

LIBERTY INDIVIDUAL PERSONAL ACCIDENT POLICY POLICY WORDINGS

Liberty General Insurance Limited (hereinafter called the “Company”) will provide insurance cover to the Person/person(s) (hereinafter called the “Insured”) based on the Proposal made and agreed premium paid within such time, as may be prescribed under the provisions of the Insurance Act, 1938, for the policy period stated in the Schedule or during any further period for which the Company may accept payment for the renewal or extension of this Policy, subject always to the following terms, conditions, exclusions, and limitations and the Schedule.. This Policy records the agreement between the Company (We) and the Insured (You), and sets out the terms of insurance and obligations of each party.

Part I - Definitions

The words or expressions defined below have specific meanings ascribed to them wherever they appear in this Policy. For purposes of this Policy, please note that references to the singular or masculine include references to the plural or to the female respectively.

1. **“Accident”** is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **“Injury”** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
3. **“Nominee”** means the person named in the proposal or schedule to whom the benefits under the Policy is nominated by the Insured Person.
4. **“Break in policy”** means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period.
5. **“Condition Precedent”** shall mean a policy term or condition upon which the Insurer’s liability under the Policy is conditional upon.
6. **“Disclosure of Information Norm”** The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description, or non-disclosure of any material fact.
7. **“Entry age”** means the age of the Insured Person at the time of Commencement of the Policy.
8. **“Capital Sum Insured”** means the sum as specified in the Schedule to this Policy against the name of Insured / Insured Person, which sum represents the Company's

maximum liability for any or all claims under the Accident benefit(s) during the Policy Period against the respective benefit(s).

9. **“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. **“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.

11. **“Immediate Family Member”** means the Insured/ primary Insured, his/her lawful spouse, legitimate Children, Dependent Parents and Dependent Parents- in-Law.

12. **“Grace period”** means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre- existing diseases. Coverage need not be available during the period for which no premium is received.

13. **“Hospital”**
A hospital means any institution established for in - patient care and day care treatment of illness and / or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- a) has qualified nursing staff under its employment round the clock;
- b) has at least 10 inpatient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- c) has qualified medical practitioner (s) in charge round the clock;
- d) has a fully equipped operation theatre of its own where surgical procedures are carried out;
- e) maintains daily records of patients and makes these accessible to the Insurance company’s authorized personnel.

14. **“Insured”** means the individual, an Indian Resident, who has proposed for Insurance and on whose name the Policy is issued.

15. **“Insured Person/s”** means the person/s named in the Schedule to the Policy, who is/are an Indian Resident /s and for whom the insurance is also proposed and appropriate premium paid.

16. **“Insured Event”** means an accident occurring anywhere in the world for which the Insured/Insured Person/s is entitled to listed benefit/s under the Policy.

17. **“Medical Practitioner”** A Medical Practitioner means a person who holds a valid registration from the medical council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license, provided that this person is not a member of the Insured Person’s family.

18. **“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.

19. **“Notification of Claim”** is the process of notifying a claim to the Insurer by specifying the timelines as well as the address/telephone number of the Company/Policy Issuing office to which it should be notified.

20. **“Occupation”** means Occupation of Insured / Insured Person/s as mentioned in the Schedule to this Policy.

21. **“Policy Period”** means the period between the inception date and the expiry date as specified in the Schedule to this Policy or the cancellation of this insurance, whichever is earlier.

22. **“Policy”** means this document of Policy describing the terms and conditions of this contract of insurance including the Company’s covering letter to the Insured if any, the Schedule attached to and forming part of this Policy, the Insured’s Proposal form and any applicable endorsement attaching to and forming part thereof either at inception or during the period of insurance.

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23. **“Portability”** means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.

24. **“Permanent Partial Disability”** means an accidental Injury caused by Accident, which as a direct consequence thereof, disables any part of the limbs or organs of the body of the Insured/Insured person and which falls into one of the categories listed in the Table of Benefits.

25. **“Permanent Total Disability”** means an accidental Injury caused by Accident, which as a direct consequence thereof totally disables and prevents the Insured/Insured Person/s from attending to any business or occupation of any and every kind or if he/she has no business or occupation, from attending to his/her usual and normal duties that last for a continuous period of twelve calendar months from the date of the accident, with no hopes of improvement at the end of that period and which falls into one of the categories listed in the Table of Benefits.

26. **“Pre-existing Disease”** means any condition, ailment, injury or disease:

a) that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; or

b) for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.

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

28. **“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.

29. **“Renewal”** defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.

30. **“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.

32. **“Schedule”** means Schedule attached to and forming part of this Policy mentioning the details of the Insured/ Insured Person/s, the Sum Insured, the period, Coverage and the limits to which benefits under the Policy are subject to.

33. **“Subrogation”** shall mean the right of the Insurer to assume the rights of the Insured Person to recover expenses paid out under the Policy that may be recovered from any other source.

34. **“Temporary Total Disability”** means an accidental Injury caused by Accident, which as a direct consequence thereof totally disables and prevents the Insured/Insured Person/s from attending to any business or occupation.

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

36. **“Table of Benefits”** means the Table of Benefits specified under Accident Benefits section of this Policy.

37. **“Utility Bill”** would include bill payments due, payable by the Insured/ Insured Person/s under any of the following heads as specified in the schedule to this Policy like Electricity, Telephone, Mobile, Water and/or Gas.

38. **“We, Our, Us”** means the Company, Liberty General Insurance Limited.

39. **“You, Your, Yourself”** means the person or persons insured and as set out in the Schedule.

Part II - Coverages

A. Accidental Benefit(s)

The Policy shall provide compensation to the Insured / Insured Person/s, his or her nominee or legal representatives, as the case may be, the sum or sums as set forth in the Table of Benefits below, subject to the Capital Sum Insured being the maximum liability of the Company towards injury, solely and directly from accident and resulting in death or disability within 12 (twelve) calendar months of occurrence of such Injury. The compensation under more than one clause for same period of disability shall not exceed the Capital Sum Insured

Table of Benefits:

1. Death

If an Insured Person suffers an Accident during the Policy Period and this is the sole and direct cause of his death within 12 calendar months from the date of the Accident, then We will pay the Capital Sum Insured as mentioned in the Policy Schedule.

2. Permanent Total Disability

a. If an Insured Person suffers an Accident during the Policy Period and within 12 calendar months from the date of Accident this 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.

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%
Loss of sight of one eye, or total and irrecoverable loss of use of one hand or one foot	50%

b. 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

3. Permanent Partial Disability

If an Insured Person suffers an Accident during the Policy Period and within 12 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.

