Liberty General Insurance Ltd.
Unit 1501, 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: U66000MH2010PLC209656

Liberty General Insurance

Sr No			Title	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						Policy Clause Number
1			Name of the Insurance Product/Policy	Secure Health Connect Policy						NA
2			Policy no							NA
3			Type of Insurance Product/Policy	Indemnity						NA
4			Sum Insured	Individual/Family Floater policy – Insured 1 Insured 2 Insured 3 Insured 4						NA
					Secure Basic	Secure Elite	Secure Supreme	Secure Complete	Secure Classic	Policy Clause
			Basic Sum Insured (BSI)	Sum Insured options Applicable Per Year and Per Insured member in an Individual Sum Insured Policy and for all Insured members combined in a Family Floater Policy. Benefits are included within the Basic Sum Insured.	2,3,4,5 lakhs	2,3,4,5,7.5,10 lakhs	3,4,5,7.5,10 lakh	2,3,4,5,7.5,10,15 lakhs	2,3,4,5 lakhs	Part II: Scope of Cover D. BENEFITS COVERED UNDER THE POLICY
			Benefits	Description	Secure Basic	Secure Elite	Secure Supreme	Secure Complete	Secure Classic	Policy clause
5	Policy Coverage (What the policy covers?)	In-Built Covers - Hospitalization Expenses	In-patient Hospitalization	Covers Hospitalization medical expenses for a period more than 24 hours as an In-patient. Room rent/ICU and associated charges available as per the Plan opted.	Room Rent sub limit: 1 % of Sum Insuredor maximum up to INR 3000/day whichever is lower ICU sub limit: 2% of Sum Insured or maximum up to INR6000/day whichever lower	Room Rent sub limit: 1 % of Sum Insuredor maximum up to INR 5000/day whichever is lower ICU sub limit: 2% of Sum Insured or maximum up to INR6000/day whichever lower	Room Rent sub limit: 1 % of Sum Insuredor maximum up to INR 5000/day whichever is lower ICU sub limit: 2% of Sum Insured or maximum up to INR7500/day whichever lower	Room Rent sub limit: 1 % of Sum Insuredor maximum up to INR 2500/day whichever is lower ICU sub limit: 2% of Sum Insured or maximum up to INR5000/day whichever lower	Room Rent sub limit: 1 % of Sum Insuredor maximum up to INR 2000/day whichever is lower ICU sub limit: 2% of Sum Insured or maximum up to INR 4000/day whichever lower	Part II: Scope of Cover D. BENEFITS COVERED UNDER THE POLICY
			Pre-Hospitalization	Medical Expenses incurred prior to the covered hospitalisation	30 days Medical Expenses up to 1% of Sum Insured accrued up to maximum 30 days.	30 days Medical Expenses up to 1% of Sum Insured accrued up to maximum 60 days.	45 days Medical Expenses up to 1.5% of Sum Insured accrued up to maximum 90 days.	30 days No sub Limit Applicable	30 days Medical Expenses up to 1% of Sum Insured accrued up to maximum 30 days.	
