	Α	В	C	D	E	F	G	
		Liberty General Insurance Ltd. Unit 1501&1502, 15th Roor, Tower 2, One International Ce Senapati Bapat Marg, Prabhadevi, Mumbai – 400013, Phone: +91226700 1313 Fax: +91226700 1606 IRDAI of India Reg. No.150, CIN: U66000MH2010PLC26965	Liberty					
2		Website Link: www.libertyinsurance.in			INFORMATION SHEET			
4	SINo	Title	This document provides only key information about your policy No XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
5	1 2	Product Name Unique Identification Number (UIN) allotted by IRDAI	Invale Carl Package Policy - 3 Years IDAN150RPMT0007/V02202425					
6	3	Structure	wet some tour visit and a second seco					
8	4	Interests Insured	Interest of Insured is Own Damage & third party liability arisi	erest of Insured is Own Damage & third party liability arising out of Insured vehicle				
9	5	Sum Insured / Motor Insured Declared Value Scope	I-				NA	
	6	Policy Coverage	SECTION 1 - LOSS OF OR DAMAGE TO THE VEHICLE INSURED: The Company will indemnify the insured against loss or damage to the vehicle insured hereunder and/or its accessories whilst thereon: I. by fire explosion self-ginition or sightning: II. by rough who provides a provided in the self-ginition or sightning: II. by rough who provides a provided in an advice in the self-ginition or sightning: II. by rough who provides a provided in a district in the self-ginition or sightning: II. by rough who provided in a district in the self-ginition or sightning: II. by rough who provided in the self-ginition or sightning: II. by rough who provided in the self-ginition or sightning: II. by a confident activation in the self-ginition or sightning: II. by a confident activation in the self-ginition or sightning: II. by a confident activation in the self-ginition or sightning: II. by a confident activation in the self-ginition or sightning: II. by a confident activation in the self-ginition or sightning: II. by a confident activation in the self-ginition or sightning: II. by a confident activation in the self-ginition or sightning: II. by a confident activation in the self-ginition or sightning: III. by a confident activation in the self-ginition or sightning: II. by a confident activation in the self-ginition or sightning: II. by a confident activation in the self-ginition or sightning: II. by a confident activation in the self-ginition or sightning: II. by a confident activation in the self-ginition or sightning: II. by a confident activation in the self-ginition or sightning: II. by a confident activation in the self-ginition in the self-ginition or sightning: II. by a confident activation in the self-ginition or sightning: II. by a confident activation in the self-ginition or sightning: II. by a confident activation in the self-ginition or sightning: II. by a confident activation in the self-ginition or sightning: II. by a confident activation in the self-ginition or sightning: II. by a confident					
11					ale for bodily injury death sustained by the insured, in direct connection with any of the vehicle of which he / she is registered owner or whilst driving or mounting into dismounting from such vehicle or whilst travelling in it as a co-driver, cause shall within six calendar months of such injury result in:		Section III	
12			N:	ature of Injury	Scale of Compensation			
13 14 15			(i) Death (ii) Loss of two limbs or sight of two eyes or one limb and sig	itht of one eve	100%			
15			(iii) Loss of one limb or sight of one eye	nik of one eye	50%		1	
16 17			(iv) permanent total disablement from injuries other than n Add-on Name	amed above UIN	100% Description	Sum Insured		