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 Registered medical practitioner

4. Temporary Total Disability

If an Insured Person suffers an Accident during the Policy Period which is the sole and direct cause of a temporary disability which totally disables him from engaging in any employment or occupation of any description whatsoever, then We will pay a weekly benefit, provided that:

The temporary total disability is certified by a Doctor, and Our liability to make payment will be limited to the amount and disability period as specified in the schedule to this Policy We will not pay any amount in excess of the Sum Insured stated under the schedule to this Policy against this benefit

B. Inbuilt Value added Covers

1. Child Education Benefit: If we have accepted a claim under either Death or Permanent Total Disability of the Insured Person, then we will make a lump-sum payment, to the extent of the Sum Insured mentioned hereunder, towards child education benefit for up to 2 dependent children who are under 25 years of age.

In case of one child, the benefit payable would be the maximum Sum Insured specified under this extension and in the case of more than one child, the benefit will be equally divided subject to 2 dependent children being provided in the stated benefit.

2. Cost of Transporting Mortal Remains: In the event of We making payment for a claim for Accidental Death, We will indemnify towards

- 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.
- Our liability to make payment will be as per the amount mentioned in the Policy Schedule during the full Policy Period

3. Cost of Performance of Funeral Ceremony: In the event of We making payment for a claim for the Accidental Death We will indemnify towards

- Expenses incurred for preparation for burial or cremation services.
- Our liability to make payment will be as per the amount mentioned in the Policy Schedule during the full Policy Period.

c. Add On Cover(s): Available as per plan selected and as specified in the Schedule to this Policy

1. Accidental Hospitalisation Expenses

If the Insured Person suffers an Accident during the Policy Period requiring medical treatment immediately following the accident, we will indemnify reasonable medical expenses incurred at the Hospital / Nursing Home towards the same, up to the maximum Sum Insured shown in the Schedule for this section, in aggregate, in any one policy period provided a valid claim has been admitted in respect of the Accident Benefit(s) provided under the Policy.

Specific Exclusions

- Pre & Post Hospitalization Expenses.
- Any hospitalization for an existing disability from a previous accident.
- Any hospitalization for an injury due to an accident, arising or resulting from the Insured/Insured Person's or any of

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- his/her immediate family member committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanor or civil commotion.
- d. Any hospitalization, resultant from an accidental injury, received in convalescent homes, convalescent hospitals, health hydros, nature cure clinic or similar establishments.
 - e. Any hospitalization 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.
 - f. Vaccination and inoculation of any kind unless forming part of treatment for injury due to an Accident as prescribed by the Medical Practitioner.
 - g. Vitamins and tonics unless forming part of treatment for injury due to an Accident as prescribed by the Medical Practitioner.
 - h. Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex syndrome (ARCS) and all injury caused by and/or related to HIV.
 - i. Aesthetic treatment, cosmetic surgery and plastic surgery unless necessitated due to accident

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Any treatment received outside India.

- j. Treatment taken from persons not registered as Medical Practitioners u n d e r respective Medical Councils.
- k. Naturopathy treatment.
- l. Costs incurred on all methods of treatment except Allopathic.
- m. 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;
- n. Medical or surgical treatment except as may be necessary solely as a result of accident;
- o. Dental care or surgery except as occasioned by Accident and requiring hospitalization.
- p. Treatment of hernia resulting from any accident.

2. Accidental Hospital Daily Cash

If the Insured/Insured Person suffers an Accident during the Policy Period requiring immediate hospitalization, We as Insurer will make payment of a daily allowance for the number of days the Insured Person is hospitalized for treatment if the hospitalization exceeds a specified number of days mentioned in the Schedule and a valid claim is admissible under the Accident Benefit(s) of the Policy. The maximum number of days for which the benefit is payable, the amount payable and the deductible of first 48 hours of admission are as mentioned in the Schedule to this Policy.

3. Child Education Support Benefit

If the Insured/Insured Person suffers an Accident during the Policy Period for which a valid claim has been admitted under the Accident Benefit(s) for Accidental Death or Permanent Total Disability, We as Insurer will make payment towards tuition fees of the Insured/Insured Person(s)' dependent child /children to the extent of the Sum Insured mentioned against this benefit per month for the number of months as mentioned in the Schedule.

4. Life Support Benefit

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

5. Loan Protector

Following an accidental injury to the Insured/ Insured Person, which results in Death or Permanent Total Disability, We will pay the Equated Monthly Installment (EMI) of the loan obtained through a Financial Institution or the Sum as specified in the schedule to the Policy made available on a monthly basis whichever is lower with the balance if any, of the Sum Insured, being 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.

6. Broken Bone

If the Insured/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 certified so by a Medical Practitioner, then we will pay the percentage of the Sum

Insured as shown in the table below subject to a valid claim being admissible under the Accident Benefit(s) of the Policy:

Broken Bones - Benefit Chart	Limit
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 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.

Individual personal accident- policy wordings(Effective from 30.09.2024)

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- 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 Ilium, Ischium and Pubis bones

Specific Exclusions:

1. Loss caused directly or indirectly, wholly or partly by the Insured/Insured Person suffering from sickness or disease not resulting from an accidental injury.
2. All injuries requiring surgery unless under general anesthesia.
3. All age related fractures because of degeneration such as Osteoporosis and Osteopenia or a malignant disease or any other pathological fracture.
4. Any hair line fracture

7. Modification of Vehicle / Residence

If it is required to modify the Insured / Insured Persons vehicle or make material alteration to his/her house where he / she resides as necessitated by a Permanent Total Disability which resulted from an Accident covered under this Policy, We as Insurer, shall reimburse such reasonable expenses up to the limit as specified in the Policy Schedule provided we have paid the claim under Accident Benefit(s) for such Permanent Total Disability under the Policy.

Specific Exclusion:

Any modifications or alteration/s not compliant with the applicable law.

8. Family Transportation Benefit

Following an accidental injury, if the Insured/ Insured Person is confined in a hospital / Nursing Home outside 100 kms of his normal place of residence, and the attending physician recommends the personal attendance of an immediate family member, we shall reimburse, subject to a valid claim being admitted under Accident Benefit(s) for Death, Permanent Total or Permanent Partial Disability provided under the Policy.

- i. Expenses incurred by 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 in the Policy Schedule or actual whichever is less.