			Post-Hospitalization	Medical Expenses incurred after to the covered hospitalisation	45 days Medical Expenses up to 1% of Sum Insured accrued up to maximum 45 days.	45 days Medical Expenses up to 1% of Sum Insured accrued up to maximum 90 days.	60 days Medical Expenses up to 1.5% of Sum Insured accrued up to maximum 150 days.	45 days No sub Limit Applicable	45 days Medical Expenses up to 1% of Sum Insured accrued up to maximum 45 days.	
			Day Care Procedures	405 day care procedures undertaken in a hospital/day care Centre in less than 24 hours due to Technological advancement	✓	✓	✓	✓	✓	
			Emergency Local Road Ambulance Charges	Emergency Ambulance charges for transferring to the nearest Hospital	1% of SI , subject to max INR 1,000 per Insured per year	1% of SI , subject to max INR 2,000 per Insured per year	1% of SI , subject to max INR 3,000 per Insured per year	1% of SI , subject to max INR 3,000 per Insured per year	1% of SI , subject to max INR 1,000 per Insured per year	
			Daily Cash Allowance	Daily cash of allowance up to 10th day of continuous hospitalization. A deductible of first 48 hours of hospitalization is applicable	NA	NA	NA	INR 500 / per day	INR 500 / per day	
			Cumulative Bonus or Avail 2.25% discount on Premium for claim free renewal	Auto increase in Sum Insured for every claim free year	Per Year: 10% Max up to 50%	Per Year: 10% Max up to 50%	Per Year: 10% Max up to 50%	Per Year: 25% Max up to 100%	NA	
			Sub limits on Medical Expenses	Disease wise sublimit as per Annexure attached	✓	✓	✓	✓	✓	
			Co-pay	Non-network Hospital: 10 % Co-pay Insured above 60 years: 10% Co-Pay	✓	✓	Co-pay not applicable	✓	NA	
			HealthCheck up	Per Insured Person 18 yrs. And above limited to max 2 adult Insured/s, Health Check up at every 2 continuous claim free renewal.	✓	✓	✓	✓	✓	
			Stay Fit Perks	Additional perks on every block of two claim free Policy renewals with Us as per the SI and Plan opted. This will be accumulated in your Policy automatically and may be utilized after the 2nd claim free Policy renewal against any non- medical expenses, Co-Pay or Sub limits as applicable under the Policy.	SI up to INR 5 Lakh: Lump sum amount of INR 3000	SI up to INR 5 Lakh: Lump sum amount of INR 4000 SI above INR 5 Lakh: Lump sum amount of INR 5000	SI up to INR 5 Lakh: Lump sum amount of INR 5000 SI above INR 5 Lakh: Lump sum amount of INR 7000	SI up to INR 5 Lakh: Lump sum amount of INR 4000 SI above INR 5 Lakh: Lump sum amount of INR 5000	SI up to INR 5 Lakh: Lump sum amount of INR 3000	
			AYUSH Treatment	AYUSH treatment" refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani,I Siddha and Homeopathy systems.	Upto Basic SI	Upto Basic SI	Upto Basic SI	Upto Basic SI	Upto Basic SI	
			Compulsory Deductible	per claim deductible	NA	NA	NA	NA	1 Lac per claim deductible	
			Air Ambulance	Emergency medical evacualtion by air ambulance	NA	NA	NA	NA	Covered upto 50% of Basic SI	