18			Depreciation Cover	IRDAN150RPMT0007V01202425 / A0008V01202425	In consideration of the payment of extra premium paid by the insured as mentioned in the policy schedule it is hereby understood and agreed subject to the terms, conditions exclusions and limitations that the Company shall bear the Depreciation amount deducted on the value of the parts replaced as a result of administile claim under One Damage Section. Conditions: a) Insured Vehicle should be repaired at any of Company's authorized Garage. *For the purpose of this Cover the expression admissible claim' shall mean an event or series of events arising out of one cause in connection with the vehicle insured in respect of which indemnity is provided under this policy.	F		
19			Passenger Assist Cover	IRDAN159RPM10007V01202425 / A0009V01202425	is consideration of the payment of extra premium paid by the insured as mentioned in the policy schedule it is hereby understood and agreed subject to the terms, conditions exclusions and limitations that the Company stands to pay the insured as is provided below. **Hospital Allowance: the Company agrees to pay the amount mentioned in the policy schedule per insured as is provided below. **Hospital Allowance: the Company agrees to pay the amount mentioned in the policy schedule per insured as is provided below. **Hospital Expenses: Company understands for of sembarking from the insured vehicle during the policy period as mentioned in the schedule browlich a valid calium under the Policy is admissible. **Hospital Expenses: Company understands to reimbursh Medical Expenses per insured person with maximum number of insured insured inspection and the schedule, bothoring treatment of bodily injury caused by accidental, external, violent and visible means while traveling in, embarking or disembarking from the insured vehicle during the policy period as mentioned in the schedule for the Schedule. Solving treatment of bodily injury caused by accidental, external, violent and visible means while traveling in, embarking or disembarking from the insured vehicle during the policy period as mentioned in the schedule for the policy administration of the insured suppresses for treatment taken from only registered Medical Practitioners under respective medical councils. **Medical Transport Assistance: The Company agrees to pay amount as mentioned in the policy schedule incurred by the insured visual transportation of the insured insured persons juic to the longital post suffering bodylinging caused by accidental, external, violent and visible means while traveling in, embarking or determalizing from the insured vehicle during the policy period as mentioned in the schedule for which a valid claim under the Policy is admissible.			
20			Daily Allowance	IRDAN150RPMT0007V01202425 / A0010V01202425	In consideration of extra premium paid by the Insured as mentioned in the policy schedule and realized by the Company it is hereby understood and agreed subject to the terms, conditions, exclusions and limitations that the Company will pay insured the Daily Allowance as mentioned in the schedule, Irlinsured which is damaged by a covered pertil mentioned in section 1 of the Policy. Maximum Period for which mentioned allowance would be payable by Company: Jathratic Claims: up to 10 Days Jathratic Claims: up to 10 Days Jabratic Soar Total Theff Claims: up to 20 Days The time staken by garage for damages not admissible under section 1 of Policy will be excluded for calculation of Daily Allowance For computation of days for Daily Allowance entitlement in case of Partial claims, the start date will be taken as the day following the day on which the insured whole is given to garage for repair and end date will be taken as the day following the day on which the insured whole given to garage for repair and end date will be taken as the day following the day on which is unsured. In case of Total Loss and/or theft claims, a flat payment for 20 days will be made at the time of settlement subject to admissibility of the claim by the company. Exclusions: Laky repair taking upto 3 days 2.40xy Claim not valid or admissible under Section 1 3.8behicle not repaired at garage authorized by Company Subject to the terms, conditions, exceptions and limitations of the Policy.	F.		

