

LIBERTY HEALTH CONNECT POLICY

**Policy No.:** 4212-400202-25-7010429-04-000**Name :** Mrs Hansaben Vallabhabhai Vadadoriya**Address :** 61, MIRAMBIKA SOC. PUNA GAM, SURAT, PUNA GAM, AMRELI,
AMRELI, GUJARAT - 365535**Contact No. :** 9974588124**Date :**

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Agency Code: IMD1262675

Agency Name: DARSHANKUMAR BHARATBHAI PATEL

Agency Contact Number: 9081023100

Your Health Insurance Coverage

Dear Mrs Hansaben Vallabhabhai Vadadoriya,

We thank you for choosing us for your insurance requirement. We, at Liberty General Insurance Limited, believe 'Insurance' is not only an assurance to compensate in the event of an unfortunate circumstance, but one that signifies protection and support you can count on when you need it the most. We are firmly committed to stand beside you and fulfill your insurance requirement whenever the need arises.

We are pleased to enclose the Policy documents along with the following documents:

- | | |
|--|--|
| 1. Customer Information Sheet | 4. Copy of the Proposal Form |
| 2. Policy Schedule | 5. Health Identity Card/s for Member/s covered |
| 3. Policy Wordings with Benefit Schedule | 6. Claim Guide Book |

If you wish to contact us for any query related to policy, you can reach us at the address mentioned below or email us at care@libertyinsurance.in, you can also call us on our Toll Free number 1800 266 5844 (between 8:00 am to 8:00 pm, 7 days of the week). Our representative will be glad to help you.

Further, If you have any query related to claims, you can contact Liberty Health 360 on Phone: +91 20 6712 5757 or write to us on health360@libertyinsurance.in.

The attached policy carries a Unique Member Card Number and Unique Policy Number. We request you to indicate the Unique Member Card Number or Unique Policy Number during all future correspondence with us.

Thank you once again for the trust you have placed in us. We welcome you in the Liberty General Insurance family and look forward to serving you for years to come.

Warm Regards



(Authorized Signatory)

LIBERTY HEALTH CONNECT POLICY POLICY SCHEDULE

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 4212-400202-25-7010429-04-000 Proposer Name Mrs Hansaben Vallabhabhai Vadadoriya Contact Number 9974588124 Mailing Address 61, MIRAMBIKA SOC. PUNA GAM, SURAT, PUNA GAM, AMRELI, AMRELI, GUJARAT - 365535 Email ID ramanikapil284@yahoo.com UIN Code LIBHLIP21500V032021 Client GSTIN	Period of Insurance From 00:00 Hrs of (16/06/2025) To 23:59 Hrs of (15/06/2026) Policy Tenure 1 Year(s) Policy Type Individual Plan E-Connect Business Type Renewal Business
Intermediary Name	DARSHANKUMAR BHARATBHAI PATEL
Intermediary Code	IMD1262675
Intermediary Contact No.	9081023100

Details of Plan

Policy Type	Individual	Plan Name	E-Connect
No of Members	1		

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
MRS HANSABEN VADADORIYA	42121082696A	01/01/1966 59Years	Female	Self	300000	90000	BHAVESH	Dependent Son	NO	16/06/2021

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	15664.00
Loading If any	
Discount If any	
Net Premium (Taxable Value)	15664.00
State Cess	0.00
CGST 9.00 %	1409.76
SGST / UTGST 9.00 %	1409.76
Total Premium	18484.00

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. : 242502761

Receipt No : 1202570043678

GST Identification Number : 24AABCL9950A1ZR

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 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 23/04/2025).

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

(Authorized Signatory)

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

This is to certify that the policyholder has paid Rs. **18484.00** (amount in words) **Rupees Eighteen Thousand Four Hundred Eighty Four and Zero Paise Only** towards premium for Liberty Health Connect Policy No. **4212-400202-25-7010429-04-000** issued to **Mrs Hansaben Vallabhabhai Vadadoriya** for the period **16/06/2025** to **15/06/2026**.