		Optional Covers	Reload of Sum Insured	Sum Insured can be reloaded equivalent to the original Sum Insured opted.	✓	✓	✓	✓	NA	Part III: Optional Covers
			Enhanced Cumulative Bonus	Total Cumulative Bonus (Cumulative Bonus + Optional Cover Cumulative Bonus) perl year shall be enhanced by opting this option and as per the Plan opted.	Per Year:20% Max upto 100%	Per Year:25% Max upto 100%	Per Year:30% Max upto 150%	Not Applicable	NA	
			Waiver of Medical Sub Limits	Sub Limits specified in the Annexure are waived off by opting this optional cover	✓	✓	✓	✓	NA	
		Standards discounts in the product	Family Floater Discount	Get a discount as per the family size in case of Family Floater policy.	✓	✓	✓	✓	✓	Part VI A ii 8 of the policy
			Long term discount	Avail discount for longer policy period	✓	✓	✓	✓	✓	
			Direct /Employee Discount	Direct discount of 10% if policy purchased from Company's web-portal or if an Insured is a employee of the Company	✓	✓	✓	✓	✓	
		Renewal Features	Cumulative Bonus / Renewal Premium discount Option	Option to chose Auto increase in Sum Insured for every year as mentioned in section for Cumulative Bonus above, or Renewal Premium discount in event if the expiring policy was claim free.	✓	✓	✓	✓	✓	Part IV of the policy
			Change in Plan/Enhancement of Sum Insured	Change in Plan and/or enhancement in Sum Insured can be done subject to approval by the Company.	✓	✓	✓	✓	✓	
		Waiting Period	30 days Exclusion	Yes	✓	✓	✓	✓	✓	Part V- A. i. II & III of the policy
			2 Years Exclusion	Waiting period of 2 Years applicable for the specified diseases/illnesses from the inception Date of the Policy	✓	✓	✓	✓	✓	
			Pre- existing Diseases Waiting Period	Waiting period applied for PED's for the specified number of years from inception Date of the Policy	3 Years	3 Years	3 Years	3 Years	3 Years	
	Exclusions	Exclusions (What the policy does not cover) i. Expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications shall be excluded as per the Plan mentioned in the Policy schedule In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of sum insured increase. ii. If the Insured person is continuously covered without any break as defined under the Portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting iii. Coverage under the policy after the expiry of applicable months as per the Plan, for any Pre-exiting Disease is subject to the same being declared at the time of ii. Specified disease/procedure waiting period- Code- Excl02 i. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of below mentioned months of continuous coverage ii. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase. iii. If any of the specified disease/procedure falls under the waiting period specified for Pre-Existing diseases, then the longer of the two waiting periods shall apply. iv. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion. v. If the Insured Person is continuously covered without any break as defined under the applicable norms on Portability stipulated by IRDAI, then waiting period for the vi. List of specific diseases/procedures Two Year (24 months) Waiting Period Cataract Calculus diseases of Gall bladder and Urogenital system Benign Prostatic Hypertrophy Joint Replacement due to Degenerative condition, Hernia Surgery for prolapsed inter vertebral disc unless arising from accident Hydrocele Age related Osteoarthritis and Osteoporosis Fistula in anus Spondylosis / Spondylitis Piles Surgery of varicose veins and varicose ulcers. Sinusitis and related disorders Treatment for correction of eyesight (laser surgery) due to refractive error Fissure Gastric and Duodenal ulcers Gout and Rheumatism Internal tumors, cysts, nodules, polyps , breast lumps (unless malignant) Hysterectomy/ myomectomy for menorrhagia or fibromyoma or prolapse of uterus Polycystic ovarian diseases Skin tumours (unless malignant) Benign ear, nose and throat (ENT) disorders and surgeries, adenoidectomy, mastoidectomy, tonsillectomy and tympanoplasty Dilatation and Curettage (D&C); Treatment of Obesity i. 30-day waiting period- Code- Excl03 a) 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, b) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently. ii. Investigation & Evaluation – Code-Excl04 a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded. b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded. iii. Rest Cure, rehabilitation and respite care- Code- Excl05 Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes: i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs. iv. Obesity/ Weight Control: Code- Excl06 Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions: 1) Surgery to be conducted is upon the advice of the Doctor 2) The surgery/Procedure conducted should be supported by clinical protocols 3) The member has to be 18 years of age or older and 4) Body Mass Index (BMI); a) greater than or equal to 40 or b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss: i. Obesity-related cardiomyopathy ii. Coronary heart disease iii. Severe Sleep Apnea iv. Uncontrolled Type 2 Diabetes v. Change-of-Gender treatments: Code- Excl07 Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.							Part V- A & B