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21		Engine Safe	IRDAN150RPMT0007V01202425 / A0011V01202425	In consideration of extra premium paid by the insured as mentioned in the policy schedule it is hereby understood and agreed that the Company undertakes to provide cover to the engine of the insured wehicle including its block and child parts along with the gear box, transmission or differential assembly provided the loss or damage is due to "o" alignession of variet in the engine or by the large of bublicating oil from the engine of same property of the pro	٨	
22		Towing Expenses cover	IRDAN159RPMT0007V01202425 / A0012V01202425	In consideration of extra premium paid by the insured as mentioned in the policy schedule and realized by the Company it is hereby understood and agreed that the Company shall pay the towing expenses of the damaged insured vehicle from accident spot to the nearest authorized repairer/garage over and above the amount covered under basic Private Car Policy-Bundled Cover. Maximum liability of the Company is restricted to the Sum Insured as mentioned in the schedule or actual expenses incurred whichever is tess. Subject to the terms, conditions, exceptions and limitations of the Policy.	ŀ	
		EMI Protection	IRDAN150RPMT0007V01202425 / A0013V01202425	In consideration of the extra premium paid by the Insured as mentioned in the policy schedule, it is hereby understood and agreed subject to the terms, conditions, exclusions and ulimitations that the Company will pay the Insured the amount, maximum up to the Amount & Number of EMBs (quarted North) installment) covered are mentioned in the Schedule for each completed period of 30 days for which the insured vehicle is under repair arising of accidental damages provided - a. The Claim is admissible under Section (from Damage) of the policy; b. The vehicle is repaired at a garage/workshop authorized * by the company Conditions Conditions Likewish and a damage and admissible under this add on during the policy period. 2. For computation of 'completed period of 30 days,' fir start date will be taken as the day volley of repaired vehicle is given to garage for repair and odd daw till be taken as the day on which internation regarding delivery of repaired vehicle is given to garage for repair and odd daw till be taken as the day on which internation regarding delivery of repaired vehicle is given to garage for repair and odd daw till be taken as the day on which internation regarding delivery of repaired vehicle is given to garage for repair and odd daw till be taken as the day on which internation regarding delivery of repaired vehicle is given to considered. 2. All case of the first provinced vehicle, enter mount of EMI corregard a optice by the survey and mentioned on the policy schedules has be reinhoursed (subject to other conditions mentioned). All the diarm under the add on shall be add enterly to the financier as mentioned on the schedule, to which the insured vehicle is hypothecated. 5. Edablity of the Company shall be limited to the EMI amount mentioned in the schedule or the actual EMI prevailing at the time of loss whichever is lower. Also, in no case, Company shall be pair and the schedule or the actual EMI prevailing at the time of toss whichever is lower. Also, in no case, Company shall pay an amo	*	
23		Tyre Protect	IRDAN150RPMT0007V01202425 / A0014V01202425	the consideration of adoptional premium paid by the instured as menioned in the policy scriedule, it is neeely understood and agreed, subject to the terms, conditions, exclusions and limitations, that the Company will cover expenses for repair and/or replacement as may be required arising or of accidental loss of dampies to yet and tubes of the insurer veilice due to - A flap act cut, bursts. A flap act cut, bursts. B ampact budging of side wall excluding manufacturing defect, chemical or atmospheric damages. C fluttering of tyre due to hard disating. Unused flead begind the Pyre(s) at the Time of Lossitz a viz Admissible Claim Amount - 3-ministry - 3-mini	ē.	
7	Add-on Cover	EV Secure	IRDAN150RPMT0007V01202425 / A0015V01202425	The Consideration of adolitional premium pain by the insured, it is fiereby understood and agreed, studged to the terms, conditions, excussions, and limitations, that the Company will indemnify the insured as per the below mentioned coverages as opted either of section 1 and 2 as mentioned below or jointfy together as a whole and specified in the policy schedule: 1.Eharger Protection covers: Any loss offor damage, or destruction to detachable charger, including charging cables and charging adaptors or due to: *Thefit or burglary *Impact damage caused by external accidental means. *Iffer, explosion, self-ginition provided all instructions as prescribed by the manufacturer are followed, and reasonable care is taken by the insured to prevent the loss. In case of any replacement of wall mount charger due to the above-mentioned reasons, company will re-imburse one-time actual cost for Re- tistalization of "Valid mount charger and adaptor assembly unit" subject to maximum limit specified in the policy schedule. Any loss offor damage to property of Insured due to Fire, explosions, self-ginition of detachable charger, including charging cables and charging adaptor or soft of admage to property of Insured due to Fire, explosion, self-ginition of detachable charger, including charging cables and charging adaptor or soft of admage to property of Insured due to Fire, explosion, self-ginition of detachable charger, including charging cables and charging adaptors of the policy schedule. **Limits of indemnity -** agibial Loss of equipment	<i>t-</i>	NA
26		Gap Value Cover (Revision)	IRDAN150RPMT0007V01202425 / A0016V01202425	In consideration of the payment of extra premium paid by the insured as mentioned in the Policy Schedule it is hereby understood and agreed subject to the terms, constitions exclusions and imitations that the Company shall pay the "difference amount" between the amount received under Own Damage (OD) Section Le. Insured Declared Value (DV) less deductivities under the policy AND price as per purchase movice ORThe current Replacement Value of Verifice in the seam make mode is a swallbub, withcrease it is in the event of 1 stat Mert or Total Loss of Constructive Total Loss (CRI) of the vehicle. It also covers the Robot Tax and first time registration charges if specifically declared and additional premium is paid. Maximum Bability to the company is limited to the sum insured mentioned in the policy schedule. Special Conditions applicable to this sum lessel: a)the vehicle insured is not more than—pears oft on the date of commencement of the policy period. b) The Total Their of Total Loss Constructive Total Loss of the vehicle should be admissible under Own Damage Section of the policy.		