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

Liberty
Health Connect Policy

Liberty
General Insurance

Product Name : Individual Health
Policy Number : 4212-400202-25-7010429-04-000
Policy Period : 16/06/2025 to 15/06/2026
Member Name : Mrs HANSABEN VADADORIYA
Member ID : 42121082696A
Date of Birth : 01/01/1966
Gender : Female



#Bharose ka vaada!

Terms and Conditions:

1. Pre-authorization is compulsory from Liberty Health 360° prior to all planned admission and within 24 hours for emergencies. 2. Cashless hospitalisation in network hospital can be obtained in conjunction with this card, an authorisation letter issued by the Liberty Health 360° and photo identification such as voters ID, driving license, passport, etc. 3. Photo ID proof to be presented with this card at the time of availing benefits. 4. In case of Reimbursement of Claim please collect all necessary documents from the hospital for early Claim settlement. 5. All terms and conditions of the Policy would be applicable. 6. Please refer to the Policy terms and conditions for further details. 7. For any Claim related assistance please contact our Liberty Health 360° on the mentioned numbers.

Liberty Health 360°
Address & Contact Details: "The Capitol", 4th Floor, New D P Road,
Near Ashoka Hotel, Vastal Nagar, Pimpri Chinchwad, Pune - 411027
Contact Details: + 91 20 30856565, Fax: + 91 20 67125799
Email health360@libertyinsurance.in
Website Address: <http://www.libertyinsurance.in>

Insurance is the subject matter of the solicitation.
(IRDA Reg. No.: 150, CIN: U66000MH2010PLC209656)
URN: LIBHLP25034V02425
Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license.

For policy related queries Toll Free Number - 18002665844

Liberty Health Connect Policy Customer Information Sheet/Know Your Policy

This document provides key information about the policy. You are also advised to go through your policy documents.

SI No	Title	Description	Policy Clause Number																																																																																
1	Name of the Insurance Product /Policy	Liberty Health Connect Policy	NA																																																																																
2	Policy Number	4212-400202-25-7010429-04-000	NA																																																																																
3	Type of Insurance Product/Policy	Indemnity	NA																																																																																
4	Sum Insured	Individual - E-Connect	NA																																																																																
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A deductible of first 48 hours of hospitalization is applicable.</td><td>Rs.500/day</td></tr><tr><td>6</td><td>Emergency Local Road Ambulance Charges</td><td>Ambulance expenses incurred while transfer the Insured Person to the nearest Hospital (per hospitalization/included within the basic SI)</td><td>Rs.1500</td></tr><tr><td>7</td><td>Organ Donor Expenses</td><td>Organ donor s screening charges & the medical expenses for an organ donor s treatment for the harvesting of the organ (Included within the Basic SI)</td><td>Upto 1 lac</td></tr><tr><td>8</td><td>Second Medical Opinion</td><td>Second Medical opinion to augment confidence in the medical diagnosis and treatment plan available once during the Policy period.</td><td>Yes</td></tr><tr><td>9</td><td>Recovery Benefit</td><td>A lump-sum of Rs. 10, 000 in case of hospitalization for more than 10 days.</td><td></td></tr><tr><td>10</td><td>Nursing Allowance</td><td>Payment of Rs.500 as daily allowance up to 30 days per Policy period, towards engaging the services of a qualified nurse either at the Hospital or at the Insured Person s residence</td><td></td></tr><tr><td>11</td><td>AYUSH Treatment# (#Added pursuant to "Guidelines on providing AYUSH Coverage in Health insurances policies" dated 31 january,2024 issued by the IRDAI effective 1st April 2024.)</td><td>AYUSH treatment refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.</td><td>Up to basic SI</td></tr><tr><td colspan="4">Additional Features</td></tr><tr><td colspan="4">NA</td></tr><tr><td colspan="4">Renewal Features</td></tr><tr><td>1</td><td>Renewal Health Check Up</td><td>Cashless Health Check up after a block of 2 Renewals with Us (irrespective of Claims History)</td><td>Yes</td></tr><tr><td>2</td><td>Loyalty Perk or 2.25% Discount in Renewal Premium for every claim free year</td><td>Auto increase in Sum Insured by 10% on basic sum insured for every claim free year up to max. of 100% Or 2.25% Discount in Renewal Premium for every claim free year.</td><td>Yes</td></tr></table>	Basic Sum Insured (BSI)		Applicable Per Year and Per Insured member in an Individual Sum Insured Policy and for all Insured members combined in a Family Floater Policy. 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6	Exclusions (What the policy does not cover)	<p>i. Standard Exclusions:-</p> <p>1. Pre- Existing Diseases – a. 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 i.e. until the expiry of 36 months or 24 months of continuous coverage after the date of inception of the first policy with Us. b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of sum insured increase. c. 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 period for the same would be reduced to be extent of prior coverage. d. Coverage under the policy after the expiry of applicable months as per the Plan, for any Pre-existing Disease is subject to the same being declared at the time of application and accepted by the Insurer.</p> <p>2. Specified disease/procedure waiting period- a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of below mentioned months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident. b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase. c) 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. d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion. e) 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 same would be reduced to the extent of prior coverage.</p>	<p>Part IV.E.i. of the policy</p> <p>Part IV.E.i.1 of the policy</p> <p>Part IV.E.i.2 of the policy</p>																												
	Exclusions (What the policy does not cover)	<p>3. 30-day waiting period- 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, provided the same are covered. 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.</p> <p>4. Investigation & Evaluation – 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.</p> <p>5. Rest Cure, rehabilitation and respite care- 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 skilled nurses or assistant or non-skilled persons. ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.</p> <p>6. Obesity/ Weight Control: 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 comorbidities 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</p>	<p>Part IV.E.i.3 of the policy</p> <p>Part IV.E.i.4 of the policy</p> <p>Part IV.E.i.5 of the policy</p> <p>Part IV.E.i.6 of the policy</p>																												
		<p>7. Change-of-Gender treatments: Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.</p> <p>8. Cosmetic or plastic Surgery:</p>	<p>Part IV.E.i.7 of the policy</p>																												