6	(What the policy does not cover)	vi. Cosmetic or plastic Surgery: Code- Excl08 Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically vii. Hazardous or Adventure sports: Code- Excl09 Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock viii. Breach of law: Code- Excl 10 Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent. ix. Excluded Providers: Code-Excl11 Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / x. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl 12 xi. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments xii. Dietary supplements and substances that can be purchased without prescription including but not limited to Vitamins, minerals and organic substances unless xiii. Refractive error: Code – Excl15 Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres. xiv. Unproven Treatments: Code- Excl16 Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies xv. Sterility and Infertility: Code- Excl17 Expenses related to sterility and infertility. This includes: (i) Any type of contraception, sterilization (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI (iii) Gestational Surrogacy (iv) Reversal of sterilization xvi. Maternity: Code Excl18 iii. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy; iv. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period v. Specific Exclusions (Exclusions other than those mentioned under E(i) above) a. Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, b. Dental treatment, dentures or Surgery of any kind unless necessitated due to accident and requiring minimum 24 hours hospitalisation. Any treatment related to Gum c. Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind d. Charges incurred in connection with cost of spectacles and contactlenses, hearing aids, routine eye and ear examinations, dentures, artificial teeth and all other similar e. Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, belts, collars, caps, splints, f. External Congenital Anomaly. g. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident. h. Any OPD treatment except pre and post – hospitalization as covered under Scope of the Policy unless specifically mentioned in your policy schedule. i. Treatment received outside India unless specifically mentioned in your policy schedule. j. War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), k. Act of self-destruction or self-inflicted, attempted suicide or suicide while sane or insane or Illness or Injury attributable to consumption, use, misuse or abuse of l. Any charges incurred to procure any medical certificate, treatment or Illness related documents pertaining to any period of Hospitalization or Illness. m. Cost of issuance of medical certificates and examinations required for employment or travel or any other such purpose n. Personal comfort and convenience items or services including but not limited to TV(wherever specifically charged separately), charges for access to telephone and o. Expenses related to any kind of RMO charges, service charge, surcharge, admission fees, registration fees, night charges levied by the hospital under whatever head. p. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other a. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or b. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably c. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and /or biologically In addition to the foregoing, any loss, claim or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection q. Alopecia, wigs and/or toupee and all hair or hair fall treatment and products. r. Drugs or treatment and medical supplies not supported by a prescription from a Medical Practitioner. s. This policy shall not cover expenses incurred on medicines or pharmaceuticals sourced from outside India, regardless of where the treatment is taken. Any claims	Sections of the policy
7	Waiting period	Waiting period i. Expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications shall be excluded as per the Plan mentioned in the Policy schedule In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of sum insured increase. ii. If the Insured person is continuously covered without any break as defined under the Portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting iii. Coverage under the policy after the expiry of applicable months as per the Plan, for any Pre-exiting Disease is subject to the same being declared at the time of ii. Specified disease/procedure waiting period- Code- Excl02 i. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of below mentioned months of continuous coverage ii. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase. iii. If any of the specified disease/procedure falls under the waiting period specified for Pre-Existing diseases, then the longer of the two waiting periods shall apply. iv. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion. v. If the Insured Person is continuously covered without any break as defined under the applicable norms on Portability stipulated by IRDAI, then waiting period for the vi. List of specific diseases/procedures Two Year (24 months) Waiting Period Cataract Calculus diseases of Gall bladder and Urogenital system Benign Prostatic Hypertrophy Joint Replacement due to Degenerative condition, Hernia Surgery for prolapsed inter vertebral disc unless arising from accident Hydrocele Age related Osteoarthritis and Osteoporosis Fistula in anus Spondylosis / Spondylitis Piles Surgery of varicose veins and varicose ulcers. Sinusitis and related disorders Treatment for correction of eyesight (laser surgery) due to refractive error Fissure Maternity (if opted) Gastric and Duodenal ulcers Gout and Rheumatism Internal tumors, cysts, nodules, polyps , breast lumps (unless malignant) Hysterectomy/ myomectomy for menorrhagia or fibromyoma or prolapse of uterus Polycystic ovarian diseases Skin tumours (unless malignant) Benign ear, nose and throat (ENT) disorders and surgeries, adenoidectomy, mastoidectomy, tonsillectomy and tympanoplasty Dilatation and Curettage (D&C); Treatment of Obesity i. 30-day waiting period- Code- Excl03 a) 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, b) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.	

