

Liberty General Insurance Ltd.

Unit 1501&1502, 15th Floor, Tower 2, One International Center,
Senapati Bapat Marg, Prabhadevi, Mumbai – 400013,

Phone: +91 226700 1313 Fax: +91 226700 1606

IRDAI of India Reg. No.150 • CIN: U66000MH2010PLC269656

Website Link: www.libertyinsurance.in



Liberty Individual Personal Accident Policy Prospectus

Parameter	Feature
Coverages Accidental Benefit(s)	• Accidental Death (AD) <i>Covers Death due to Accident</i> • Permanent Total Disability (PTD) <i>Covers Permanent Total Disability due to Accident, which totally disables the Insured from attending to any occupation/job/business or normal duties for a continuous period of 12 months as listed under Annexure I below.</i> • Permanent Partial Disability (PPD) <i>Covers Permanent Partial Disability of the Insured relating to any part of the limbs or organs of the body listed under Annexure I.</i> • Temporary Total Disability (TTD) <i>Provides weekly benefit due to inability of the Insured to engage in the occupation or employment or business temporarily due to Accident.</i>
Inbuilt Value Added Covers	• Child Education Benefit <i>Lump sum Education benefit for 2 dependent children</i> • Cost of Transportation of Mortal Remains <i>Reimbursement of expenses incurred for transportation of mortal remains to the city of residence where the final funeral ceremony is to be performed.</i> • Cost of Performance of Funeral Ceremony <i>Reimbursement of expenses incurred for preparing the mortal remains for burial or cremation</i>

INDIVIDUAL PERSONAL ACCIDENT POLICY-Prospectus (EFFECTIVE FROM 30.09.2024)

UIN- LVGPAIP14004V011314

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Add-On Cover(s)	• Accidental Hospitalisation Expenses <i>Covers Reasonable charges towards expenses incurred for medical treatment for the injury sustained</i> • Accidental Hospital Daily Cash <i>Daily allowance subject to minimum of 48 hours of hospitalization</i> • Child Education Support Benefit <i>Allowance for payment towards dependent child/ children's tuition fees</i> • Life Support Benefit <i>Monthly maintenance allowance of basic life support for a maximum period of 12 months</i> • Loan Protector <i>Monthly allowance for payment of loans from financial institutions</i> • Broken Bone <i>Covers fracture or dislocation of the bones or joints</i> • Modification of Vehicle/Residence <i>Reimbursement of expenses required to modify vehicle or make changes in the house or vehicle as necessitated by a PTD</i> • Family Transport Benefit <i>Reimbursement of expenses due to transportation of immediate family member</i> • Outstanding Bills Protection Benefit <i>Reimbursement of outstanding Utility bills & Credit Card Bills</i> • Ambulance Hiring Charges <i>Reimbursement of expenses towards transferring the Insured Person to the nearest Hospital by ambulance offered by a healthcare or an ambulance service provider</i> • Legal Bail Expenses <i>Makes payment towards bail fees following detention in case of involvement in an accident.</i> • Double Indemnity <i>Sum Insured equivalent to the Capital Sum Insured provided if death or PTD occurs following an accidental injury whilst traveling in public carriers like Bus, ferry, hovercraft, ship, taxi, train, tram, underground train, commercial helicopter or aircraft.</i>
Plan Variance	1. Unit- Based Plan 2. Flexi Plan
Plan Type	1. Unit- Based Plan is available on Individual SI basis 2. Flexi Plan is available on Individual & Family Floater SI basis

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Minimum 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
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LVIPA-Prospectus

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Maximum Entry Age	70 Years
Exit Age	Renewable for life
Policy Tenure	1/2/3Years
Free Look Period	A free look period of 30 days is available
Geographical Limit	Worldwide
Capital Sum Insured	<u>Unit based plan:</u> Death/ PTD/ PPD - SI will be restricted to 144 times the monthly income. TTD - limited to Rs. 5000/week for a maximum of 100 weeks <u>Flexi Plan</u> Death/ PTD/ PPD - SI will be restricted to 144 times the monthly income. TTD will be limited to 1% of CSI per week or Rs. 5000/week for a maximum of 100 weeks or Rs.10000/ week for a maximum of 52 weeks as more clearly agreed upon.
Minimum premium per Policy	Rs. 100/-