SI No	Title	Description	Policy Clause Number
	Exclusions (What the policy does not cover)	<p>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 necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.</p> <p>9. Hazardous or Adventure sports: 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 climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.</p> <p>10. Breach of law: Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.</p> <p>11. Excluded Providers : 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 / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.</p>	<p>Part IV.E.i.8 of the policy</p> <p>Part IV.E.i.9 of the policy</p> <p>Part IV.E.i.10 of the policy</p> <p>Part IV.E.i.11 of the policy</p>
	Exclusions (What the policy does not cover)	<p>12. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.</p> <p>13. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.</p> <p>14. Dietary supplements and substances that can be purchased without prescription including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure.</p> <p>15. Refractive error: Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.</p> <p>16. Unproven Treatments: Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.</p> <p>17. Sterility and Infertility: 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</p>	<p>Part IV.E.i.12 of the policy</p> <p>Part IV.E.i.13 of the policy</p> <p>Part IV.E.i.14 of the policy</p> <p>Part IV.E.i.15 of the policy</p> <p>Part IV.E.i.16 of the policy</p> <p>Part IV.E.i.17 of the policy</p>
	Exclusions (What the policy does not cover)	<p>18. Maternity: ii. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy; iii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.</p> <p>ii. Specific Exclusions - 1. Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice & Trichomoniasis, Human T Cell Lymphotropic Virus Type III (HTLV-III or IITLBIII) or Lymphadenopathy Associated Virus (LAV) or the mutants derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind. 2. Any dental treatment or surgery unless requiring hospitalization arising out of an accident. 3. 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 of self-medication. 4. Charges incurred in connection with cost of spectacles and contactlenses, hearing aids, routine eye and ear examinations, dentures, artificial teeth and all other similar external appliances and /or devices whether for diagnosis or treatment. 5. Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, belts, collars, caps, splints, braces, stockings of any kind, diabetic footwear, glucometer/thermometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous ambulatory peritoneal dialysis (C.P.A.D) and oxygen concentrator or asthmatic condition, cost of cochlear implants. 6. External Congenital Anomaly. 7. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident. 8. AYUSH Treatment 9. Any OPD treatment except pre and post – hospitalization as covered under Scope of the Policy. 10. Treatment received outside India. 11. 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), civil war, public defense, rebellion, revolution, insurrection, mutiny, military or usurped acts, seizure, capture, arrest, restraints and detainment of all kinds. 12. 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 tobacco, intoxicating drugs and alcohol or hallucinogens. 13. Any charges incurred to procure any medical certificate, treatment or Illness related documents pertaining to any period of Hospitalization or Illness. 14. Personal comfort and convenience items or services including but not limited to TV(whatever</p>	<p>Part IV.E.i.18 of the policy</p> <p>Part IV.E.ii. of the policy</p>