9. Outstanding Bills Protection Benefit

Following an accidental injury which results in Death or Permanent Total Disability as defined under the Policy, if the

(v)

Insured/ Insured Person has outstanding pay out to creditors like utility bills and credit card bills more specifically mentioned in the Schedule to this Policy, then We shall reimburse, subject to a valid claim being admitted for Death or Permanent Total Disability provided under the Policy, such outstanding expenses up to the limit and up to the specified period as mentioned in the schedule to this Policy.

10. Ambulance Hiring Charges

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

11. Legal Bail Expenses

If the Insured/ 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 in the Schedule to this Policy.

12. Double Indemnity

We will pay an amount equivalent to the Capital Sum Insured available under Accident Benefit(s), if death or permanent total disability occurs following an accident whilst the Insured/ Insured Person is travelling as a fare paying passenger in any of the public carriers like Bus, ferry, hovercraft, ship, taxi, train, tram, underground train, commercial helicopter or aircraft.

Part III : General Exclusions

PROVIDED ALWAYS THAT 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 pre-existing condition/ disability / accidental injury.
3. Any claim of the Insured Person
 - (i) from intentional self-injury, suicide or attempted suicide;
 - (ii) arising out of mental or nervous disorders;
 - (iii) whilst under the influence of liquor or drugs or other intoxicants;
 - (iv) whilst engaging in aviation or ballooning whilst mounting into, dismounting from or travelling in any aircraft or balloon other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in

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- the world;
- (vi) directly or indirectly, caused by venereal disease, AIDS or insanity;
- (vii) whilst engaging in racing, hunting, mountaineering, ice hockey, winter sports;
- (viii) driving any vehicle without a valid driving licence;
- (ix) whilst engaging as a driver, co-driver or passenger of a vehicle engaging in speed contest or racing of any kind or participating in a trail run.
4. Any loss or damage arising from Insured Person committing any breach of law with criminal intent
5. Any claim arising out of War, civil war, invasion, insurrection, revolution, act of foreign enemy, hostilities (whether War be declared or not), rebellion, mutiny, use of military power or usurpation of government or military power
6. Any claim caused by or contributed to or arising from -
- (i) ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel and for the purposes hereof, combustion shall include any self-sustaining process of nuclear fission; or
- (ii) nuclear weapons material
7. Any loss in respect of the Insured Person/s whilst engaging in speed contest or racing of any kind (other than on foot), bungee jumping, rafting, underwater diving, canoeing, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports.
8. Any claim arising or resulting from an act of trespassing by the Insured / Insured Person/s on any public/private property.
9. Any loss whilst flying or taking part in aerial activities (including cabin crew) except as a fare-paying passenger in a regular Scheduled airline or Air Charter Company.

Part IV : General Terms & Conditions**1. Disclosure of information norm**

The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of mis- representation fraud, mis-description or non- disclosure of any material particulars in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or device being used by the Insured/ Insured Person/s or any one acting on his/their behalf to obtain a benefit under this Policy.

2. Observance of Terms and Conditions

The due observance and fulfillment of the terms, conditions and endorsements of this Policy insofar as they relate to anything to be done or complied with by the Insured/Insured Person/s shall be a condition precedent to any liability of the Company to make any payment under this Policy.

3. Reasonable Care

The Insured/Insured Person shall take all reasonable steps to

safeguard the interests of the Insured / Insured Person against accidental loss or damage that may give rise to a claim.

4. Material Change / Change of Occupation

The Insured/ Insured Person shall immediately notify the Company in writing by way of the Alterations of risk format of any material change in the risk or change in business or occupation during the currency of the Policy and cause at his own expense such additional precaution to be taken as circumstances may require to ensure safety thereby containing the circumstances that may give rise to a claim and the Company may adjust the scope of the cover and/or the premium, if necessary, accordingly.

The above notification is not mandatory when only the employer changes but the nature of occupation does not change.

5. Notice of charge

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

6. Special Provisions

Any special provisions subject to which this Policy has been entered into and endorsed in the Policy or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly.

7. Currency for Payment

All claims shall be payable in India and in Indian Rupees only.

8. Subrogation

In the event of payment under this Policy, the Company shall be subrogated to all the Insured /Insured Person's rights of recovery thereof against any person or organization, and the Insured/Insured Person shall execute and deliver

Individual personal accident- policy wordings(Effective from 30.09.2024)

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instruments and papers necessary to secure such rights. The Insured/Insured Person and any claimant under this Policy shall at the expense of the Company do and concur in doing and permit to be done, all such acts and things as may be necessary or required by the Company, before or after Insured /Insured Person's indemnification, in enforcing or endorsing any rights or remedies, or of obtaining relief or indemnity, to which the Company shall be or would become entitled or subrogated. . This clause applies only to coverage under the indemnity section of the policy and does not apply to benefit sections.

9. Contribution

If at the time when any claim arises which exceeds the Sum Insured under this Policy (after considering the deductibles or co-pay), there is in existence any other insurance whether it be effected by or on behalf of whom the claim may have arisen covering the same loss, liability, compensation, costs or Expenses, the Policy holder shall have the right to choose the Insurers with whom the claim is to be lodged.

In all such cases, unless otherwise agreed to in writing the Company shall not be liable to pay or contribute more than its rateable proportion of any loss, liability, compensation, costs or expenses subject to the maximum liability for any claim under this Policy being limited to the Sum Insured applicable. This clause applies only to the coverage under the indemnity sections of the policy and does not apply to benefit sections.

10. Fraudulent Claims

If any claim 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/Insured Person or any one acting on his / her behalf to obtain any benefit under this Policy, or if a claim is made and rejected and no Court action or suit is commenced within twelve months after such rejection, all benefits under this Policy shall be forfeited.

11. Notification of Claim

It is a condition precedent to our liability hereunder that written notice of claim must be given by the Insured/Insured Person/Nominee 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.

12. 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 loss. 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.

13. Termination / Cancellation

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

by Insurer

The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

Cancellation by Insured/Insured Person

- The policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing. The Insurer shall
- 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.
 - 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.

Illustration of refund of premium for tenure more than 1 year

Policy issued for - 730 days (2 years)
Cancellation request received on day 425 (1 year and 2 months) The amount refunded will be calculated as follows:

Liberty General Insurance Ltd.

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The amount to be refunded will be 85% of the pro-rata premium for the un-expired period
2 years premium Paid - Rs. 10,000.
Expired Period - 425 days, Unexpired period - 305 days
Pro-rata premium for Unexpired Period - Rs. 4178 (305/730 X Rs. 10,000) Refund Payable: 85% of 4178 = Rs. 3551.30

14. Free-look Cancellation

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.

