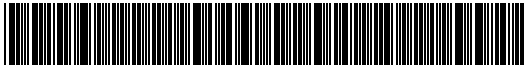


SECURE HEALTH CONNECT POLICY WELCOME LETTER

**Policy No.:** 4218-400202-25-7004401-02-000**Customer ID:** 4705176775**Name :** Mr Punit Madhubhai Bhalala**Address :** 206 B - 7 VRAJBHUMI TOWNSHIP SARTHANA JAKATNAKA
SIMADAGAM, VARACHHA, SURAT, SURAT, GUJARAT - 395006**Intermediary Code:** IMD1262675**Intermediary Name:** DARSHANKUMAR BHARATBHAI PATEL**Intermediary Contact Number:** 9081023100**Contact Number:** 9924545351**Date :**

2	3	0	7	2	0	2	5
---	---	---	---	---	---	---	---

Your Health Insurance Coverage

Dear Mr Punit Madhubhai Bhalala,

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 |
| 2. Policy Schedule and Health Card |
| 3. Policy Wordings with Benefit Schedule |
| 4. Copy of the Proposal Form |

For any further assistance please feel free to write to us on care@libertyinsurance.in or call us on our Toll Free number 1800 266 5844 (between 8:00am to 8:00pm, 7 days of the week). Our representatives will be glad to help you.


We request you to indicate the Policy No. or Customer ID No. as mentioned above 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.

For Liberty General Insurance Ltd

(Authorized Signatory)

SECURE HEALTH CONNECT POLICY POLICY SCHEDULE

Registered / 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 4218-400202-25-7004401-02-000 Proposer Name Mr Punit Madhubhai Bhalala Contact Number 9924545351 Mailing Address 206 B - 7 VRAJBHUMI TOWNSHIP SARTHANA JAKATNAKA SIMADAGAM, VARACHHA, SURAT, SURAT, GUJARAT - 395006 Email ID hiteshitaliya1@gmail.com UIN Code LIBHLIP21503V022021 Client GSTIN		Period of Insurance From 00:00 Hrs of (28/07/2025) To 23:59 Hrs of (27/07/2026) Policy Tenure 1 Year(s) Policy Type Family Floater Plan Secure Supreme Business Type Renewal Business	
Intermediary Name		DARSHANKUMAR BHARATBHAI PATEL	
Intermediary Code		IMD1262675	Intermediary Contact No. 9081023100

Details of Plan

Policy Type	Family Floater	Plan Type : Secure Supreme
Number of Members	2A + 3C	

Policy Details

	Insured member I	Insured member II	Insured member III	Insured member IV	Insured member V
Name	MR PUNIT MADHUBHAI BHALALA	MRS DAXABEN PUNITBHAI BHALALA	MASTER DEVANSH PUNIT BHALALA	MISS MAAHI PUNITBHAI BHALALA	MISS PALAK PUNITBHAI BHALALA
Member ID	42181355309A	42181355309B	42181355309C	42181355309D	42181355309E
Relationship with Proposer	Self	Spouse	Dependent Son	Dependent Daughter	Dependent Daughter
Gender	Male	Female	Male	Female	Female
DOB(DD-MM-YYYY) / Age(Years)	10/07/1987 / 38 Years	13/05/1987 / 38 Years	02/12/2022 / 2 Years	03/01/2013 / 12 Years	21/12/2016 / 8 Years
Nominee Name	DAXABEN PUNITBHAI BHALALA	PUNIT MADHUBHAI BHALALA	PUNIT MADHUBHAI BHALALA	PUNIT MADHUBHAI BHALALA	PUNIT MADHUBHAI BHALALA
Relationship with Nominee	Spouse	Spouse	Father	Father	Father
Pre-Existing Disease / Disability / Any Adverse Medical history	NO	NO	NO	NO	NO
Sum Insured	300000	300000	300000	300000	300000
Cumulative Bonus	180000	180000	180000	180000	180000
Optional Cover(s)	Enhanced Cumulative Bonus,Reload of Sum Insured,Waiver of Medical Expenses Sublimits	Enhanced Cumulative Bonus,Waiver of Medical Expenses Sublimits	Enhanced Cumulative Bonus,Waiver of Medical Expenses Sublimits	Enhanced Cumulative Bonus,Waiver of Medical Expenses Sublimits	Enhanced Cumulative Bonus,Waiver of Medical Expenses Sublimits
First Policy Inception Date	28/07/2023	28/07/2023	28/07/2023	28/07/2023	28/07/2023