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	A	В	Consumable	IRDAN150RPMT0007V01202425 / A0017V01202425	In consideration of the payment of extra premium paid by the insured as mentioned in the policy schedule it is hereby understood and agreed subject to the terms, conditions exclusions and limitations that the Company agrees to cover expenses incurred towards "hose items or substances of specific use which at the time of loss are either total) consumed or deemed unit for further use in the vehicle" arising out or diamage to the whiche insured and/or to its accessories aussed by insured peril under the basic Private Car Policy. Consumables shall mean those items or substances which have specific use and when applied to their respective uses are deemed to be consumed completely and/or are deemed to be unfit for future use. These ferms include grease, lubricants clip, air conditioner's gas, bearings, engine ol., of littler, but filter, break oil, rut and bots, crew, washers and the like. Subject otherwise to the terms, conditions, exceptions and limitations of the policy Special Conditions applicable: Jiffice any claim to become payable under this add-on, it should be admitted under Own Damage Section of the Policy. Cylli user, losts to be supported with proper billistimotics only from Gaages authorized by the company, digits, repairs to be undertaken within free (o) days of date of loss.	F	G
27			Key Loss Cover	RDAN1508PMT0007V01202425 / A0018V01202425	In consideration of extra premium paid by the Insured as mentioned in the policy schedule it is hereby understood and agreed subject to the terms, conditions exclusions and timitations that the Company will elimburus insured towards: a. The cost of replacing pekicle keys in case of irrecoverable occurrences or broken or damaged keys b. The Cost of replacing locks and keys in case of therif of keys and but if the vehicle is broken into along with damage to the locks/keys of the insured vehicle resulting in security threat to the vehicle. Special Condition a. This used is required to provide police report confirming the incident details occurring during the mentioned Policy Period. Subject to the terms, conditions, exceptions and limitations of the Policy.	t-	
29			Loss of personal belongings	IRDAN150R9MT0007V01202425 / A0019V01202425	In consideration of extra premium paid by the Insured as mentioned in the policy schedule and realized by the Company it is hereby understood and agreed subject to the terms, conditions exclusions and limitations that the Company will pay for the loss or damage to insured's personal toleropings caused by perits mentioned under section 1 of the Policy while they are inside the insured vehicle at the time of loss or damage to the whick. Personal belongings for purpose of this coverage would mean the articles or other items of personal nature which are likely to be used, carried or worn but excludes Noney, Securities, Cheques, Bank Drafts, Credit or Debit Cards, Jeveellery, Lens, Classes, Trive Tickes, Watches, Valuables, Manuscripts, Painting and Items of similar nature. Any goods or samples in connection with any business or trade are not covered. Company's liability (maximum subject to the sum insured mentioned in the schedule) under this cover will be payable as mentioned below: a.the case of Partial loss or damage to the insured item(s): Company will pay the reasonable cost of repair to restore the Item in similar condition as it was immediately before the event leading to loss or damage. b.the case of Total loss or damage to the insured item(s) including the situation wherein the cost of repair is equal to or exceeding the value of insured item mineralized prior to the event leading to loss or damage: Company will pay the market value of the insured item as it was immediately before the event leading to loss or damage: Company will pay the parket value of the insured item as it was immediately before the event leading to loss or damage: Company will pay the parket value of the insured item as it was immediately before the event leading to loss or damage: Company will pay the parket value of the insured item as it was immediately before the event leading to loss or damages company will pay the parket value of the insured item as it was immediately before the event leading to loss or damages company will p	۴	
30			Liberty Assure	IRDAN150RPMT0007V01202425 / A0020V01202425	in consideration of administration perhating has dry the instance as mentioned in the policy checkule. It is nevery understood and agreed subject to the immunication, and instance as the control of the policy and instance and	<i>(</i> -	