15. Policy Disputes

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

16. Arbitration

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties thereto or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and the arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no dispute or difference shall be referable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/arbitrators of the

amount of the loss or damage shall be first obtained.

17. Renewal

The policy shall ordinarily be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured person.

- i. The Company shall give notice for renewal atleast 30 days prior to expiry of the policy
- ii. Renewal of a health insurance policy shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years, except for benefit based policies where the policy terminates following payment of the benefit covered under the policy.
- iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.

18. 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 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.

18. Cumulative Bonus

The Sum Insured under the Accident Benefit(s) of the Policy incepted with Us shall be progressively increased by 5% in respect of each claim free year of insurance subject to a maximum accumulation of 50% of the Capital Sum Insured up to 10 claim free years of insurance. In the event of a claim under the Policy in respect of an Insured/Insured Person who has earned any cumulative bonus, the increased Sum Insured will be reduced by 10% at the time of renewal, however, the Capital Sum Insured will be maintained at all times.

Any cumulative bonus amount that has accrued when the policy was with another Insurer and transferred to us on renewal within the grace period would be considered as a fixed additional benefit amount available under the Policy for the Insured/Insured Person, subject to there being no claim reported/ paid under the expiry policy. In the event of any claim under the expiry policy, there would be no credit available on the cumulative bonus amount earned under the expiring policy of the previous Insurer.

19. Assignment :

You can assign this policy under intimation to Us. Assignment of a policy shall be in accordance with Section 38 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Ordinance dated 26.12.2014. The extant provisions in this regard are as follows:

Individual personal accident- policy wordings(Effective from 30.09.2024)
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1. This policy may be assigned, wholly or in part, with or without consideration.
2. An Assignment may be effected in a policy by an endorsement upon the policy itself or by a separate instrument under notice to the Insurer.
3. The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made.
4. The assignment must be signed by the assignor or duly authorized agent and attested by at least one witness and should be delivered to Insurer along with the applicable fee.
5. Upon receipt of request, the insurer may accept or decline to act upon any assignment or endorsement, if it has sufficient reasons to believe that it is
 - a. not bonafide or
 - b. not in the interest of the policyholder or
 - c. not in public interest or
 - d. is for the purpose of trading of the insurance policy.
6. Before refusing to act upon endorsement, the Insurer should record the reasons in writing and communicate the same in writing to Policyholder within 30 days from the date of policyholder giving a notice of transfer or assignment.
7. In case of refusal to act upon the endorsement by the Insurer, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Insurer.
8. The priority of claims of persons interested in an insurance policy would depend on the date on which the notices of assignment or transfer is delivered to the insurer; where there are more than one instruments of transfer or assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to Authority.
9. Every assignment shall be deemed to be absolute assignment and the assignee shall be deemed to be absolute assignee, except
 - a. where assignment is subject to terms and conditions of assignment OR
 - b. where the assignment is made upon condition that
 - i. the proceeds under the policy shall become payable to policyholder or nominee(s) in the event of assignee dying before the insured OR
 - ii. the insured surviving the term of the policy Such conditional assignee will not be entitled to obtain a loan on policy or surrender the policy. This provision will prevail notwithstanding any law or custom having force of law which is contrary to the above position.

20. Communication and Notice:

Any communication or notice or instruction under this Policy shall be in writing and will be sent to:

- a) Your address as specified in Policy Schedule;
- b) To us, at the address specified in the Policy Schedule;
- c) No Insurance agents, brokers, other person or entity is authorized to receive any notice on behalf of us unless explicitly stated in writing by us;
- d) Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

Illustration:

Original PA policy performance of the Insured Person:

Capital Sum Insured: Rs. 10 Lacs
 Cumulative Bonus accrued Amount under expiring Policy – 1 lac After renewal with Liberty General Insurance Limited:

CSI	Accrued CB under Expiring Policy	1st claim free year with us	2nd claim free year	Total Payable in case of a claim in 3rd year
			2nd claim free year with us	
1000000	100000	50000	50000	CSI + Accrued CB with earlier Insurer + Accrued CB with Us

ie., - Rs. 10 lacs + Rs. 1 lac + Rs. 1 lac = 12 lacs

21. Entry Age

Minimum entry Age for Adult Member - 18 Years
 Under Family Floater - 5 years for children and the minimum age of the Adult Primary member to be 18 years Maximum entry Age – 70 yrs

22. Sum Insured Enhancement

The provision for increase in Capital Sum Insured is available at the time of renewal of the Policy and subject to specific approval & acceptance by the Company.

23. Loadings & Discounts Family Floater

Type of family	Loading on primary Insured premium
1+1 (Non - Earning)	20%
1+1 (Earning)	45%
1+1 (Child)	7%
1+2 (Non - Earning + Child)	30%
1+2 (Earning + Child)	55%
1+2 (Children)	20%
1+3 (Non - Earning + 2 Children)	45%
1+3 (Earning +2 Children)	66%

Discounts:

Online policy booking: 20% discount

Employee: 10% discount

Loyalty bonus: 5% discount if the client already has 1 policy from LV & 7.5% if the client already has 2 policies from LV relating to any product line.

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Family Discount: Applicable to Flexi Plans where family is covered under the same Individual Policy. Family would mean married spouse and legitimate children (limited to two children).

deficient in any manner, the Company shall, in terms of relevant provisions of applicable Circulars and

Family size	Discount
2 members	5%
3 members	10%
4 members	15%

However, the maximum limit of discount

permissible is 40%. **Long Term Discount: Applicable**

when the policy period is beyond one year

Long Term Policy (Yr)	Discount
1	0%
2	8%
3	15%

Regulations issued by IRDAI from time to time, have the option to withdraw this product from the market subject to prior approval of such withdrawal from the Regulatory Authority. Any withdrawal of the product would be duly intimated to existing customers, who on expiry of the existing Policy, will have an option to obtain renewal under similar product/s available with Us. The Company shall allow the benefit of Portability in all such cases

24. Notice

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

25. Withdrawal of Product

In case the product is found to be financially unviable or is

26. Claim Procedure-

- a. **For Cashless Service:** You may call to our Customer care number for obtaining Cashless facility. You may also visit to our Company website www.libertyinsurance.in to know the list of empaneled Hospitals.
- b. **For Reimbursement of Claim:** You need to intimate Us immediately on hospitalization/ injury/ death, further submit all claim documents with supporting details/documents at your own expense to the TPA within 15 days of discharge from the hospital.

