



Phone: +91 22 6700 1313 Fax: +91 22 6700 1606

Email: [care@libertyinsurance.in](mailto:care@libertyinsurance.in)

IRDA registration number: 150 • CIN: U66000MH2010PLC209656

## LIBERTY HEALTH CONNECT POLICY POLICY SCHEDULE

<b>Policy Issuing Office:</b> Unit 1501&1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai – 400013 Maharashtra Phone: +91 226700 1313			
<b>Policy Servicing Office:</b> B-302, 3rd Floor, ITC Centre, Majura Gate, Surat 395002, Gujarat, Surat City, Gujarat - 395002 Fax: +91 22 67001606			
<b>Policy Number</b> 4212-400202-25-7011323-04-000	<b>Period of Insurance</b> From 00:00 Hrs of (25/02/2026) To 23:59 Hrs of (24/02/2027)		
<b>Proposer Name</b> Mr Himmatbhai Parshottambhai Mangukiya	<b>Policy Tenure</b> 1 Year(s)		
<b>Contact Number</b> 8460891185	<b>Policy Type</b> Family Floater		
<b>Mailing Address</b> 57 MANISHNAGAR, NEAR GAYATRI MANDIR DABHOLI ROAD,, KATARGAM,, KATARGAM, SURAT, SURAT, GUJARAT - 395004	<b>Plan</b> E-Connect		
<b>Email ID</b> RAMANIKAPIL284@YAHOO.COM	<b>Business Type</b> Renewal Business		
<b>UIN Code</b> LIBHLIP21500V032021			
<b>Client GSTIN</b>			
<b>Intermediary Name</b>	DARSHANKUMAR BHARATBHAI M PATEL		
<b>Intermediary Code</b>	IMD1262675	<b>Intermediary Contact No.</b>	9081023100

### Details of Plan

<b>Policy Type</b>	Family Floater	<b>Plan Name</b>	E-Connect
<b>No of Members</b>	2A + 0C		

### Member & Policy Details

Name	Member ID	DOB(DD-MM-YYYY) Age(Years)	Gender	Relationship with Insured	Basic Sum Insured (In INR)	Loyalty Perk	Nominee Name	Relationship with Nominee	Pre existing Disease	First Policy Inception Date
MR HIMMATBHAI PARSHOTTAMBHAI MANGUKIYA	42121080352A	15/08/1966 59Years	Male	Self			HANSABEN HIMMATBHAI MANGUKIYA	Spouse	NO	25/02/2022
MRS HANSABEN HIMMATBHAI MANGUKIYA	42121080352B	15/07/1972 53Years	Female	Spouse	300000	90000	HIMMATBHAI PARSHOTTAMBHAI MANGUKIYA	Spouse	NO	25/02/2022

### Scope of Cover

Kindly refer to the 'Benefit Schedule' provided in the Policy wordings for inbuilt features available to your selected Plan.

The 'Optional cover' selected by you are as below:

<b>Global Cover:</b>	NA	<b>Zero Deduct:</b>	NA
<b>PED Protector:</b>	NA	<b>Super Booster:</b>	NA
<b>Reload Of Sum Insured:</b>	NA	<b>Co-Pay Discount:</b>	NA
<b>EMI Protection:</b>	NA	<b>Modern Surgeries Limit Discount:</b>	NA
<b>Domestic Travel Plus(INR)</b>	NA	<b>Room Rent Limit Discount:</b>	NA
<b>Vector Borne Disease:</b>	NA	<b>Cataract Capping Discount</b>	NA

### Special Conditions

Schedule of Premium(In INR)	
<b>Base Premium(without loading and Discount)</b>	27003.20

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<b>Optional Cover Loading</b>	0.00
<b>Medical /UW Loading If any</b>	0.00
<b>Base Premium with Loading</b>	27003.20
<b>Optional Cover Discount</b>	0.00
<b>Policy Discount If any</b>	0.00
<b>Net Premium (Taxable Value)After Discounts</b>	27003.20
<b>State Cess</b>	0.00
<b>Total Premium</b>	27003.00

\*Please refer premium computation sheet for detailed break up of premium

### Installment of Premium(in INR)

NA

### Conditions

This Policy of Insurance is Contract between the Company and the Insured Person(s). The Insured Person(s) shall not transfer, assign, alienate or in any way pass the benefits and /or liabilities to any other person, Institution , Hospital, Company or Body Corporate without specific approval in writing by a duly authorised officer of the Company. However, if the Insured Person(s) is permanently incapacitated or deceased, the legal heirs of the Insured may represent him in respect of Claim under the Policy. All terms, conditions and exclusions are as per the Policy Wordings attached with this Schedule of the Policy.

### Claims Assistance

**Intimation of Claim:**Claim must be intimated at least 48 hours prior to planned hospitalization and within 24 hours of hospitalization in case of emergency hospitalization.'

#### Liberty Health 360

Address & Contact Details: Liberty Health 360 - Liberty General Insurance Limited, "The Capitol", 4th Floor, New D.P.Road, Near Ashoka Hotel, Vishal Nagar, Pimple Nilakh, Pune- 411027  
Contact No.: 020 30856565, Fax number: 020 67125799  
Email Address: [health360@libertyinsurance.in](mailto:health360@libertyinsurance.in)  
Website Address: <https://www.libertyinsurance.in>

Place of supply : GUJARAT 24

Invoice No. : 2425011172

For and on behalf of Liberty General Insurance Limited

Receipt No : 1202570226164

GST Identification Number : 24AABCL9950A1ZR

  
(Authorized Signatory)

SAC Code : 997133 General Insurance Service

IRDA Registration Number : 150

CIN : U66000MH2010PLC209656

Date of Issue : 

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Place : SURAT

Tax is not payable under reverse charge by the recipient.

**I/We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule**

**As per the GST regulations, the amount of GST will not to be refunded if the policy/endorsement is cancelled after 31st October of the next financial year**

Stamp Duty of Rs. 30.00/- is paid as provided under Article (47.C.b) of Indian Stamp Act, 1899 and included in Consolidated Stamp Duty Paid to the Government of Maharashtra Treasury vide Order of Addl. Controller of Stamps, Mumbai at General Stamp Office, Fort, Mumbai 400001., vide this Order No (LOA/ENF-2/CSD/123/2025/(Validity Period Dt. 17/12/2025 to 14/12/2026)/OW.NO.5075/ Dated 17/12/2025).

In the unlikely event of any grievance please write to [care@libertyinsurance.in](mailto:care@libertyinsurance.in).

You may also refer to the link for our detailed grievance redressal procedure: <https://www.libertyinsurance.in/customer-support/grievance-redressal.html>

**Senior Citizens can email us at: [seniorcitizen@libertyinsurance.in](mailto:seniorcitizen@libertyinsurance.in)**



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Premium Certificate for the purpose of deduction under Section 80-(D) of Income Tax.

This is to certify that the policyholder has paid Rs. **27003.00** (amount in words) **Rupees Twenty Seven Thousand Three and Zero Paisa Only** towards premium for Liberty Health Connect Policy No. **4212-400202-25-7011323-04-000** issued to **Mr Himmathbai Parshottambhai Mangukiya** for the period **25/02/2026** to **24/02/2027**.

Location:**SURAT**

For and on behalf of Liberty General Insurance Ltd.

Date: 

2	4	0	2	2	0	2	6
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(Authorized Signatory)

Note :

1. This is subject to the provisions of Section 80D of income tax (Amendment) Act, 1986 as amended from time to time.
2. This certificate would not be valid
  - in case of cancellation of this policy
  - in the event of any incorrect representation any future liability therefrom shall be upon the policy holder.
  - if the premium payment has been made in cash.
3. Collection Mode : Online Collections