Special Conditions

NA

Schedule of Premium(In INR)

Basic Premium	10696.32
Loading If any	
Discount If any	
Net Premium (Taxable Value)	10696.32
State Cess	0.00
CGST 9.00 %	962.67
SGST / UTGST 9.00 %	962.67
Total Premium	12622.00

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, 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: 150 .CIN : U66000MH2010PLC209656
Email Address: health360@libertyinsurance.in
Website Address: <https://www.libertyinsurance.in>

Place of supply : GUJARAT 24
Invoice No. : 242504783
Receipt No : 1202570081425
GST Identification Number : 24AABCL9950A1ZR
SAC Code : 997133 General Insurance Service
IRDA Registration Number : 150
Date of Issue : 2 3 0 7 2 0 2 5
Place : SURAT

For 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 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

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


This is to certify that the policyholder has paid Rs. **12622.00** (amount in words) **Rupees Twelve Thousand Six Hundred Twenty Two and Zero Paise Only** towards premium for Secure Health Connect Policy No. **4218-400202-25-7004401-02-000** issued to **Mr Punit Madhubhai Bhalala** for the period **28/07/2025** to **27/07/2026**.

Location: **SURAT**

For and on behalf of Liberty General Insurance Ltd.

Date:

2	3	0	7	2	0	2	5
---	---	---	---	---	---	---	---


(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


SECURE HEALTH CONNECT POLICY
Insure health. Ensure happiness.


Liberty
General Insurance



Product Name : Secure Health Connect
Policy Number : 4218-400202-25-7004401-02-000
Policy Period : 28/07/2025 to 27/07/2026
Member Name : Miss PALAK PUNITBHAI BHALALA
Member ID : 42181355309E
Date of Birth : 21/12/2016
Gender : Female

Bharose ka vaada!

Terms and Conditions:
1. Pre-authorisation is compulsory from TPA 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 TPA 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 TPA on the mentioned numbers.

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

(RIDA Reg no.: 150 CIN: U66000MH2010PLC209656)
LIN: LIBHLIP21509V022021
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 - 8002665844


SECURE HEALTH CONNECT POLICY
Insure health. Ensure happiness.


Liberty
General Insurance



Product Name : Secure Health Connect
Policy Number : 4218-400202-25-7004401-02-000
Policy Period : 28/07/2025 to 27/07/2026
Member Name : Miss MAAHI PUNITBHAI BHALALA
Member ID : 42181355309D
Date of Birth : 03/01/2013
Gender : Female

Bharose ka vaada!

Terms and Conditions:
1. Pre-authorisation is compulsory from TPA 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 TPA 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 TPA on the mentioned numbers.

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

(RIDA Reg no.: 150 CIN: U66000MH2010PLC209656)
LIN: LIBHLIP21509V022021
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 - 8002665844


SECURE HEALTH CONNECT POLICY
Insure health. Ensure happiness.


Liberty
General Insurance



Product Name : Secure Health Connect
Policy Number : 4218-400202-25-7004401-02-000
Policy Period : 28/07/2025 to 27/07/2026
Member Name : Master DEVANSH PUNIT BHALALA
Member ID : 42181355309C
Date of Birth : 02/12/2022
Gender : Male

Bharose ka vaada!

Terms and Conditions:
1. Pre-authorisation is compulsory from TPA 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 TPA 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 TPA on the mentioned numbers.

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

(RIDA Reg no.: 150 CIN: U66000MH2010PLC209656)
LIN: LIBHLIP21509V022021
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 - 8002665844


SECURE HEALTH CONNECT POLICY
Insure health. Ensure happiness.


Liberty
General Insurance



Product Name : Secure Health Connect
Policy Number : 4218-400202-25-7004401-02-000
Policy Period : 28/07/2025 to 27/07/2026
Member Name : Mrs DAXABEN PUNITBHAI BHALALA
Member ID : 42181355309B
Date of Birth : 13/05/1987
Gender : Female

Bharose ka vaada!