- b. The Insured shall deliver to the Company, within 15 days from the date of discharge a detailed statement in writing as per the claim form together with bills, vouchers and any other material particular, relevant to the making of such claim.
- c. The Company may accept claims where documents have been provided after a delayed interval in case such delay is proved to be for reasons beyond the control of the Insured/ Insured Person/s.
- d. The Insured shall tender to the Company all reasonable information, assistance and proofs in connection with any claim hereunder.
- e. The Company shall settle claims, including its rejection, within (15 days) fifteen days of receipt of the last required documents
 - For opting Cashless Facility: (applicable where the Insured Person/s has opted for cashless facility in a Network Hospital) - The Insured Person must call the helpline and furnish membership no and Policy Number and take an eligibility number to confirm communication. The same has to be quoted in the claim form. The call must be made 48 hours before admission to Hospital and details of Hospitalization like diagnosis, name of the Hospital, duration of stay in the Hospital should be given. In case of emergency hospitalization the call should be made within 24 hours of admission.
 - Reimbursement Claims - Notice of claim with particulars relating to Policy numbers, name of the Insured Person in respect of whom claim is made, nature of Illness/Injury and name and address of the attending Medical Practitioner/ Hospital/ Nursing Home should be given to Us immediately on Hospitalization /Injury/ death, failing which admission of claim would be based on the merits of the case at Our discretion Please ensure to send the claim form duly completed in all respects along with all the following documents within 15 days from the date of discharge from the Hospital. In event of any claim for Pre – Post Hospitalization expenses incurred, all claim related documents needs to be submitted within 7 days from the date of completion of treatment or eligible Post Hospitalization period as mentioned in the Policy Schedule whichever is earlier The Claim Procedure would be in full compliance with relevant provisions of applicable Circulars and Regulations issued by IRDAI from time to time. In the event of the original documents being provided to any other Insurance Company or to a reimbursement provider, We shall accept verified photocopies of such documents attested by such other Insurance Company/ reimbursement provider.
 - We are entitled to verify medical records of the case retained by the Hospital as and when required for verification of claim.
 - If required, the Insured Person/s must give consent to obtain Medical opinion from any Medical Practitioner at Our expense.
 - If required, the Insured person/s must agree to be examined by a medical practitioner of our choice at Our expenses. No person other than the Insured /Insured Person(s) and/ or nominees named in the Proposal can claim or sue us under this Policy.

Turn Around Time (TAT) for claim settlement:

* TAT for preauthorization of cashless facility within 1 Hours.

* TAT for cashless final bill authorization within 3 Hours.

i. Network Hospital details – <https://www.libertyinsurance.in/products/CPMigration/hospitalLocator>

ii. Helpline number – 1800 266 5844

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

iv. Hospitals which are blacklisted or from where no claims will be accepted by insurer – <https://www.libertyinsurance.in/Docx/ExcludedHospitalLists.pdf>

Summary of Claim Procedure:

Notification of Claim-

a. Upon the happening of any event giving rise or likely to give rise to a claim under this Policy:

	Treatment, Consultation or Procedure:	We or Our TPA must be informed:
1	If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation:	Need to be informed immediately and in any event at least 48 hours prior to the Insured Person's admission to the Hospital.
2	If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation in an Emergency:	Need to be informed within 24 hours of the Insured Person's admission to the Hospital.

Company or to a reimbursement provider, We shall accept verified photocopies of such documents attested by such other Insurance Company/ reimbursement provider.

- We are entitled to verify medical records of the case retained by the Hospital as and when required for verification of claim.
- If required, the Insured Person/s must give consent to obtain Medical opinion from any Medical Practitioner at Our expense.
- If required, the Insured person/s must agree to be examined by a medical practitioner of our choice at Our expenses. No person other than the Insured /Insured Person(s) and/ or nominees named in the Proposal can claim or sue us under this Policy.

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 to the policyholder 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 to the policyholder 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 the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)

26.

-

Individual personal accident- policy wordings(Effective from 30.09.2024)
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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/Insured Person shall undertake the following:

You are requested to send the claim documents at below address:

Liberty General Insurance Limited,

The Capitol, 2nd and 3rd Floor, New D. P. Road, Near Ashoka Hotel, Vishal Nagar, Pimple Nilakh, Pune-411027, Maharashtra. Alternatively, claim documents can also be sent to your nearest branch.

The following information should be furnished by the Insured/Insured Person/s while intimating a claim:

1. Insured Person's contact numbers and address
2. Policy Number
3. Location, Date and Time of Accident
4. Nature and cause of Accident and description of the accident.
5. Whether Police authorities have been informed

Claims processing and settlement will as per relevant provisions of applicable Circulars and Regulations issued by IRDAI from time to time.

In case of death, written notice of the death must, unless reasonable cause is shown, be so given before interment / cremation.

In the event of disability, written notice of disability must be given to the Company immediately on a likely demand or claim being made on the Company.

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 and in the event of death, to make a postmortem examination of the body of the Insured Person. Such evidence as the Company may from time to time require shall be furnished within the space of fourteen days after demand in writing.

The Insured / Insured Person or his / her legal representatives as the case may be, is required to submit the following documents while lodging a claim under the Policy:

Indicative list of documents required: In case of Personal Accident Death claims:

- a) FIR from police authorities wherever necessary (in case of accidents outside residence)
- b) Death Certificate from the Municipal Authorities
- c) Death Summary from the Hospital Authorities if death is confirmed by the Hospital
- d) Post Mortem Report, if conducted
- e) Documentary proof of accidental death
- f) Legal Heir/Succession Certificate
- g) Duly filled and signed claim form
- h) Policy Copy and Annexure

- i) Inquest / Panchnama Report
- j) Photographs of the Insured
- k) Coroner's Report
- l) Letter from HR stating the attendance closure to the incident

In case of Personal Accident Permanent Partial and Total Disability claims:

- 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) Policy Copy and Annexure
- e) Hospital / Nursing Home Medical Records
- f) Leave certificate from HR (for salaried people)
- g) Salary certificate / income proof
- h) Photographs of the Insured showing affected area

In case of Personal Accident Temporary Total Disability claims:

- 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) Medical fitness certificate from the Treating consultant indicating duration of rest medically advised
- d) Duly filled and signed claim form
- e) Policy Copy and Annexure
- f) Hospital / Nursing Home Medical Records
- g) Leave certificate from HR (for salaried people)
- h) Salary certificate / income proof
- i) Photographs of the Insured showing affected area

We may ask for additional requirement in certain peculiar cases as per the nature

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of claim

The Insured / Insured Person 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 and shall give all necessary information and assistance to enable the Company to settle or resist any claim or to institute proceedings. The Insured / Insured Person shall not incur any expenses in making good any claim without the written consent of the Company and shall not negotiate, pay, settle, admit or repudiate any claim without such consent.