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Plan Description	Unit – Based Plan 1 unit = 10 lac of Accidental Death Sum Insured - Basic, Wide & Comprehensive plans available as per Annexure - Maximum Units – 10 - All Students, Housewives, or Unemployed dependents can purchase only 1 Unit Flexi Plan (Customized as per individual requirement) - Death Cover selection is mandatory - Option to choose the CSI based on the CSI criteria indicated above - This is available to individuals and families as family floater options. Family Floater option also provides for one restoration in Sum Insured to the extent of the claim paid under Accidental death cover for any secondary member covered under the Policy. - Cover for non-earning spouse will be limited to 25% of Capital Sum Insured - Cover for Earning spouse will be limited to 50% of Capital Sum Insured - Cover for dependent children up to 25 years will be limited to 12.5% of Capital Sum Insured - In case of a claim for Death being admitted under Family Floater in respect of members other than the Primary Insured, there will be restoration of the Capital Sum Insured utilized for such a claim, limited to the extent of the Capital Sum Insured. - No Restoration in Capital Sum Insured in case of a claim for death of Primary Insured Member. - Add On Cover available only to the Primary Insured Member. - Apart from the Accident Benefit(s), inbuilt value added and Add on covers listed under Unit based plans, Flexi plan also offers the following additional optional Add on covers: Child Education Support Benefit <i>Allowance for payment towards child/ children's tuition fees</i> Life Support Benefit <i>Monthly maintenance allowance of basic life support for a maximum period of 12 months</i> Modification of Vehicle/Residence <i>Reimbursement of expenses required to modify vehicle or make changes in the house / vehicle as necessitated by a PTD</i>
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- **Outstanding Bills Protection Benefit**

Reimbursement of outstanding Utility bills & Credit Card Bills

Benefits under these Add on covers are optional and available only to the Primary Insured Person either individually or in combination on payment of additional premium.

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**LVIPA-Prospectus**

Risk Class	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, Wood working Machinists, Workers, 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.
Declined List	1. Alcoholics, persons habitually under the influence of drugs. 2. Proposals from politically disturbed areas or areas where enforcement law and order is lax. 3. Persons who are actively affiliated to political organizations 4. Persons undergoing treatment for epilepsy irrespective of origin or mental illness /psychiatry 5. Children below the age of five. 6. Persons engaged in explosives manufacturing or trade 7. Persons who engage in hazardous sports like rafting, mountaineering, underwater diving, deep sea diving, rafting, canoeing, bungee jumping, parachuting, sky diving. 8. Physically challenged individuals 9. Persons working in police force, armed forces, nuclear power stations Any other risk category as decided by the company from time to time

General Exclusions:

PROVIDED ALWAYS THAT the Company shall not be liable under this Policy for –

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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.

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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 traveling in any aircraft or balloon other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world;
 - (v) directly or indirectly, caused by venereal disease, AIDS or insanity;
 - (vi) whilst engaging in racing, hunting, mountaineering, ice hockey, winter sports;
 - (vii) driving any vehicle without a valid driving licence;
 - (viii) 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 farepaying passenger in a regular Scheduled airline or Air Charter Company.

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General Terms & Conditions:

1. 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.

2. Time for Filing Claim Documents

Completed Claim Forms and written evidence of loss must be furnished to us within 30 days after the date of such 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.

3. 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

- 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.

4. Free-look Cancellation

A period of 30 days from the date of receipt of the Policy document is available to review the terms and conditions of this Policy. The Insured has the option of cancelling the Policy stating the INDIVIDUAL PERSONAL ACCIDENT POLICY-Prospectus (EFFECTIVE FROM 30.09.2024)

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reasons for cancellation, if he has any objections to any of the terms and conditions. The Company shall refund the premium paid after adjusting the amounts spent on Stamp duty charges and proportionate risk premium. Cancellation will be allowed only if there are no claims reported under the Policy. All rights under this Policy shall immediately stand extinguished on the free look cancellation of the Policy. Free look provision is available only at the time of first issuance of the Policy.

5. Renewal

The policy shall ordinarily be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured person. The Company shall give notice for renewal atleast 30 days prior to expiry of the policy . Renewal of a health insurance policy shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years, except for benefit based policies where the policy terminates following payment of the benefit covered under the policy. 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.

