- (i) In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.

13. 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.

14. Policy Disputes

- i. This Policy/Certificate of Insurance shall be exclusively governed and construed as per laws of India and all disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Group Policy/Certificate of Insurance shall be, determined by the Indian court and in accordance to Indian laws.
- ii. Our liability to make any payment shall be to make payment within India and in Indian Rupees only.
- iii. The section headings of this Policy and Certificate of Insurance are included for descriptive purposes only and do not form part of this Policy and Certificate of Insurance for the purpose of its construction or interpretation.

15. Arbitration

The parties to the contract may mutually agree and enter into a separate Arbitration Agreement to settle any and all disputes in relation to this policy. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996. (This clause is not applicable to retail customers)

You are requested to go through the Arbitration Agreement proposed by the Company which is available on the Company website www.libertyinsurance.in. In case you do not agree with the proposed Arbitration Agreement you are requested to kindly inform the same to the Company by writing within 7 days from the date of issuance of policy to care@libertyinsurance.in for further discussion and agreement, if you fails to notify your concern to the Company, in such case the said agreement shall be deem to be accepted by you.

16. Section 41- Prohibition of rebate Insurance Act 1938

- i. No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind or risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy, accept any rebate except such rebate as may be allowed in accordance with the prospectuses or tables of the Insurer
- ii. Any person making default in complying with the provisions of this section shall be liable for a penalty, which may extend to Ten Lakh rupees.

17. Grievance redressal procedure

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.html>

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>

Grievance may also be lodged at IRDAI Bima Bharosa Grievance Redressal Portal - <https://bimabharosa.irdai.gov.in/>

18. Conditions when a Claim arises

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.

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.

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's contact numbers
- b) Policy 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 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.

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.

Documents required in case of claim under other Covers:

1. Child Education Support:

- a. Proof of number of dependent child /children viz. Ration card
- b. Age proof of the dependent child /children
- c. Proof of education and payment of fee

2. Transportation of Mortal remains:

- a. Bills and receipt towards cost of transportation of the mortal remains to the place of residence/hospital and/or cremation/burial ground.

3. Performance of Funeral Ceremony:

- a. Bills and receipt towards expenses relevant to funeral ceremony.

4. Accidental Medical Expenses

- a. Copy of document of hospitalization/medical treatment
- b. Certificate from treating doctor about the diagnosis and line of treatment given during hospitalization/medical treatment
- c. Bills and receipts towards medical expenses.
- d. Copy of the test reports
- e. Hospital / Nursing Home Medical Records, when required for verification of claims

5. Accidental Hospitalisation Expenses (In-patient)

- a. Copy of document of hospitalization/medical treatment
- b. Certificate from treating doctor about the diagnosis and line of treatment given during hospitalization/medical treatment
- c. Bills and receipts towards medical expenses.
- d. Copy of the test reports
- e. Hospital / Nursing Home Medical Records, when required for verification of claims

6. Accidental Hospitalisation Expenses (Outpatient)

- a. Copy of document of medical treatment
- b. Certificate from treating doctor about the diagnosis and line of treatment given during medical treatment.
- c. Clinic/Diagnostic Centre / Hospital / Nursing Home Medical Records, when required for verification of claims
- d. Bills and receipts towards medical expenses.
- e. Copy of the test reports

7. Accidental Hospital Daily Cash

- a. Copy of document of hospitalization
- b. Certificate from treating doctor about the diagnosis and line of treatment given during hospitalization

8. Life Support

- a. Permanent Total Disability related documents

9. Loan Protector

- a. Accident Death /Permanent Total Disability related documents
- b. Loan documents from financial institution/s

10. Broken Bone

- a. Bills and receipts towards medical expenses.
- b. Copy of the test reports
- c. X-Ray plates reflecting broken bones

11. Modification of Vehicle / Residence

- a. Permanent Total Disability / Permanent Partial Disability related documents
- b. Bills and receipts towards vehicle or residence modifications

12. Family Transportation Benefit

- a. Accidental Death / Permanent Total Disability / Permanent Partial Disability related documents
- b. Bills and receipts towards travel expenses of family member/s