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.

The Claim Procedure would be in full compliance with relevant provisions of applicable Circulars and Regulations issued by IRDAI from time to time

No sum payable under this Policy shall carry interest except as required under relevant provisions of applicable Circulars and Regulations issued by IRDAI from time to time, whereby payment of the claim amount due shall be made within 7 days from the date of acceptance of the offer of settlement by the Insured/ Insured Person. In case of any delay in payment, the Company shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed.

No person other than the Insured /Insured Person(s) and/ or nominees named in the proposal 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.

In case of claim under

other Covers: Child

Education Benefit:

- Proof of number of dependent child /children viz. Ration card
- Age proof of the dependent child /children

Cost of Transportation of Mortal remains:

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

Cost of Performance of Funeral Ceremony:

- Bills and receipt towards expenses relevant to funeral ceremony.

Accidental Hospitalization Expenses:

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

Accidental Hospital Daily Cash

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

Child Education Support Benefit

- Proof of dependent child /children viz. Ration card
- Age proof of the dependent child /children

Loan Protector

- Loan documents from financial institution/s

Life Support

- Permanent Total Disability related documents
- Bill and receipts towards Life support expenses

Broken Bone

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

Modification of Vehicle / Residence

- Permanent Total Disability related documents.
- Bills and receipts towards vehicle or residence modifications.

Family Transportation Benefit

- Bills and receipts towards travel expenses of immediate family member/s

Outstanding Bills Protection Benefit

- Proof of outstanding Bills

Ambulance Hiring Benefit

- Bills and receipt towards cost of ambulance services

Legal Bail Expenses

- Notice & Bills of the bail expenses incurred.

Double Indemnity

- Proof of travel through listed Public Carrier.

All Other documentation would be similar to the Accident Benefit(s). Note: We may call for additional documents/ information as relevant.

Individual personal accident- policy wordings(Effective from 30.09.2024)

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Part V : Grievance Redressal Procedure

As per Annexure B - We assure the best customer service from our end to our valued Insured/Insured Person(s) and request You to adopt following procedure in case of any service related query or grievance.

You may communicate your query or grievances by sending a letter to below mentioned address or to your nearest branch or email at below mentioned email ID or by calling at our below mentioned call center number.

Customer Care Cell

Liberty General Insurance Limited
Liberty General Insurance Ltd.
15th Floor, Unit-1501&1502, Tower 2,
One International Center,
Senapati Bapat Marg,
Prabhadevi, Mumbai- 400013
Toll Free No. : 1800 266 5844

Please include your Policy number in all your communication with the Company. This will help us resolve the issue more efficiently.

If You are not satisfied with redressal of Your grievance, You may approach the nearest Insurance Ombudsman for resolution of Your grievance as in Annexure

Part VI : Addendum to the Policy Wordings (to be attached as applicable)

Notwithstanding anything contrary to the terms & conditions of the Policy the following endorsements apply to a Family Floater Policy:

a. Family Floater defined:

Family Floater means a Policy described as such in the Schedule where the Insured/ Insured person(s) named in the Schedule are Insured under this Policy as at the Commencement Date. The Sum Insured for a Family Floater means the sum shown in the Schedule which represents Our maximum liability for any and all claims made by the Insured/ Insured person(s) during each Policy Year.

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

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Benefit under the in built value added cover of Child Education Benefit is available only to the Primary Insured Person named under the Policy.

Benefits under Add on covers are optional and available only to the Primary Insured Person either individually or in combination on payment of additional premium and subject to any specific limitations imposed in the Schedule to this Policy.

Dependent child/children covered under Family Floater shall
c.

have the option to continue renewal by migrating to a suitable policy at the end of the specified exit age credit being provided for all the previous policy years provided the Policy has been maintained without a break.

b. Restoration of Sum Insured for Family Floater:

- a. In case of a claim being admitted for death in respect of members other than the Primary Insured, there will be one restoration of the Sum Insured so exhausted at no extra cost.
- b. There is no Restoration in Capital Sum Insured in case of a claim for death of Primary Insured.

LIBERTY INDIVIDUAL PERSONAL ACCIDENT POLICY POLICY SCHEDULE			
Policy Issuing Office : 15th Floor, Unit-1501&1502, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai- 400013			
Policy Number		Period of Insurance	From : d d m m y y y y To : d d m m y y y y
Insured Name			From d d m m y y y y □□.□□hrs on to midnight of d d m m y y y y
Mailing Address		Policy Tenure	
		Policy Type	Individual (1 member)
		Plan	Unit Based/Flexi
		Intermediary Name	
Contact No		Intermediary Code	
Insured Name		Intermediary Contact No	
		Nominee Name & Relationship	
Business Type: New/Renewal		Nominee Address	
		Gender & DOB	& d d m m y y y y
Risk Group:		Occupation:	
		Annual Income:	
		Previous Insurance Company	
		Cumulative Bonus Earned	

COVERAGE DETAILS		
Sr. No	Accident Benefit(s)	Capital Sum Insured
1		
2		
	Inbuilt Value Added Covers	Sum Insured
1	Child Education Benefit	Rs. 10,000
2	Cost of Transportation of Mortal Remains	Maximum of Rs. 10,000
3	Cost of Performance of Funeral Ceremony	Maximum of Rs. 10,000
	Add On Cover(s)	Sum Insured
1		
2		

SCHEDULE OF PREMIUM	
Premium for the policy Period	
Loading/Discount	
Service Tax	
Total Premium	

CONDITIONS
1. Any claim arising or related to consequences of the pre-existing diseases is excluded from the scope of policy cover.
2. In the event of claim under the Policy, income declaration made in the Proposal Form should be validated.
3. In case of premium payment by cheque, in the event of dishonor of cheque for any reason whatsoever cover provided under this document automatically stands cancelled from the inception irrespective of whether a separate communication is sent or not.
4. This insurance cover has been provided based on the information provided by the Insured Person/s in the Proposal Form which shall be the basis of this Policy and is deemed to be incorporated herein in return for the payment of the required premium and compliance with all applicable provisions of this Policy.
5. Subject to all terms, conditions and exclusions as per standard Policy Wordings.