Terms and Conditions:
1. Pre-authorisation is compulsory from TPA 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 TPA 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 TPA on the mentioned numbers.

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

(RIDA Reg no.: 150 CIN: U66000MH2010PLC209656)
LIN: LIBHLIP21509V022021
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 - 8002665844

**SECURE HEALTH CONNECT POLICY**
Insure health. Ensure happiness.

**Liberty**
General Insurance™



Product Name : Secure Health Connect
Policy Number : 4218-400202-25-7004401-02-000
Policy Period : 28/07/2025 to 27/07/2026
Member Name : Mr PUNIT MADHUBHAI BHALALA
Member ID : 42181355309A
Date of Birth : 10/07/1987
Gender : Male

Bharose ka vaada!

Terms and Conditions:
1. Pre-authorisation is compulsory from TPA 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 TPA 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 TPA on the mentioned numbers.

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

(IRDA Reg no.: 150 CIN: U66000MH2010PLC209656)
LIB: LIBHLP21509V022021
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

Secure Health Connect 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	Secure Health Connect	NA			
2	Policy Number	4218-400202-25-7004401-02-000	NA			
3	Type of Insurance Product/Policy	Indemnity	NA			
4	Sum Insured	Family Floater - Secure Supreme	NA			
		Insured Name		Sum Insured		
		MR PUNIT MADHUBHAI BHALALA		300000		
		MRS DAXABEN PUNITBHAI BHALALA				
		MASTER DEVANSH PUNIT BHALALA				
		MISS MAAHI PUNITBHAI BHALALA				
MISS PALAK PUNITBHAI BHALALA						
5	Policy Coverage (What the policy covers?)	This Policy offer covers as listed under different plans of Hospi-Cash Connect and/or optional cover as specified in the Policy Schedule.		Part D.1-11 of the Policy.		
		Policy Plans			Secure Supreme	
		Sr. No.	Coverage's Description		Sum Insured	
		1	In-Patient Hospitalization		Covers Hospitalization 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 Insured or maximum up to INR 5000/day whichever is lower ICU sub limit: 2 % of Sum Insured or maximum up to INR 7500/day whichever is lower
		2	Pre Hospitalization		Medical expenses incurred prior to the covered Hospitalization	45 days Medical Expenses up to 1.5% of Sum Insured accrued up to maximum 45 day
		3	Post- Hospitalization		Medical expenses incurred after the covered Hospitalization	60 days Medical Expenses up to 1.5% of Sum Insured accrued up to maximum 60 day
		4	Day care Procedures		405 day care procedures as listed in the Policy document, undertaken in a hospital/day care Centre in less than 24 hours due to Technological advancement.	Yes
		5	Emergency Local Road Ambulance Charges		Emergency Ambulance charges for transferring to the nearest Hospital	1% of SI , subject to max INR 3,000 per Insured per year
		6	Daily Cash Allowance		Daily cash allowance of up to 10th day of continuous hospitalization. A deductible of first 48 hours of hospitalization is applicable	No
		7	Cumulative Bonus		Auto increase in Sum Insured for every claim free year	Per Year: 10% Max up to 50%
		8	Sub limits on Medical Expenses		Disease wise sublimit as per Annexure attached	Yes
		9	Co-Pay		Nonnetwork Hospital: 10 % Co-pay Insured above 60 years: 10% Co-Pay	Co-Pay Not Applicable
		10	Health Check 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.	Yes
						SI up to INR 5