13. Outstanding Bills Protection Benefit

- a. Proof of outstanding Bills

14. Ambulance Hiring Benefit

- a. Bills and receipt towards cost of ambulance services

15. Cost of Support Devices:

- a. Doctor's prescription advising the use of such devices

- b. Permanent Total Disability / Permanent Partial Disability related documents
- c. Bills and receipts towards Support devices and their installation

16. Marriage Expenses for Children:

- a. Proof of number of dependent child /children viz. Ration card
- b. Age proof of the dependent child /children
- c. Accidental Death / Permanent Partial Disability related documents

17. Loss/Damage to School Accessories

- a. Bill and receipts towards purchase of the same

18. Loss of Job cover

- a. FIR from police authorities wherever necessary (in case of accidents outside residence)
- b. Medical Certificate from the attending Medical Practitioner for the injury indicating the extent of disability
- c. Duly filled and signed claim form
- d. Hospital / Nursing Home Medical Records
- e. Leave certificate from HR
- f. Salary certificate / income proof
- g. Photographs of the insured showing affected area
- h. Relieving /termination/resignation letter

19. Legal Bail Expenses

- a. Notice & Receipts of the bail expenses incurred.

20. Double Indemnity

- a. Proof of travel through Public Carrier and subsequent accident.

“Public Carrier” means shared passenger transportation service which is available for use by the general public and which operates in a scheduled timetable

21. Evacuation Expenses

- a. Certificate from licensed physician about the diagnosis
- b. Bills and receipts towards evacuation expenses.

22. Coma of Specified Severity

- a. FIR / Medico Legal Case (MLC) report from police authorities.
- b. Certificate from treating doctor about the diagnosis and line of treatment given during hospitalization/medical treatment and confirming the severity of Coma
- c. Bills and receipts towards medical expenses.
- d. Copy of the test reports
- e. Hospital / Nursing Home Medical Records, when required for verification of claims

23. Trauma Counselling

- a. Medical Practitioner advising Professional Counselling sessions for the psychological upliftment, changes in daily diet or nutrition intake, Psychotherapy or Medications.
- b. Bills and receipt towards cost of Counselling sessions /changes in daily diet or nutrition intake /Psychotherapy / Medications.

24. Orphan Benefit For Children

- a. FIR / Medico Legal Case (MLC) report from police authorities.
- b. Accidental Death related documents of Insured
- c. Accidental Death related documents of Insured's Spouse.

25. Burns Cover

- a. FIR / Medico Legal Case (MLC) report from police authorities.
- b. Certificate from treating doctor confirming the degree of Burn and line of treatment given during hospitalization/medical treatment.
- c. Bills and receipts towards medical expenses.
- d. Copy of the test reports
- e. Hospital / Nursing Home Medical Records, when required for verification of claims

26. Miscarriage Due To Accidental Injury

- a. FIR / Medico Legal Case (MLC) report from police authorities.
- b. Medical Document's confirming that the Insured was pregnant at the time of accident.
- c. Certificate from treating doctor confirming the line of treatment given during hospitalization/medical treatment and termination of Pregnancy due to Accidental Injury
- d. Bills and receipts towards medical expenses.
- e. Copy of the test reports
- f. Hospital / Nursing Home Medical Records, when required for verification of claims

27. Adventure Sports Cover

- a. Accidental Death/ Permanent Total Disability/ Permanent Partial Disability/ Temporary Total Disability related documents
- b. Hospitalizations related claim.
 - i. Copy of document of hospitalization/medical treatment
 - ii. Certificate from treating doctor about the diagnosis and line of treatment given during hospitalization/medical treatment
 - iii. Bills and receipts towards medical expenses.
 - iv. Copy of the test reports
 - v. Hospital / Nursing Home Medical Records, when required for verification of claims

28. Assault Cover

- a. FIR / Medico Legal Case (MLC) report from police authorities.
- b. Accidental Death/ Permanent Total Disability/ Permanent Partial Disability/ Temporary Total Disability related documents

29. Chauffeur / Rental Car Benefit

- a. Bills and receipt towards cost of Chauffeur or Rental Car.

30. Common Disaster Benefit

- a. FIR / Medico Legal Case (MLC) report from police authorities.
- b. Accidental Death/ Permanent Total Disability/ Permanent Partial Disability related documents of the Insured Person
- c. Accidental Death related documents of Spouse of the Insured who lost life as a result of the same accident.