Individual personal accident- policy wordings(Effective from 30.09.2024)
 UIN-LVGPAIP14004V011314

Receipt No:	For LIBERTY GENERAL INSURANCE LTD.
Place:	
Date of Issue: <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>	
Address as mentioned below	(Authorised Signatory)

Service Tax Registration No. _____ “The stamp duty paid by vide receipt no.
 dated..... Corporate & Registered Office:

LIBERTY INDIVIDUAL PERSONAL ACCIDENT POLICY POLICY SCHEDULE			
Policy Issuing Office : 15th Floor, Unit-1501&1502, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai- 400013			
Policy Number		Period of Insurance	From : <input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> To : <input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>
Insured Name			From <input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> □□.□□hrs on to midnight of <input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>
Mailing Address		Policy Tenure	

Individual personal accident- policy wordings(Effective from 30.09.2024)
 UIN-LVGPAIP14004V011314

		Policy Type	Individual (>1 member with separate SI)
		Plan	Unit Based / Flexi
		Intermediary Name	
		Intermediary Code	
Contact No:		Intermediary Contact No	
		Business Type	New / Renewal

PREVIOUS POLICY DETAILS				
	Insured Person I	Insured Person II	Insured Person III	Insured Person IV
Insurance Company				
Cumulative Bonus	Yes/No	Yes/No	Yes/No	Yes/No

POLICY DETAILS				
	Insured Person I	Insured Person II	Insured Person III	Insured Person IV
Name				
Relationship with Insured				
Gender				
Date of Birth				
Occupation				
Risk Group				
Annual Income				
Capital Sum Insured				
Nominee Name				
Relationship with Nominee				
Nominee Address				
Coverages	Sum Insured	Sum Insured	Sum Insured	Sum Insured
Accident Benefit(s) (CSI)				
Inbuilt Value Added Covers (SI)				
Add On Cover(s) (SI)				

SCHEDULE OF PREMIUM	
Premium for the policy Period	
Loading/Discount	
Service Tax	
Total Premium	

CONDITIONS
1. Any claim arising or related to consequences of the pre-existing diseases is excluded from the scope of policy cover.
2. In the event of claim under the Policy, income declaration made in the Proposal Form should be validated.
3. In case of premium payment by cheque, in the event of dishonor of cheque for any reason whatsoever cover provided under this document automatically stands cancelled from the inception irrespective of whether a separate communication is sent or not.
4. This insurance cover has been provided based on the information provided by the Insured Person/s in the Proposal Form which shall be the basis of this Policy and is deemed to be incorporated herein in return for the payment of the required premium and compliance with all applicable provisions of this Policy.
5. Subject to all terms, conditions and exclusions as per standard Policy Wordings.

Receipt No:	Address as mentioned below
Place:	
Date of Issue: <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>	

Individual personal accident- policy wordings(Effective from 30.09.2024)
 UIN-LVGPAIP14004V011314

For LIBERTY
 GENERAL
 INSURANCE
 LTD.

(Authorised Signatory)

Service Tax Registration No. _____ “The stamp duty paid by vide receipt no.
 dated Corporate & Registered Office:

LIBERTY INDIVIDUAL PERSONAL ACCIDENT POLICY POLICY SCHEDULE			
Policy Issuing Office :15th Floor, Unit-1501&1502, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai- 400013			
Policy Number		Period of Insurance	From : d d m m y y y y To : d d m m y y y y
Insured Name			From d d m m y y y y □□.□□hrs on to midnight of d d m m y y y y
Mailing Address		Policy Tenure	

		Policy Type	Individual (>1 member with separate SI)
		Plan	Unit Based / Flexi
		Intermediary Name	
		Intermediary Code	
Contact No:		Intermediary Contact No.	
		Business Type	New / Renewal

PREVIOUS POLICY DETAILS				
	Insured Person I	Insured Person II	Insured Person III	Insured Person IV
Insurance Company				
Cumulative Bonus	Yes/No	Yes/No	Yes/No	Yes/No

POLICY DETAILS				
	Primary Insured Person	Secondary Insured Person I	Secondary Insured Person II	Secondary Insured Person III
Name				
Relationship with Insured				
Gender				
Date of Birth				
Occupation				
Risk Group				
Annual Income				
Capital Sum Insured	100%	25% for non earning spouse & 50% for earning spouse	12.5% for dependent child I	12.5% for dependent child II
Nominee Name				
Relationship with Nominee				
Nominee Address				

COVERAGE DETAILS		
Sr. No	Accident Benefit(s)	Capital Sum Insured
1		
2		
	Inbuilt Value Added Covers	Sum Insured
1	Child Education Benefit	Rs. 10,000
2	Cost of Transportation of Mortal Remains	Maximum of Rs. 10,000
3	Cost of Performance of Funeral Ceremony	Maximum of Rs. 10,000
	Add On Cover(s)(only for Primary Insured)	Sum Insured
1		
2		

SCHEDULE OF PREMIUM	
Premium for the policy Period	
Loading / Discount	
Service Tax	
Total Premium	

Individual personal accident- policy wordings(Effective from 30.09.2024)
 UIN-LVGPAIP14004V011314

Liberty General Insurance Ltd.

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



CONDITIONS

1. Any claim arising or related to consequences of the pre-existing diseases is excluded from the scope of policy cover.
2. In the event of claim under the Policy, income declaration made in the Proposal Form should be validated.
3. In case of premium payment by cheque, in the event of dishonor of cheque for any reason whatsoever cover provided under this document automatically stands cancelled from the inception irrespective of whether a separate communication is sent or not.
4. This insurance cover has been provided based on the information provided by the Insured Person/s in the Proposal Form which shall be the basis of this Policy and is deemed to be incorporated herein in return for the payment of the required premium and compliance with all applicable provisions of this Policy.
5. Subject to all terms, conditions and exclusions as per standard Policy Wordings.

Receipt No:

For LIBERTY GENERAL INSURANCE LTD.

Place:

Date of Issue:

Address as mentioned below

(Authorised Signatory)

Service Tax Registration No.

“The stamp duty paid by vide receipt no.

dated Corporate & Registered Office:

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

Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license.