SI No	Title	Description	Policy Clause Number																								
Policy Coverage (What the policy covers?)		<table><tr><th colspan="2">Policy Plans</th><th>Secure Supreme</th></tr><tr><th>Sr. No.</th><th>Coverage's Description</th><th>Sum Insured</th></tr><tr><td>11</td><td>Stay Fit Perks</td><td>Lakh: Lump sum amount of INR 5000 SI up to INR 5 Lakh: Lump sum amount of INR 7000</td></tr><tr><td>12</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. Upto basic SI</td></tr><tr><th colspan="3">Optional Covers</th></tr><tr><td>1</td><td>Reload of Sum Insured</td><td>Sum Insured can be reloaded equivalent to the original Sum Insured opted. Yes</td></tr><tr><td>2</td><td>Enhanced Cumulative Bonus</td><td>Total Cumulative Bonus (Cumulative Bonus + Optional Cover Cumulative Bonus) per year shall be enhanced by opting this option and as per the Plan opted. Per Year: 30% Max upto 150%</td></tr><tr><td>3</td><td>Waiver of Medical Expenses Sub limits</td><td>Sub limits as specified in the Annexure are waived off by opting this Optional Cover Yes</td></tr></table>	Policy Plans		Secure Supreme	Sr. No.	Coverage's Description	Sum Insured	11	Stay Fit Perks	Lakh: Lump sum amount of INR 5000 SI up to INR 5 Lakh: Lump sum amount of INR 7000	12	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.)	AYUSH treatment refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems. Upto basic SI	Optional Covers			1	Reload of Sum Insured	Sum Insured can be reloaded equivalent to the original Sum Insured opted. Yes	2	Enhanced Cumulative Bonus	Total Cumulative Bonus (Cumulative Bonus + Optional Cover Cumulative Bonus) per year shall be enhanced by opting this option and as per the Plan opted. Per Year: 30% Max upto 150%	3	Waiver of Medical Expenses Sub limits	Sub limits as specified in the Annexure are waived off by opting this Optional Cover Yes	Part D.1-11 of the Policy.
		Policy Plans		Secure Supreme																							
		Sr. No.	Coverage's Description	Sum Insured																							
		11	Stay Fit Perks	Lakh: Lump sum amount of INR 5000 SI up to INR 5 Lakh: Lump sum amount of INR 7000																							
		12	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.)	AYUSH treatment refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems. Upto basic SI																							
		Optional Covers																									
		1	Reload of Sum Insured	Sum Insured can be reloaded equivalent to the original Sum Insured opted. Yes																							
		2	Enhanced Cumulative Bonus	Total Cumulative Bonus (Cumulative Bonus + Optional Cover Cumulative Bonus) per year shall be enhanced by opting this option and as per the Plan opted. Per Year: 30% Max upto 150%																							
		3	Waiver of Medical Expenses Sub limits	Sub limits as specified in the Annexure are waived off by opting this Optional Cover Yes																							
				<p>Standard exclusions</p> <p>1. Pre- Existing Diseases</p> <p>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 months of continuous coverage after the date of inception of the first policy with Us.</p> <p>b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of sum insured increase.</p> <p>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.</p> <p>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</p> <p>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.</p> <p>3. 30-day waiting period</p> <p>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.</p> <p>b) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.</p> <p>c) 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</p> <p>a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.</p> <p>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</p> <p>Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:</p> <p>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.</p> <p>ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.</p> <p>6. Obesity/ Weight Control</p> <p>Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:</p> <p>1) Surgery to be conducted is upon the advice of the Doctor</p> <p>2) The surgery/Procedure conducted should be supported by clinical protocols</p> <p>3) The member has to be 18 years of age or older and</p> <p>4) Body Mass Index (BMI);</p> <p>a) greater than or equal to 40 or</p> <p>b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities</p> <p>following failure of less invasive methods of weight loss:</p> <p>i. Obesity-related cardiomyopathy</p> <p>ii. Coronary heart disease</p> <p>iii. Severe Sleep Apnea</p>																							



SI No	Title	Description	Policy Clause Number
6	Exclusions (What the policy does not cover)	<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 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 following an accident, expenses up to the stage of stabilization are payable but not the complete claim.</p> <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 Birth Control, 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>18. Maternity i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy; ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.</p>	Part E.i of the policy
		<p>Specific Exclusions</p> <p>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 IITLB-III) or Lymphadenopathy Associated Virus (LAV) or the mutants derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind.</p> <p>2. Any dental treatment or surgery unless requiring hospitalization arising out of an accident.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>6. External Congenital Anomaly.</p> <p>7. Circumcision unless necessary for treatment of an illness or as may be necessitated due to an Accident</p> <p>8. AYUSH Treatment</p> <p>9. Any OPD treatment except pre and post – hospitalization as covered under Scope of the Policy.</p> <p>10. Treatment received outside India</p> <p>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,</p>	