The Medical Expenses incurred during any Hospitalization due to the below listed treatments shall be limited to actual expenses or up to the Sub limits (whichever is less) as stated below. All values are in INR. Excluding taxes.

Procedure/Treatment Per policy year	Policy Plans				
	Secure Basic	Secure Elite	Secure Supreme	Secure Complete	Secure Classic
Cataract	20,000	30,000	40,000	40,000	20,000
Hysterectomy	35,000	45,000	55,000	55,000	35,000
Removal of gall bladder	35,000	45,000	55,000	55,000	35,000
Surgery for piles	20,000	30,000	40,000	40,000	20,000

8	I. Sub-limit (It is pre-defined limit, and the insurance company will not pay any amount in excess of this limit)	<table><tr><td>Surgery for fissure, fistula and sinus</td><td>20,000</td><td>30,000</td><td>40,000</td><td>40,000</td><td>20,000</td></tr><tr><td>Surgery for nasal septum correction</td><td>20,000</td><td>30,000</td><td>40,000</td><td>40,000</td><td>20,000</td></tr><tr><td>Angiography invasive</td><td>15,000</td><td>20,000</td><td>30,000</td><td>30,000</td><td>15,000</td></tr><tr><td>PTCA</td><td>80,000</td><td>120,000</td><td>150,000</td><td>150,000</td><td>80,000</td></tr><tr><td>Appendectomy</td><td>30,000</td><td>40,000</td><td>50,000</td><td>50,000</td><td>30,000</td></tr><tr><td>D & C</td><td>10,000</td><td>15,000</td><td>20,000</td><td>20,000</td><td>10,000</td></tr><tr><td>Hernia</td><td>35,000</td><td>45,000</td><td>55,000</td><td>55,000</td><td>35,000</td></tr><tr><td>Deviated Nasal Septum</td><td>35,000</td><td>45,000</td><td>55,000</td><td>55,000</td><td>35,000</td></tr><tr><td>Surgery for renal stone</td><td>35,000</td><td>45,000</td><td>55,000</td><td>55,000</td><td>35,000</td></tr><tr><td>Prostate Surgery TURP</td><td>75,000</td><td>100,000</td><td>120,000</td><td>120,000</td><td>75,000</td></tr><tr><td>CABG</td><td>100,000</td><td>150,000</td><td>200,000</td><td>200,000</td><td>100,000</td></tr><tr><td>Total Knee replacement</td><td>80,000</td><td>120,000</td><td>150,000</td><td>150,000</td><td>80,000</td></tr><tr><td>Total Hip replacement</td><td>80,000</td><td>120,000</td><td>150,000</td><td>150,000</td><td>80,000</td></tr></table> In case of a claim, this policy requires you to share the following costs: Expenses exceeding the following: Sub-limits * Room / ICU charges: as per the Policy Plan chosen. * For the following specified diseases: sub-limits are applicable as per the Policy Plan chosen however this is not applicable if selected Optional cover “Waiver of Medical Expenses Sub limits”.	Benefit Schedule & Annexure of the Policy
	II. Co-Payment (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured).	Co-Payment For all admissible claims in non-network hospitals, Insured shall bear 10% of the admissible claim and in respect of Insured above 60 years, 10% co-pay will be applied on all admissible claims irrespective of network/non-network hospital.	
	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)	Deductible A deductible of first 48 hours of hospitalization is applicable. 1 Lac per claim deductible is applicable for Secure Classic plan	Part II D.9.of the policy
	IV. Any other limit (as applicable)	Not Applicable	
9	Claims/Claims 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 b. For Reimbursement of Claim: You need to intimate Us immediately on hospitalization/ injury/ death, further submit all claim documents with supporting c. 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 “We shall settle the claim in accordance with the provisions of the ‘Protection of Policyholders’ Interest Regulations, 2024.” 6. Claim Procedure: a. Notification of claim: Upon the happening of any event giving rise or likely to give rise to a claim under this Policy, the Insured Person/s shall give immediate notice to i. Policy Number / Health Card No ii. Name of the Insured / Insured Person availing treatment iii. Details of the disease/illness/injury iv. Name and address of the Hospital v. Any other relevant information Intimation must be given atleast 48 hours prior to planned hospitalization and within 24 hours of hospitalization in case of emergency hospitalization. In event of any claim 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 b. 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 i. The company may provide Cashless facility for Hospitalisation expenses either directly or through the TPA if treatment is undergone at a Network Hospital by issuing ii. For the purpose of considering Pre-Authorisation and Cashless facility, the Insured Person/s shall submit to the TPA complete information of the disease, requiring iii. If the claim for treatment appears admissible, the Company either directly or through the TPA shall issue Pre-Authorisation to the Hospital concerned for cashless iv. Cashless facility will not be available in Non-network Hospital and may be declined even for treatment at a network hospital where the information available does not v. The list of Network hospitals where we are having cash less arrangement would be made available to the Policy holder and subsequent amendments to the same c. 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 i. Claim form duly completed in all respects ii. Original Bills, Receipt and Discharge certificate / card from the Hospital. iii. Original Cash Memos from Hospital(s)/Chemist(s), supported by proper prescriptions. iv. Original Receipt and Pathological test reports from a Pathologist supported by the note from the attending Medical Practitioner / Surgeon demanding such Pathological v. Surgeon’s certificate stating nature of operation performed and Surgeons’ original bill and receipt. vi. Attending Doctor’s / Consultant’s / Specialist’s / - Anesthetist’s original bill and receipt, and certificate regarding diagnosis. vii. Medical Case History / Summary. viii. Original bills & receipts for claiming Ambulance Charges ix. Any additional documents or information, as may be deemed necessary by the Company or TPA. The Insured Person/s shall at any time as may be required authorize and permit the TPA and/or Company / or its associated representative to obtain any further 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 Applicable Taxes prevailing at the time of claim will be considered as part of the Claim Amount and the aggregate liability of the Company, including any payment towards No person other than the Insured /Insured Person(s) and/ or nominees named in the proposal can claim or sue us under this Policy.	Part VI -B.9 . a.b.c of the policy
		Step - 1 Call us on Toll free number: 1800-266-5844	