SI No	Title	Description	Policy Clause Number
		specifically charged separately), charges for access to telephone and telephone calls (wherever specifically charged separately), foodstuffs, (except patient's diet), cosmetics, hygiene articles, body or baby care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies. 15. Expenses related to any kind of RMO charges, service charge, surcharge, admission fees, registration fees, night charges levied by the hospital under whatever head. 16. 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 sequence to the loss, claim or expense. For the purpose of this exclusion: 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 escape of fissile/fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death. b. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death. c. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and /or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death. 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 with any action taken in controlling, preventing, suppressing, minimizing or in any way relating to the above shall also be excluded. 17. Alopecia, wigs and/or toupee and all hair or hair fall treatment and products. 18. Drugs or treatment and medical supplies not supported by a prescription from a Medical Practitioner.	
7	Waiting period	* Pre-existing Diseases will be covered after a waiting period of 36/24 months as per plan opted. * Specified surgeries/treatments/diseases are covered after specific waiting period of 12 months. * Specified surgeries/treatments/diseases are covered after specific waiting period of 24 months * Specified surgeries/treatments/diseases are covered after specific waiting period of 36 months * 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.	Part IV.E.1 Part IV.E.2 Part IV.E.2 Part IV.E.2 Part IV.E.3
8	I. Sub-limit (It is pre-defined limit, and the insurance company will not pay any amount in excess of this limit)	Sub-limit - Sub-limit is not applicable for this product.	
	II. Co-Payment (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured).	Co-Payment - The Policy is without any Co-pay.	
	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 to Hospital Daily Cash Allowance and Nursing Allowance..	Part II.5 of the policy
	IV. Any other limit (as applicable)	NA	
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 www.libertyinsurance.in to know the list of empaneled Hospitals. 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. Turn Around Time (TAT) for claim settlement: * TAT for preauthorization of cashless facility within 2 Hours. * TAT for cashless final bill authorization within 2 Hours. Link to be provided below for the said details - 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 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 the TPA named in the Policy/Health Card or the Company by calling toll-free number as specified in the Policy/Health Card or in writing to the address shown in the Schedule with Particulars below: 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 for Pre – Post Hospitalization	Part V.G.5 of the policy