6. 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.

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 LVGIC:

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CSI	Accrued CB under Expiring Policy	1st claim free year with us	2nd claim free year with us	Total Payable in case of a claim in 3rd year
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

7. 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.

8. 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%

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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.

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).

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%

9. Withdrawal of Product

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. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.

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10. 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/Insured Person shall undertake the following:

The claim has to be intimated to Company's Policy issuing office or any other office of the Company at the nearest regional offices or through agents in writing.

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, description of the accident.
5. Whether Police authorities have been informed?

Claims processing and settlement will be as per Protection of Policy Holder's Interest, Regulation 2002.

In case of death, written notice of the death must, unless reasonable cause is shown, be so given before internment / 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)

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- 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

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

No sum payable under this Policy shall carry interest except as required by section 9(6) of the Protection of Policy Holder's Interest, Regulation 2002 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

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- 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.

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**Annexure I Unit****Based Plan:****Premium chart for the Unit Based Plan with CSI of Rs. 1000000/-:**

Details	Basic Plan	Wide Plan	Comprehensive Plan
Capital Sum Insured	10 lacs	10 lacs	10 lacs
Minimum Age of entry	18 Yrs	18 Yrs	18 Yrs
Maximum Age of entry	70 Yrs	70 Yrs	70 Yrs
Plan Options	Individual	Individual	Individual
	Sum Insured	Sum Insured	Sum Insured
Accidental Death	10 lacs	10 lacs	10 lacs
Permanent Total Disability	as per table of benefit(s)	as per table of benefit(s)	as per table of benefit(s)
Permanent Partial Disability		as per table of benefit(s)	as per table of benefit(s)
Temporary Total Disability			Rs. 5,000/-week for 100 weeks
Child Education Benefit	Rs. 10000/-	Rs. 10000/-	Rs. 10000/-
Cost of Transporting Mortal Remains	Max up to Rs. 10000/-	Max up to Rs. 10000/-	Max up to Rs. 10000/-
Cost of Performance of Death Ceremony	Max up to Rs. 10000/-	Max up to Rs. 10000/-	Max up to Rs. 10000/-
Accidental Hospitalisation Expenses	Rs.100000/-	Rs.100000/-	Rs.100000/-
Accidental Hospital Daily Cash		Rs. 500/day for max 30 days	Rs. 500/day for max 30 days
Loan Protector			Rs. 12000/-month for max of 12 months
Broken Bone		Rs. 1,00,000/-	Rs. 1,00,000/-
Ambulance Hiring Charges	Rs. 1,500/-	Rs. 1,500/-	Rs. 1,500/-
Legal Bail Expenses		Max of Rs. 5,000/-	Max of Rs. 5,000/-
Double Indemnity			10 lacs

INDIVIDUAL PERSONAL ACCIDENT POLICY-Prospectus (EFFECTIVE FROM 30.09.2024)

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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



Annual Premium Excl ST for Risk I / Risk II / Risk III	703	857	1165	1076	1305	1748	1608	1960	2655
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Flexi Plan Rates:

COVER TYPE	COVERAGE	SUM INSURED	RATES		
		(Applicable on Annual basis)	Risk I	Risk II	Risk III
A - Accident Benefit(s)	Accidental Death	Capital Sum Insured (CSI) as opted	0.35/mille	0.46/mille	0.69/mille
	Permanent Total Disability	As per table	0.18/mille	0.23/mille	0.31/mille
	Permanent Partial Disability	As per table	0.23/mille	0.28/mille	0.35/mille
	Weekly Indemnity (ITD)	Limited to 1% of CSI per week or Rs. 5000 /week for a maximum of 100 weeks or Rs. 10000/ week for a maximum of 52 weeks	0.38/mille	0.57/mille	0.95/mille
		as more clearly agreed upon			
B - Inbuilt Value Added	Child Education Benefit	Rs. 10000/-			
	Transportation of Mortal Remains	Max up to Rs. 10000/-			
	Performance of Funeral Ceremony	Max up to Rs. 10000/-			
C - AddOn Cover (Optional)	Accidental Hospitalization Expenses	SI as opted- max SI to be limited to 25% of CSI	0.14%	0.14%	0.14%