10	Policy Servicing	(8:00 AM to 8:00 PM, 7 days of the week) or Email us at: care@libertyinsurance.in Senior Citizens can email us at: seniorcitizen@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 – 400013 Maharashtra **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 **Step 4** If your issue remains unresolved or if you are not satisfied with the resolution provided, you may escalate your grievance to our Grievance Redressal Officer (GRO) For GRO details, please refer https://www.libertyinsurance.in/customer-support/grievance-redressal.html **Step 5** If you are still not satisfied with the resolution provided, you may further escalate your grievance to our Chief Grievance Redressal Officer (Chief GRO) Chief GRO: Mr. Sachin Joshi Email us at gro@libertyinsurance.in	Part VI -A.i.16 of the policy
11	Grievances/Complaints	· For Grievance Redressal, please refer: https://www.libertyinsurance.in/customer-support/grievance-redressal.html · Bima Bharosa (Grievance Redressal Portal), IRDAI :https://bimabharosa.irdai.gov.in/ · Insurance Ombudsman - For the latest details of Ombudsman offices, please visit the Insurance Ombudsman website at the following link: Insurance Ombudsman – The contact details of the Insurance Ombudsman offices have been provided as Annexure-B of Policy document.	Part VI -A.i.16 & Annexure B of the policy
12	Things to remember	Things to remember 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 iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period; Policy 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 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 v. On renewal, the policy may be subject to changes in terms and conditions, including change in premium rates 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 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 Change in Sum Insured: Basic Sum Insured can be enhanced and/or existing Policy Plan may be changed only at the time of renewal subject to no claim having been Moratorium Period: After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be Note :The accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period.	Part VI A. i. 7,8,9,10, 12, 15 of the policy
13	Your Obligations	* Please disclose all pre-existing disease/s or condition/s before buying a policy. * Disclosure of Material Information during the policy period that relates to questions in the Proposal Form and which is important to the Company in order to accept the risk of insurance. Such information need to be provided to us in the form named as 'Alteration in Risk form' available on our Company website www.libertyinsurance.in before the Renewal, extension, variation, endorsement or reinstatement of the contract.	Part VI A. i. 1 & 2 of the policy

Liberty General Insurance Limited 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.

Declaration for the Policyholders:

I have read the above and confirm having noted the details.

Place:
Date: (Signature of the policy holder)

Note:

i You may visit our website at https://www.libertyinsurance.in/customer-support/download-forms.html to refer the product related documents.
ii In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.