311			Liberty Battery Secure	IRDAN150RPMT0007V01202425 / A0021V01202425	to consideration of additional permitting band by the histories at mentioned in the policy schedule. It is hereby understood and agreed, subject to meet mem, conditions, exclusions, and installation, that the Company will cover expenses incurred for repair and/or replacement as may be equived due to consequential loss arising out of A. Bhoepected Power Surge M. Water Ingession C. Short Circuit D. Spontaneous, unexplained, and uncontrolled exothermic electrochemical reactions. C. Short Circuit D. Spontaneous, unexplained, and uncontrolled exothermic electrochemical reactions. causing loss or dramage to battery, drive Motor/electric Motor and HEV [Hybrid electric vehicle] system (Collectively known as other insured parts), which is the control of the property of the control of the property of the p	<i>F</i>	

Ц	Α	В	С	D	E DE CONSENSE DE CONTROL DE LA CONTROL DE CO	F	G	
			Liberty Complete Assistance (Revision)	IRDAN150RPMT0007V01202425 / A0022V01202425	an consideration of the payment or extra premium part by the insured as memorated in the ploting Scheduler it is mercely universitied to adjust the terminal conditions exclusion and inflications in the Company agrees to provide the Insured, point is request, it agrees one or or of the following assistance services to the insured vehicle during the Policy Period, through the network of the service providers as per the plan optical by the insured and mentioned on the policy schedule: A Electric Vehicle: 1.Wehicle relocation to the nearest Repair centre in case of Major breakdown - in the event of a break down or insured vehicle due to a mechanical or electrical fault which cannot be repaired on the spot, the Service Provider will assist in making arrangement for the insured vehicle due to a mechanical or electrical fault which cannot be repaired on the spot, the Service Provider will assist in making arrangement for the insured vehicle due to a mechanical or electrical fault which cannot be repaired on the spot, the Service Provider will assist in making arrangement for the insured vehicle on the New York of the Insured vehicle on the New York of the Insured vehicle on the New York of the Insured vehicle which we will be a forced to the control of the Insured vehicle which we will be a forced to the control of the Insured vehicle which will be a forced to the control of the Repair Centre vehicle which will be a forced to the control of the Repair Centre vehicle which will be a forced to the control of the Repair Services. 2.Beningency DC Changing: In the event where insured vehicle runs out of charge and is immobilized while on a trip, the Service Provider will assist in making arrangement for the insured vehicle one to ensest Battery Changing Station or Repair Centre whichever in nearest. Any costs and expenses pertaining to towing of the Insured vehicle one one assistance of the Changing Laboration of the Provider will assist in the arrangement of the insured vehicle to be nearest Battery Changing Station or	<i>t</i> -		
32					the Insured) will arrange for the forwarding of another set from insured's place of residence or office by courier to the location of the Insured vehicle after receiving the requisite authorizations from the Insured with regards to the person designated to hand over the same to Service			
			Compulsary deductible will be applied in each and every cl.	aim intimated under Own Damage section of the notice	Luxuuraer - na neuroanill ha roanestad ta euhmit an identitu aroaf at tha time af deliven of the love			
33	8	Loss Participation	Deductible: INR /-				NA NA	
35	9	Exclusions	The Company shall not be liable in respect of: 1.3my accidental loss damage and/or liability caused sustained or incurred outside the Geographical Area. 2.3my claim arising out of any contractual liability. 3.my accidental cost damage and/or liability caused sustained or incurred whilst the vehicle insured herein is: 3.libering used otherwise than in accordance with the Limitations as to Use or 3.libering used otherwise than in accordance with the Limitations as to Use or 4.gian accidental loss of the purpose of being driven by himsher in the charge of any property whatsoever or any loss or expense whatsoever resulting or arising there from any nuclear loss or damage to any property whatsoever and used to the company of a standard loss or damage or any property whatsoever and used to the company of a standard loss of the purpose of the purpose of the purpose of the purpose of the sex experience of the purpose of the purpose of the sex experience of the					