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Accidental Hospital Daily Cash	Rs. 500/day or in multiples of 5 thereof for 30 days maximum	Rs. 23 for Rs. 500 per day for 30 days	Rs. 34 for Rs. 500 per day for 30 days	Rs. 54 for Rs. 500 per day for 30 days
Child Education Support Benefit	SI as opted- max SI to be limited to 25% of CSI	0.54/mille	0.69/mille	1.00/mille
Life support Benefit	Rs. 10,000/- per month or in multiples thereof for a maximum of 12 months	Rs. 200 for benefit of Rs. 10,000 per month for 12 months	Rs. 200 for benefit of Rs. 10,000 per month for 12 months	Rs. 200 for benefit of Rs. 10,000 per month for 12 months
Loan Protector	Rs. 12,000/- per month or in multiples thereof for a maximum of 12 months	Rs. 250 for benefit of Rs. 12,000 per month for 12 months	Rs. 250 for benefit of Rs. 12,000 per month for 12 months	Rs. 250 for benefit of Rs. 12,000 per month for 12 months
Outstanding bills payment protection	SI as opted- max SI to be limited to 10% of CSI	0.29%	0.38%	0.58%
Family Transportation Benefit	SI as opted- max SI to be limited to 10% of CSI	0.3/mille	0.39/mille	0.6/mille
Broken Bone	SI as opted max SI to be limited to 25% of CSI	0.38/mille	0.57/mille	0.95/mille
Modification of Residence/Vehicle	SI as opted max SI to be limited to 10% of CSI	0.42/mille	0.51/mille	0.66/mille
Ambulance Hiring Charges	Rs. 1,500	Rs. 25	Rs. 25	Rs. 25
Legal Bail Expenses	Rs. 5,000	Rs. 80	Rs. 80	Rs.80
Double Indemnity	100% of CSI opted for Death	0.09/mille	0.12/mille	0.18/mille

Table of Benefits:

Permanent Total Disability – Table of Benefits	
Loss of	% of CSI

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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%

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
Broken Bones – Benefit Chart	
	Limit
Injury to vertebral body resulting in spinal cord damage	100%

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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

Insurance Act,1938, Section 41-Prohibition of Rebates

As per Insurance rules 1939, a copy of section 41 of the Act but not including the proviso to sub-section (1) thereof to be included in the Prospectus .

Insurance Act,1938, Section 41-Prohibition of Rebates

1. 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
2. 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.

INSURANCE IS THE SUBJECT MATTER OF THE SOLICITATION.

INDIVIDUAL PERSONAL ACCIDENT POLICY-Prospectus (EFFECTIVE FROM 30.09.2024)

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Grievance Redressal

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
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
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
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 Chattisgarh
BHUBNESHWAR Office of the Insurance Ombudsman 62 Forest park Bhubneshwar 751 00 Email: oio.bhubaneswar@cioins.co.in	
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
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 Pondicherry)
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

Office of the Ombudsman and Contact Details	Areas of Jurisdiction
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 Pondicherry
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
Tel.: 033 - 22124339 / 22124341 Email: oio.kolkata@cioins.co.in	West Bengal Sikkim Andaman & Nicobar Islands
Office of the Insurance Ombudsman 6th Floor, Jeevan Bhawan Phase II Nawal Kishore Road, Hazratganj Lucknow - 226 001 Tel.: 0522 - 4002082 / 3500613 Email: oio.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur Jhansi Mahoba Hamirpur Banda Chitrakoot Allahabad Mirzapur Sonbhadra Fatehpur Pratapgarh Jaunpur Varanasi Gazipur Jalaun Kanpur Lucknow Unnao Sitapur Lakhimpur Bahraich Barabanki Raebareilly Sravasti Gonda Faizabad Amethi Kaushambi Balrampur Basti Ambedkarnagar Sultanpur Maharajganj Santkabimagar Azamgarh Kushinagar Gorkhpur Deoria Mau Ghazipur Chandauli Ballia Sidharathnagar
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
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 Kanooj Mainpuri Mathura Meerut Moradabad Muzaffarnagar Oraiyya Pilibhit Etawah Farrukhabad Firozbad Gautambodhanagar Ghaziabad Hardoi Shahjahanpur Hapur Shamli Rampur Kashganj Sambhal Amroha Hathras Kanshiramnagar Saharanpur

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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, Vasantao 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

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