

<i>Sl No</i>	<i>TITLE</i>	Customer Information Sheet (Description is illustrative and not exhaustive) *This document provides key information about your policy. You are also advised to go through your policy document. In case of any conflict, the terms and conditions mentioned in the Policy document shall prevail.	Refer to policy clause number
1.	Product Name	Sampurna Swashraya, Liberty General Insurance Ltd.	
2.	Policy Number		
3	Type of Insurance Product/ Policy	Indemnity	
4	Sum Insured	Individual/Family Floater policy – Insured 1 Insured 2 Insured 3 Insured 4	
5	What am I covered for	1. Inpatient Care - Expenses incurred on hospitalization for minimum period of 24 hours. However, the time limit shall not apply in respect of Day Care Treatment.	4.1
		2. AYUSH Treatment - Expenses incurred on hospitalization under AYUSH Treatment.	4.2
		3. Pre-Hospitalization Medical Expenses - Pre-Hospitalization Medical Expenses incurred, related to an admissible Hospitalization requiring Inpatient care, for a fixed period of 30 days prior to the date of admissible Hospitalization	4.3
		4. Post-Hospitalization Medical Expenses - Post Hospitalization Medical Expenses incurred, related to an admissible Hospitalization requiring Inpatient Care, for a fixed period of 60 days from the date of discharge from the Hospital.	4.4
		5. Emergency Ground Ambulance - Expenses on road Ambulance subject to a maximum of INR.2000/- per hospitalization.	4.5
		6. Cataract Treatment - medical expenses incurred for treatment of Cataract, subject to a limit of Rs.40,000/-, per each eye in one policy year.	4.6
		7. Modern Treatment - The procedures detailed in the policy terms and conditions will be covered (wherever medically indicated) either as In patient or as part of Day Care Treatment in a Hospital.	4.7
6.	What are the Major exclusions in the	Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions:	
		a. Admission primarily for investigation & evaluation	8.1.1
		b. Admission primarily for rest Cure, rehabilitation and respite care	8.1.2
		c. Expenses related to the surgical treatment of obesity that do not fulfill	8.1.3

	policy	certain conditions	
		d. Change-of-Gender treatments	8.1.4
		e. Expenses for cosmetic or plastic surgery	8.1.5
		f. Expenses related to any treatment necessitated due to participation in hazardous or adventure sports	8.1.6
7.	Waiting period	a. Pre-Existing Diseases will be covered after a waiting period of twenty four (24) months for pre-existing disability & Thirty Six (36) months for all pre-existing conditions other than HIV/AIDS and Disability.	5.1
		b. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident.	5.2
		c. Specified surgeries/treatments/diseases are covered after specific waiting period of twenty four (24) months	5.3
8.	I. Sub-limit (It is pre-defined limit, and the insurance company will not pay any amount in excess of this limit)	In case of a claim, this policy requires you to share the following costs:	
		a. Expenses exceeding the following Sub-limits:	
		i. Room Charges(Hospitalization):	
		a. Room Rent - Up to 1% of SI per day	4.1
		b. ICU charges - Up to 2% of SI per day.	
		c. In case Room/ICU/ICCU rent exceeds the limits specified the claim shall be subject to the proportionate deduction.	
		ii. AYUSH Treatment - Up to Basic the Sum insured.	4.2
		iii. Cataract – INR.40,000/- per each eye in one policy year.	4.6
		iv. Modern treatment methods and Advancements in technology: Up to 50% of the Sum insured.	4.7
	II. Co-Payment (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured).	b. Each and every claim under the Policy shall be subject to a Copayment of 20% applicable to claim amount admissible and payable as per the terms and conditions of the Policy This co-payment can be waived off by paying an additional premium(optional).	10.5