36	10	Special Conditions and Warranties (if any)	The Company may cancel the Policy on grounds of mis-representation, faund, non-disclosure of material facts or non-cooperation of the insured by sending seven days' notice by recorded delivery to the insured's last known address and in such event will return to the insured the premium paid less the pro rata portion thereoff for the period the Policy has been in force or the Policy may be cancelled at any time by the insured on seven days' notice by recorded delivery and provided no claim has arisen during the currency of the Policy, the insured shall be entitled to a return of premium at the Company's Short Period rates for the period the Policy has been in force. Return of the premium by the company will be subject to retention of the minimum premium of Rs. 100-(or Rs. 25-i in respect of vehicles specifically designed/modified for use by blind/handicapped/mentally challenged persons). Where the ownership of the evehicle is transferred, the Policy cannot be cancelled unless evidence that the vehicle is insured deswrher is produced.					
37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52	11	Admissibility of Claim	1.Rotice shall be given in writing to the Company immediately upon the occurrence of any accident or loss or damage and in the event of any claim and thereafter the insured shall give all such information and assistance as the Company shall require. Every letter claim with summons and/or process or copy thereof shall be to invavided to the Company immediately upon the occurrence which may give rise to a claim under this Policy. In case of theft or other criminal act which may be the subject of a claim under this Policy be insured shall give immediate notice to the police and co-operate with the Company immediately the insured shall give immediate notice to the police and co-operate with the Company immediately the insured shall give an accordance in the name of the insured to its own benefit any claim for indemnify and late make of given by or on benefit any claim for indemnify or damages or otherwise and shall have build scientific in the conduct of any proceedings or in the settlement of any claim and the insured shall give all such information and assistance as the Company may require. 2.3 the Company may at its own option repair relatate or regines the whiche care part thereof and/or its accessions or may pay in each the answer of the Company which may at its own option repair relatate or regines the whiche it part thereof and/or its accessions or may pay in each the answer of the Company which and the insured shall give all such information and assistance as the Company may require. 2.3 the Company may at its own option repair relatated or regines the whiche its part thereof and/or its accessions or many pay in each the answer of the company in the co					
41			Labour Paint Material	2000 1800	20000 900	23600 1062		
43			Paint Material Paint Labour	1800	1800	2124	1	
44					Final Amount (+) ompulsory Excess (-)	50386 1000		
46					Final Claim amount	49386		
47	_		Idulter / IMPS number of the hours - 1809-286-5844 Webstaf (Final Sequence of the hours - 1809-286-5844					
49	12	Policy Servicing - Claim Intimation and Processing	Details of designated company officials to be contacted in time of claim - 1800-266-5844					
50 51		-		5844 or mail to care@libertyinsutance. In or visit website/Liv Mobile ap be, within 30 days from the date of receipt of last necessary documen			1	
52			The Company shall selected reject a claim, as the case may be, whilm ou dep into mediate or receptor is as necessary occument. 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@ilbertyinsurance.in or Write to us at: Customer Service Liberty General Insurance Limited 10th Floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Lower Parel, Mumbai 400 013					

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53		Grievance Redressal Officer : Sameer Malgundkar	-	<u>-</u>	·	
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54						
	Bens Bharosa (Grievan er Redressa) Portal, RIDA- https://innabharosa.ind.aid.agv.kr/					
		Insurance Ombudsman – The contact details of the Insurance Ombudsman offices have been provided as				
55		AnneNoure-B of Policy document.				
56		OMBUDSMAN'S OFFICE	CONTACT DETAILS	JURISDICTION		
		Office of the Insurance Ombudsman,				
		Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road,	Tel.: 079 -25501201/02/05/06 bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.		