SI No	Title	Description	Policy Clause Number
9	Claims/Claims procedure	<p>expenses incurred, all claim related documents needs to be submitted within 7 days from the date of completion of treatment or eligible Post Hospitalization period as mentioned in the policy schedule whichever is earlier.</p> <p>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 Insured Person/s. The Insured Person/s shall tender to the Company all reasonable information, assistance and proofs in connection with any claim hereunder. The Company shall settle claims, including its rejection, within thirty working days of receipt of the last required documents.</p> <p>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 and furnish membership no and Policy Number and take an eligibility number to confirm communication. The same has to be quoted in the claim form. The call must be made 48 hours before admission to Hospital and details of hospitalization like diagnosis, name of Hospital, duration of stay in Hospital should be given. In case of emergency hospitalization the call should be made within 24 hours of admission. 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 Pre-Authorisation letter to the health care service provider. 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 treatment along with necessary certification from the Hospital/Medical Practitioner. 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 facility whereby hospitalization expenses shall be paid directly by the Company/ through the TPA as confirmed in the Pre-Authorisation. 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 conclusively establish that a claim in respect of the treatment would be admissible. In such cases, the Insured Person/s shall bear such expenses and claim reimbursement immediately after discharge from the Hospital. 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 would also be duly communicated by us/ the TPA service provider.</p> <p>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 illness/injury and name and address of the attending Medical Practitioner/ Hospital should be given to Us immediately on hospitalization /injury/ death, failing which admission of claim would be based on the merits of the case at our discretion. The Insured Person/s shall after intimation as aforesaid, further submit at his/her own expense to the TPA within 15 days of discharge from the hospital the following: 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 tests. 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 to obtain any further information or records from the Hospital, Medical Practitioner, Lab or other agency, in connection with the treatment relating to the claim. The Company may call for additional documents/information and/or carry out verification on a case to case basis to ascertain the facts/collect additional information/documents of the case to determine the extent of loss. Verification carried out will be done by professional Investigators or a member of the Service Provider and costs for such investigations shall be borne by the Company. 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 Insured/ Insured Person/s. The Insured shall tender to the Company all reasonable information, assistance and proofs in connection with any claim hereunder. 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 such Taxes shall in no case exceed the Basic Sum Insured opted. No person other than the Insured /Insured Person(s) and/ or nominees named in the proposal can claim or sue us under this Policy.</p> <p>CHECK LIST OF ENCLOSURES FOR SUBMISSION OF CLAIM 1 In-patient Treatment /Day Care Procedures 2 Duly filled and signed Claim Form. 3 Photocopy of ID card / Photocopy of current year policy. 4 Original Detailed Discharge Summary / Day care summary from the hospital. Original consolidated hospital bill with bill no. and break up of each item, duly signed by the Insured. 5 Original payment Receipt of the hospital bill with receipt number 6 First Consultation letter and subsequent Prescriptions. Original bills, original payment receipts and Reports for investigation supported by the note from attending Medical Practitioner / Surgeon demanding such test. 7 Surgeons certificate stating nature of Operation performed and Surgeons Bills and Receipts 8 Attending Doctors/ Consultants/ Specialist's/ Anesthetist Bill and receipt and certificate regarding same 9 Original medicine bills and receipts with corresponding Prescriptions. 10 Original invoice/bills for Implants (viz. Stent /PHS Mesh/ IOL etc.) with original payment receipts. 11 Hospital Registration Number and PAN details from the Hospital 12 Doctors registration Number and Qualification from the doctor.</p>	Part V.G.5 of the policy

SI No	Title	Description	Policy Clause Number
9	Claims/Claims procedure	<p>Road Traffic Accident In addition to the In-patient Treatment documents: . Copy of the First Information Report from Police Department / Copy of the MedicoLegal Certificate.</p> <p>In Non Medico legal cases . Treating Doctor's Certificate giving details of injuries (How, when and where injury sustained)</p> <p>In Accidental Death cases . Copy of Post Mortem Report (if conducted) & Death Certificate</p> <p>. For Death Cases In addition to the In-patient Treatment documents: . Original Death Summary from the hospital. . Copy of the Death certificate from treating doctor or the hospital authority. . Copy of the Legal heir certificate, if the claim is for the death of the principle insured.</p> <p>.Pre and Post-hospitalisation expenses . Duly filled and signed Claim Form. . Photocopy of ID card / Photocopy of current year policy. . Original Medicine bills, original payment receipt with prescriptions. . Original Investigations bills, original payment receipt with prescriptions and report. . Original Consultation bills, original payment receipt with prescription. . Copy of the Discharge Summary of the main claim.</p> <p>. Ambulance Benefit . Duly filled and signed Claim Form. . Photocopy of ID card / Photocopy of current year policy. . Original Bill with Original Payment Receipt. . Treating Doctor's consultation prescription indicating Emergency Hospitalization.</p> <p>. Reimbursement of Organ Donor Expenses In addition to the documents of general hospitalization . Organ Function test / blood test proving organ failure. . Treatment Certificate issued by the Transplant Surgeon of the hospital concerned.</p> <p>Hospital Cash Allowance Same as In-patient Hospitalisation treatment</p> <p>Restoration of Basic Sum Insured Same as In-patient Hospitalisation treatment</p> <p>Recovery Benefit Same as In-patient Hospitalisation treatment</p> <p>Nursing Allowance In addition to the In-patient Treatment documents: Duly signed prescription for Private Nursing requirement and its necessity from the treating Medical Practitioner. Original Bill with Original Payment Receipt of Nursing charges from the utilized Nursing Burrow/Private Nurse.</p> <p>Extended Policy Tenure . Proof of travel outside the Country specifying a period more than 15 days consecutively.</p> <p>.Tele-medicine . A proper invoice or numbered bill of consultation with date . A proof of payment either a Online, G-PAY or Pay-TM . The consultation note or Prescription with Physicians registration number and details . All investigation report advised with bills and prescription</p> <p>We may call for additional documents/ information as relevant to the claim.</p> <p>Applicable to all claims under the Policy: a. In the event of the original documents being provided to any other Insurance Company or to a reimbursement provider, We shall accept verified photocopies of such documents attested by such other Insurance Company/ reimbursement provider. b. If required, the Insured Person must give consent to obtain Medical opinion from any Medical Practitioner at Our expense. c. If required, the Insured person must agree to be examined by a medical practitioner of our choice at Our expenses. d. The Policy - excludes the Standard List of excluded items - attached in the Policy document. e. We shall make the payment of claim that has been admitted as payable by Us under the Policy terms and conditions or reject the claim as per the Policy terms and conditions within 30 days of submission of all necessary documents / information and any other additional information required for the settlement of the claim. However, where the circumstances of a claim warrant an investigation in the opinion of the insurer, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document.</p>	Part V.G.5 of the policy
9	Claims/Claims procedure		Part V.G.5 of the policy



SI No	Title	Description	Policy Clause Number
		<p>In such cases, Insurer shall settle the claim within 45 days from the date of receipt of last necessary document.</p> <p>f. All claims will be settled in accordance with the applicable regulatory guidelines, including IRDAI (Protection of Policyholders Regulation), 2017. In case of delay in payment of any claim that has been admitted as payable by Us under the Policy terms and condition, beyond the time period as prescribed under IRDA (Protection of Policyholders Regulation), 2017, we shall pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by Us For the purpose of this clause, 'bank rate' means "Bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due".</p> <p>g. No person other than the Insured /Insured Person(s) and/ or nominees named in the proposal can claim or sue us under this Policy.</p>	
10	Policy Servicing	<p>Step - 1 Call center number - 1800-266-5844 (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 Unit 1501&1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai - 400013 Maharashtra Phone: +91 226700 1313</p> <p>Step - 2 If our response or resolution does not meet your expectations, you can escalate at - Manager@libertyinsurance.in</p> <p>Step - 3 If you are still not satisfied with the resolution provided, you can further escalate at - ServiceHead@libertyinsurance.in</p>	Part V.F.15 of the policy
11	Grievances/Complaints	<p>IRDAI Integrated Grievance Management System - https://igms.irda.gov.in Insurance Ombudsman – The contact details of the Insurance Ombudsman offices have been provided as Annexure-B of Policy document.</p>	Annexure-B
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.</p> <p>If the insured has not made any claim during the Free Look Period, the insured shall be entitled to -</p> <ol style="list-style-type: none"> 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 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 Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period; <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> <ol style="list-style-type: none"> The Company shall give notice for renewal atleast 30 days prior to expiry of the policy. 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. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period. 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>Part V.F.i.14 of the policy</p> <p>Part V.F.i.10 of the policy</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: Basic Sum Insured can be enhanced only at the time of renewal subject to no claim having been lodged/ paid under the earlier policy/ies and with the specific approval and acceptance by the Company. In all such case of increase in the Basic Sum Insured, waiting period will apply afresh in relation to the amount by which the Basic Sum Insured has been enhanced.</p>	<p>Part V.F.i.8 of the policy</p> <p>Part V.F.i.9 of the policy</p> <p>Part iii.15 of the policy</p>
		<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> <p>Note :The accrued credits gained under the ported and migrated policies shall be counted for the purpose</p>	Part V.F.i.12 of the policy

SI No	Title	Description	Policy Clause Number
		of calculating the Moratorium period.	
13	Your Obligations	<p>* Please disclose all pre-existing disease/s or condition/s before buying a policy.</p> <p>* 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.</p>	Part V.F.i.1&2