	<p>III. Deductible (It is a specified amount – up to which an insurance company will not pay any claim, and which will be deducted from total claim amount (if claim amount is more than the specified amount)</p> <p>IV. Any other limit (as applicable)</p>		
9.	Claims/Claims procedure	<p>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.</p> <p>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. TPA within 15 days of discharge from the hospital.</p> <p>Turn Around Time (TAT) for claim settlement:</p> <p>* TAT for preauthorization of cashless facility within 2 Hours.</p>	10

		<p>* TAT for cashless final bill authorization within 2 Hours.</p> <p>i. Network Hospital details – https://www.libertyinsurance.in/products/CPMigration/hospitalLocator</p> <p>ii. Helpline number – 1800 266 5844</p> <p>iii. Claim form – https://www.libertyinsurance.in/customer-support/download-forms.html</p> <p>iv. Hospitals which are blacklisted or from where no claims will be accepted by insurer – https://www.libertyinsurance.in/Docx/ExcludedHospitalLists.pdf</p>			
10.	Policy Servicing /Grievances/Complaints	<p>Step 1</p> <p>Call us on Toll free number: 1800-266-5844</p> <p>(8:00 AM to 8:00 PM, 7 days of the week)</p> <p>or</p> <p>Email us at: care@libertyinsurance.in</p> <p>Senior Citizens can email us at: seniorcitizen@libertyinsurance.in</p> <p>or</p> <p>Write to us at:</p> <p>Customer Service</p> <p>Liberty General Insurance Limited</p> <p>15th Floor, Tower 2, One International Center, arg, Prabhadevi, Mumbai – 400013,</p>	<p>Step 2</p> <p>If our response or resolution does not meet your expectations, you can escalate at Manager@libertyinsurance.in</p> <p>Step 3</p> <p>If you are still not satisfied with the resolution provided, you can further escalate at ServiceHead@libertyinsurance.in</p>		9.1.15

		0 1313 Fax: +91 226700 1606	
		Insurance Ombudsman – The contact details of the Insurance Ombudsman offices have been provided as Annexure-I of Policy document.	
11	Grievances /Complaints	<p>• For Grievance Redressal, please refer: https://www.libertyinsurance.in/customer-support/grievance-redressal.html</p> <p>• Bima Bharosa (Grievance Redressal Portal), IRDAI :https://bimabharosa.irdai.gov.in/</p> <p>• Insurance Ombudsman - For the latest details of Ombudsman offices, please visit the Insurance Ombudsman website at the following link: https://www.cioins.co.in/Ombudsman</p> <p>Insurance Ombudsman – The contact details of the Insurance Ombudsman offices have been provided as Annexure-B of Policy document.</p>	9.1.15
12.	Things to remember	<p>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 -</p> <p>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</p> <p>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</p> <p>iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;</p> <p>Policy Renewal: The policy shall ordinarily be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured person.</p> <p>i. The Company shall give notice for renewal atleast 30 days prior to expiry of</p>	9.1.14

		<p>the policy.</p> <p>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.</p> <p>iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.</p> <p>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.</p>	
		<p>Migration: The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company by applying for migration of the policy atleast 30 days before the policy renewal date as per the IRDA Guidelines on Migration. If such person is presently covered and has been continuously covered without any lapse under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDA Guidelines on Migration.</p> <p>Portability: The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability</p> <p>Change in Sum Insured: Your Sum Insured can be enhanced only at the time of renewal subject to Company approval. In case of increase in sum insured, all waiting periods will apply afresh in relation to the amount by which the sum insured has been increased. In case of a claim during the applied waiting periods, the claim payout would be as per the basic (or previous) sum insured.</p>	9.1.8
		<p>Moratorium Period - After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.</p>	

		Note :The accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period.	
13.	<i>Insured's Obligations</i>	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid.	

For Policy related documents visit our website-

<https://www.libertyinsurance.in/customer-support/download-forms.html>

Declaration by the Policy Holder:

I have read the above Customer Information Sheet along with Policy documents and confirm having noted the details:

Place:

Date:

Signature of the Policyholder: