

LIBERTY HEALTH CONNECT POLICY POLICY SCHEDULE

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|---------------------------------|--|--|--|
| Policy Issuing Office: | | Unit 1501&1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai – 400013 Maharashtra Phone: +91 226700 1313 | |
| Policy Servicing Office: | | B-302, 3rd Floor, Itc Centre, Majura Gate, Surat 395002, Gujarat, Surat City, Gujarat - 395002 Fax: +91 22 67001606 | |
| Policy Number | 4212-400202-25-7010217-04-000 | Period of Insurance | From 00:00 Hrs of (30/04/2025) To 23:59 Hrs of (29/04/2026) |
| Proposer Name | Mr Thakarshibhai Babubhai Vekariya | Policy Tenure | 1 Year(s) |
| Contact Number | 9974588124 | Policy Type | Family Floater |
| Mailing Address | 119, SAKETDHAM SOC., NEAR LAXMAN NAGAR SOC., SURAT, PUNA GAM, SURAT, SURAT, GUJARAT - 395010 | Plan | E-Connect |
| Email ID | ramanikapil284@yahoo.com | Business Type | Renewal Business |
| UIN Code | LIBHLIP21500V032021 | | |
| Client GSTIN | | | |
| Intermediary Name | DARSHANKUMAR BHARATBHAI PATEL | | |
| Intermediary Code | IMD1262675 | Intermediary Contact No. | 9081023100 |

Details of Plan

| | | | |
|----------------------|----------------|------------------|-----------|
| Policy Type | Family Floater | Plan Name | E-Connect |
| No of Members | 2A + 1C | | |

Details of Insured Persons

| 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 THAKARSHIBHAI VEKARIYA | 42121081737A | 01/01/1973 52Years | Male | Self | 300000 | 45000 | KANCHANBEN THAKARSHIBHAI VEKARIYA | Spouse | NO | 30/04/2021 |
| MRS KANCHANBEN THAKARSHIBHAI VEKARIYA | 42121081737B | 01/01/1971 54Years | Female | Spouse | | | THAKARSHIBHAI BABUBHAI VEKARIYA | Spouse | NO | 30/04/2021 |
| MR SAGAR THAKARSHIBHAI VEKARIYA | 42121081737C | 10/10/2000 24Years | Male | Dependent Son | | | THAKARSHIBHAI BABUBHAI VEKARIYA | Father | NO | 30/04/2021 |

Details of the Plan

To know more about the benefits available in the plan selected by you, kindly refer the SCHEDULE OF BENEFITS attached with this document.

Special Conditions

NA

| Schedule of Premium(In INR) | |
|------------------------------------|----------|
| Basic Premium | 19893.00 |
| Loading If any | |
| Discount If any | |
| Net Premium (Taxable Value) | 19893.00 |
| State Cess | 0.00 |
| CGST 9.00 % | 1790.37 |
| SGST / UTGST 9.00 % | 1790.37 |

Total Premium**23474.00****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

Website Address: <https://www.libertyinsurance.in>

Place of supply : GUJARAT 24

Invoice No. : 24250893

Receipt No : 1202570009777

GST Identification Number : 24AABCL9950A1ZR

SAC Code : 997133 General Insurance Service

IRDA Registration Number : 150

CIN : U66000MH2010PLC209656

Date of Issue : 2 8 0 4 2 0 2 5

Place : SURAT

For and on behalf of Liberty General Insurance Limited

(Authorized Signatory)

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/45/2025/(Validity Period Dt. 23/04/2025 to 20/04/2026)/OW.NO.1407/ Dated 24/12/2024).

In the unlikely event of any grievance please write to 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

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


This is to certify that the policyholder has paid Rs. **23474.00** (amount in words) **Rupees Twenty Three Thousand Four Hundred Seventy Four and Zero Paise Only** towards premium for Liberty Health Connect Policy No. **4212-400202-25-7010217-04-000** issued to **Mr Thakarshibhai Babubhai Vekariya** for the period **30/04/2025** to **29/04/2026**.

Location: **SURAT**

For and on behalf of Liberty General Insurance Ltd.

Date:

| | | | | | | | |
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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