57		Ahmedabad – 380 001.	billiatorya.ariireaabaa@etoiriz.co.iri			
П		Office of the Insurance Ombudsman,				
		Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road,	Tel.: 080 - 26652048 / 26652049	Karnataka		
1		JP Nagar, Ist Phase,	bimalokpal.bengaluru@cioins.co.in			
58		Bengaluru = 560 078 Office of the Insurance Ombudsman,				
		Janak Vihar Complex, 2nd Floor,	Tel.: 0755 - 2769201 / 2769202			
		6, Malviya Nagar, Opp. Airtel Office,	Fax: 0755 - 2769203	Madhya Pradesh and Chhattisgarh		
59		Near New Market,	bimalokpal.bhopal@cioins.co.in			
		Office of the Leaves Only January	T-1 - 0574 - 3505454 /3505455			
	1	Office of the Insurance Ombudsman, 62, Forest park,	Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429	Orissa		
60	1	Bhubneshwar – 751 009.	bimalokpal.bhubaneswar@cioins.co.in			
ЬU	1	Office of The Insurance Ombudsman	<u> </u>	Dunish		
	1	Jeevan Deep Building	Tel.: 0172 - 2706196 / 2706468	Punjab, Haryana(excluding Gurugram, Faridabad, Sonepat and Bahadurgarh)		
	1	SCO 20-27, Ground Floor Sector- 17 A.	Fax: 0172 - 2708274 bimalokpal.chandigarh@cioins.co.in	Himachal Pradesh, Union Territories of Jammu & Kashmir,		
61	1	Chandigarh - 160017	omnospor.comingaring-conscioni	Ladakh & Chandigarh.		
1 1	1	Office of the Insurance Ombudsman,	Tel.: 044 - 24333668 / 24335284	Tamil Nadu.		
1 1	1	Fatima Akhtar Court, 4th Floor, 453,	Fax: 044 - 24333664	PuducherryTown and		
62	1	Anna Salai, Teynampet, CHENNAI – 600 018.	bimalokpal.chennai@cioins.co.in	Karaikal (which are part of Puducherry).		
UZ	1	Office of the Insurance Ombudsman,				
		2/2 A, Universal Insurance Building,	Tel.: 011 - 23232481/23213504	Delhi &		
	1	Asaf Ali Road,	bimalokpal.delhi@cioins.co.in	Following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.		
63		New Delhi – 110 002.				
		OFFICE OF THE INSURANCE OMBUDSMAN LIC OF INDIA	Tel.:- 0484-2358759/2359338	Kerala,		NA
		10TH FLOOR,	Fax:- 0484-2359336	Lakshadweep,		
64 1	Grievance Redressal and Policyholders Protection	'JEEVAN PRAKASH', DIVISIONAL OFFICE	bimalokpal.ernakulam@cioins.co.in	Mahe-a part of Union Territory of Puducherry.		
<u> </u>		Office of the Insurance Ombudsman.				
		Jeevan Nivesh, 5th Floor,	Tel.: 0361 - 2632204 / 2602205	Assam, Meghalaya, Manipur, Mizoram,		
		Nr. Panbazar over bridge, S.S. Road,	bimalokpal.guwahati@cioins.co.in	Arunachal Pradesh, Nagaland and Tripura.		