Grievance Redressal- Annexure B

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

Step 1

Call us on Toll free number: **1800-266-5844**
(8:00 AM to 8.00 PM, 7 days of the week) or
Email us at: care@libertyinsurance.in or

Write to us at:
Customer Service

Liberty General Insurance Limited

Unit 1501&1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai - 400 013

Step 2

If our response or resolution does not meet your expectations, you can escalate at **Manager@libertyinsurance.in**

Step 3

If you are still not satisfied with the resolution provided, you can further escalate at **ServiceHead@libertyinsurance.in**

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

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

Office of the Ombudsman and Contact Details	Areas of Jurisdiction	Office of the Ombudsman and Contact Details	Areas of Jurisdiction
AHMEDABAD Office of the Insurance Ombudsman Jeevan Prakash Building 6th floor Tilak Marg Relief Road Ahmedabad 380 001 Tel: 07 25501201/02 Email: oio.ahmedabad@cioins.co.in	Gujarat Dadra & Nagar Flaveli Daman and Diu	HYDERABAD Office of the Insurance Ombudsman 6-2-46, 1st floor, "Moin Court", Lane Opp. Hyundai Showroom, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325 Email: oio.hyderabad@cioins.co.in	Andhra Pradesh Telangana Yanam and part of Territory of Pondichery
BENGALURU Office of the Insurance Ombudsman Jeevan Soudha Building PID No 57 27 N 1 Ground Floor 1 H 24th Main Road JPNagar 1st Phase Bengaluru 560 078 Tel : 080 26652048 / 2665204 Email: oio.bengaluru@cioins.co.in	Karnataka	JAIPUR Office of the Insurance Ombudsman Jeevan Nidhi, II Bldg, Gr Floor Bhawani Singh Marg, Jaipur - 302 005 Tel: 0141 2740363 Email: oio.jaipur@cioins.co.in	Rajasthan
BHOPAL Office of the Insurance Ombudsman Opp. Gayatri Mandir, Area Hills, Bhopal -462 011. Tel.: 0755 - 2769201 /2769202 /2769203 Email: oio.bhopal@cioins.co.in	Madhya Pradesh and Chaitisgarh	Tel.: 033 - 22124339 / 22124341 Email: oio.kolkata@cioins.co.in	West Bengal Sikkim Andaman & Nicobar Islands
BHUBNESHWAR Office of the Insurance Ombudsman 62 Forest park Bhubneshwar 751 00 Email: oio.bhubaneswar@cioins.co.in		Office of the Insurance Ombudsman 6th Floor, Jeevan Bhawan Phase II Nawal Kishore Road, Hazratganj Lucknow - 226 001 Tel.: 0522 - 4002082 / 3500613 Email: oio.lucknow@cioins.co.in	Districts of Uttar Pradesh : Laitpur Jhansi Mahoba Hamirpur Banda Chitrakoot Allahabad Mirzapur Sonbhadra Fatehpur Pratapgarh Jaunpur Varanasi Gaziपुर Jalaun Kanpur Lucknow Unnao Sitapur Lakhimpur Bahraich Barabanki Raebareli Sravasti Gonda Faizabad Amethi Kaushambi Balrampur Basti Ambedkarnagar Sultanpur Maharajgang Santkabimagar Azamgarh Kushinagar Gorkhpur Deoria Mau Ghazipur Chandauli Ballia Sidharathnagar
CHANDIGARH Office of the Insurance Ombudsman Sector -17 A, Chandigarh - 160 017. Tel.: 0172-2706468 Email: oio.chandigarh@cioins.co.in	Punjab Haryana Himachal Pradesh Jammu & Kashmir Chandigarh	Office of the Insurance Ombudsman 3rd Floor Jeevan Seva Annexe S V Road Santacruz (W) Mumbai Tel.: 022 - 69038800/27/29/31/32/33 Email: oio.mumbai@cioins.co.in	Goa Mumbai Metropolitan Region excluding Navi Mumbai & Thane
CHENNAI Office of the Insurance Ombudsman Fatima Akhtar Court 4th Floor 453 Anna Sialai Teynampet CHENNAI - 600 018. Email: oio.chennai@cioins.co.in	Tamil Nadu Pondicherry Town and Karaikal (which are part of Pondichery)	NOIDA Office of the Insurance Ombudsman Bhagwan Sahai Palace 4th Floor Main Road Naya Bans Sector 15 Distt: Gautam Buddh Nagar U P 201301 Tel.: 0120-2514252 / 2514253 Email: oio.noida@cioins.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra Aligarh Bagpat Bareilly Bijnor Budaun Bulandshahr Etah Kanoj Mainpuri Mathura Meerut Moradabad Muzaffarnagar Oraiyya Pilibhit Etawah Farrukhabad Firozbad Gautambodhanagar Ghaziabad Hardoi Shahjahanpur Hapur Shamli Rampur Kashganj Sambhal Amroha Hathras Kanshiramnagar Saharanpur
Office of the Insurance Ombudsman 2/2 A Universal Insurance Building Asaf Ali Road New Delhi 110 002 Email: oio.delhi@cioins.co.in			
KOCHI Office of the Insurance Ombudsman 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G. Road, Kochi - 682 011. Tel.: 0484 -2358759 Email: oio.ernakulam@cioins.co.in	Kerala Lakshadweep Mahe a part of Pondicherry		
GUWAHATI Office of the Insurance Ombudsman Jeevan Nivesh 5th Floor Nr Panbazar over bridge S.S. Road, Guwahati - 871001 (ASSAM) Email: oio.guwahati@cioins.co.in	Assam Meghalaya Manipur Mizoram Arunachal Pradesh Nagaland and Tripura		

Liberty General Insurance Ltd.

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



Office of the Ombudsman and Contact Details	Areas of Jurisdiction
PATNA Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: oio.patna@cioins.co.in	Bihar Jharkhand
PUNE Office of the Insurance Ombudsman Jeevan Darshan Bldg 3rd Floor CTS Nos 1 5to 1 8 NC KelkarRoad Narayan Peth Pune 411030 Tel.: 020-24471175 Email: oio.pune@cioins.co.in	Maharashtra Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region
THANE Office of the Insurance Ombudsman, 2nd Floor, Jeevan Chintamani Building, Vasanttrao Naik Mahamarg, Thane (West) - 400604 Tel.: 022-20812868/69 Email: oio.thane@cioins.co.in	Maharashtra

GOVERNING BODY OF INSURANCE COUNCIL,

Shri P.N.Gandhi, Secretary General
Smt Moushuml Mukherji, Secretary
3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106889 / 671 / 980
Fax:022-26106949
Email: inscoun@cioins.co.in

Disclaimer:

Liberty General Insurance Ltd will not be deemed to provide cover nor be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose Liberty or its parent to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of India, the European Union, United Kingdom, United States of America or other applicable jurisdiction.

For the latest details of Ombudsman offices, please visit the Insurance Ombudsman website at the following link: <https://www.cioins.co.in/Ombudsman>