31. Medical Insurance Premium Benefit

- a. Copy of Medical Insurance policy which is due for renewal
- b. Bill and receipt towards the cost of renewal
- c. Renewed policy copy

32. Animal Attack Cover

- a. Copy of document of hospitalization/medical treatment
- b. Certificate from treating doctor about the diagnosis and line of treatment given during hospitalization/medical treatment
- c. Bills and receipts towards medical expenses.
- d. Copy of the test reports
- e. Hospital / Nursing Home Medical Records, when required for verification of claims

33. Snake bite / Insect bite Cover

- a. Accident Death related documents
- b. Copy of document of hospitalization/medical treatment
- c. Certificate from treating doctor about the diagnosis and line of treatment given during hospitalization/medical treatment
- d. Bills and receipts towards medical expenses.
- e. Copy of the test reports
- f. Hospital / Nursing Home Medical Records, when required for verification of claims

34. Paralysis due to Accident

- a. FIR / Medico Legal Case (MLC) report from police authorities.
- b. Medical Certificate from the attending Medical Practitioner about the diagnosis and line of treatment given during hospitalization/medical treatment and confirming the type of Paralysis.
- c. Hospital / Nursing Home Medical Records.
- d. Radiological / X Ray report relevant to the disability.

35. Air Travel Cover

- a. FIR / Medico Legal Case (MLC) report from police authorities.
- b. Proof of Air Travel

36. Rent Protection Cover

- a. Rent Agreement in the Name of the Insured Person
- b. Accidental Death /Permanent Total Disability / Permanent Partial Disability / Temporary Total Disability related documents

37. Loss of Personal Belongings

- a. Bills and receipt towards cost of repair of damaged items.
- b. A police report confirming the items that are damaged / lost due to the Accident.

38. Purchase of Blood Cover

- a. Copy of document of hospitalization/medical treatment
- b. Certificate from treating doctor about the diagnosis and line of treatment given during hospitalization/medical treatment
- c. Bills and receipts towards purchase of Blood.

39. Air Ambulance Cover

- a. Bills and receipt towards cost of ambulance services

40. EMI Protector

- a. Accident Death /Permanent Total Disability related documents
- b. Loan documents from financial institution/s

Premium Payable: Premium for this Policy depends on the risk category, group size, past experience & other factors particular to the group for which a proposal has been sought.

Such Group Policies would be experience rated where sufficient statistically credible scheme experience is available. If statistically credible information is not available then the risk premium rates would be based on an internal tariff rates, suitably adjusted for partially credible scheme experience

Risk Categories:

Risk Group I: Doctors, Lawyers, Accountants, Architects, Consulting engineers, Teachers, Bankers, Builders, Contractors, Engineers on site engaged in superintending functions only, Veterinary Doctors, business owners wherein the business is not dealing in hazardous goods or not involving manual labor, Persons engaged in clerical functions & administrative functions and such other persons engaged in occupations of similar hazard listed above.

Risk Group II: Professional Athletics & Sportsmen (except those athletics/sports falling under the declined list Risk Group III), Wood working Machinists, Mechanics, Drivers, Manual laborers (except those falling under Group III) & such other persons engaged in occupation of similar hazard listed above.

Risk Group III: Persons working in underground mines, explosives, magazines, workers involved in electrical installation with high tension supply, demolition workers, Jockeys, Circus personnel, Persons engaged in activities like racing on wheels or horseback, big game hunting, mountaineering, winter sports, skiing, ice hockey, ballooning, hand gliding, river rafting, polo, persons working as Air Crew and Ship Crew, and such other persons engaged in occupation of similar hazard listed above.

Where a group of heterogeneous persons are covered, the risk group consideration will be based on the occupation of individual members, where detailed occupational information is available or on the occupation of majority of group members where more than 50% of the group can be classified as belonging to any of the risk groups above.

Referral List:

1. Professional sports teams
2. Crew of aircraft and ships
3. Group insurances in respect of underground mining and for contractors specializing in tunneling
4. Group insurances for naval, military or air force personnel.

Any other risk category as decided by the company from time to time.

The Chief Underwriter would have power to consider such declined risks based on specific experience & market exposure.

Disclaimer:

For all terms and conditions, the Proposer may contact any of our branches or get in touch with our agent / intermediary.

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