65		Guwahati – 781001 (ASSAM).				
		Office of the Insurance Ombudsman,		Andhra Pradesh		
		6-2-46, 1st floor, "Moin Court",	Tel.: 040 - 23312122 Fax: 040 - 23376599	Telangana,		
		Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool,	bimalokpal.hyderabad@cioins.co.in	Yanam and		
66		Hyderabad - 500 004.	, , , , , , , , , , , , , , , , , , , ,	part of Union Territory of Puducherry.		
-00		Office of the Insurance Ombudsman,				
		Jeevan Nidhi – II Bldg., Gr. Floor,	Tel.: 0141 - 2740363	Rajasthan		
		Bhawani Singh Marg,	bimalokpal.jaipur@cioins.co.in	1 to Justine 1		
67		Jaipur - 302 005.				
		Office of the Insurance Ombudsman, Hindustan Bldg, Annexe, 4th Floor.	Tel.: 033 - 22124339 / 22124340 Fax: 033 - 22124341	West Bengal,		
		4, C.R. Avenue,	M: 8009693830	Sikkim, Andaman & Nicobar Islands.		
68		KOLKATA - 700 072.	bimalokpal.kolkata@cioins.co.in	Andaman of record islands.		
		Office of the Insurance Ombudsman,	Tel.: 0522 - 2231330 / 2231331	Districts of Uttar Pradesh :		
1 I	1	6th Floor, Jeevan Bhawan, Phase-II,	Fax: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310	Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kan Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang,	inpur, Lucknow, Unnao, Sitapur,	
69	1	Nawal Kishore Road, Hazratganj, Lucknow - 226 001.	bimalokpal.lucknow@cioins.co.in	Lakhimpur, Bahraich, Barabanki, Kaebaren, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.	s, Janusadirnagar, Azamgarń,	
-05	1	Office of the Insurance Ombudsman,				
1	1	3rd Floor, Jeevan Seva Annexe,	Tel.: 69038821/23/24/25/26/27/28/28/29/30/31	Goa, Mumbai Metropolitan Region		
	1	S. V. Road, Santacruz (W),	Fax: 022 - 26106052 bimalokpal.mumbai@cioins.co.in	Mumbai Metropolitan Region excluding Navi Mumbai & Thane.		
70	1	Mumbai - 400 054. Office of the Insurance Ombudsman				
	1	Office of the Insurance Ombudsman, Bhagwan Sahai Palace		State of Uttaranchal and the following Districts of Uttar Pradesh:		
	1	4th Floor, Main Road,	Tel.: 0120-2514252 / 2514253 bimalokpal.noida@cioins.co.in	Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, E	, Etawah, Farrukhabad, Firozbad,	
71	1	Naya Bans, Sector 15, Distr- Gautam Buddh Nagar		Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.		
\Box		Office of the Insurance Ombudsman,				
1 I	1	2nd Floor, Lalit Bhawan,	Tel.: 0612-2547068	Bihar, Jharkhand.		
72	1	Bailey Road, Patna 800 001.	bimalokpal.patna@cioins.co.in			
12	1					
1 I	1	Office of the Insurance Ombudsman,	L	Maharashtra,		
	1	Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198,	Tel.: 020-41312555 bimalokpal.pune@cioins.co.in	Area of Navi Mumbai and Thane		
73	1	N.C. Kelkar Road, Narayan Peth, Pune – 411 030.		excluding Mumbai Metropolitan Region.		
13						
1 I		In case of any change / modification / addition to the alrea	To disclose all information correctly sought by the insure at time of filling the proposal form in case of any children indication to the already calcided into firmation in the same shall be brought to the notice of the insurer immediately in case of any children in the case of any			
1	4 Obligations of the Policyholder	Non-disclosure of material information may affect the claim settlement.				
1	1	Obsciouse of other material information during the policy period.) Insurer to see policy the material information during the policy period.) Insurer to see policy the material information for the policy period of the po				
74 75	insuer to specify the material information Declaration by the Policyholder:					
75 76 Thave	read the above and confirm having noted the details		Declaration	n by the Policyholder;		
77 Place	ing moved the section.				_	
78 79 Date:	<u> </u>					
80 Date:		(Spiriture of The Projectional)				
81 *Trac	Logo displayed above belongs to Liberty Mutual and used b	y the Liberty General Insurance Limited under license				