SI No	Title	Description	Policy Clause Number																																						
6	Exclusions (What the policy does not cover)	<p>insurrection, mutiny, military or usurped acts, seizure, capture, arrest, restraints and detainment of all kinds.</p> <p>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.</p> <p>13. Any charges incurred to procure any medical certificate, treatment or Illness related documents pertaining to any period of Hospitalization or Illness.</p> <p>14. Personal comfort and convenience items or services including but not limited to TV(wherever 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.</p> <p>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.</p> <p>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:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>17. Alopecia, wigs and/or toupee and all hair or hair fall treatment and products.</p> <p>18. Drugs or treatment and medical supplies not supported by a prescription from a Medical Practitioner.</p>	Part E.ii. of the policy																																						
7	Waiting period	<p>a. Pre-existing Diseases will be covered after a waiting period of 36 months.</p> <p>b. Specified surgeries/treatments/diseases are covered after specific waiting period of 24 months</p> <p>c. Specified surgeries/treatments/diseases are covered after specific waiting period of 36 months</p> <p>d. 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.</p>	Part E.i.1,2&3 of the policy																																						
8	<p>I. Sub-limit (It is pre-defined limit, and the insurance company will not pay any amount in excess of this limit)</p>	<p>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. ENcluding taxes.</p> <table><tr><th>Procedure/Treatment</th><th>Policy Plans</th></tr><tr><td></td><th>Secure Supreme</th></tr><tr><td>Cataract per eye</td><td>40000</td></tr><tr><td>Hysterectomy</td><td>55000</td></tr><tr><td>Removal of gall bladder</td><td>55000</td></tr><tr><td>Surgery for piles</td><td>40000</td></tr><tr><td>Surgery for fissure, fistula and sinus</td><td>40000</td></tr><tr><td>Surgery for nasal septum correction</td><td>40000</td></tr><tr><td>Angiography invasive</td><td>30000</td></tr><tr><td>PTCA</td><td>150,000</td></tr><tr><td>Appendectomy</td><td>50000</td></tr><tr><td>D & C</td><td>20000</td></tr><tr><td>Hernia</td><td>55000</td></tr><tr><td>Deviated Nasal Septum</td><td>55000</td></tr><tr><td>Surgery for renal stone</td><td>55000</td></tr><tr><td>Prostate Surgery TURP</td><td>120000</td></tr><tr><td>CABG</td><td>200000</td></tr><tr><td>Total Knee replacement per knee</td><td>150000</td></tr><tr><td>Total Hip replacement</td><td>150000</td></tr></table> <p>In case of a claim, this policy requires you to share the following costs: Expenses exceeding the following:</p> <p>Sub-limits</p> <p>* Room / ICU charges: as per the Policy Plan chosen.</p> <p>* 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".</p>	Procedure/Treatment	Policy Plans		Secure Supreme	Cataract per eye	40000	Hysterectomy	55000	Removal of gall bladder	55000	Surgery for piles	40000	Surgery for fissure, fistula and sinus	40000	Surgery for nasal septum correction	40000	Angiography invasive	30000	PTCA	150,000	Appendectomy	50000	D & C	20000	Hernia	55000	Deviated Nasal Septum	55000	Surgery for renal stone	55000	Prostate Surgery TURP	120000	CABG	200000	Total Knee replacement per knee	150000	Total Hip replacement	150000	Benefit Schedule & Annexure of the Policy
Procedure/Treatment	Policy Plans																																								
	Secure Supreme																																								
Cataract per eye	40000																																								
Hysterectomy	55000																																								
Removal of gall bladder	55000																																								
Surgery for piles	40000																																								
Surgery for fissure, fistula and sinus	40000																																								
Surgery for nasal septum correction	40000																																								
Angiography invasive	30000																																								
PTCA	150,000																																								
Appendectomy	50000																																								
D & C	20000																																								
Hernia	55000																																								
Deviated Nasal Septum	55000																																								
Surgery for renal stone	55000																																								
Prostate Surgery TURP	120000																																								
CABG	200000																																								
Total Knee replacement per knee	150000																																								
Total Hip replacement	150000																																								
	<p>II. Co-Payment (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured).</p> <p>III. Deductible .(It is a</p>	<p>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.</p>	Part D.9.of the policy																																						

SI No	Title	Description	Policy Clause Number
	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.	
	IV. Any other limit (as applicable)	NA	NA
	Claims/Claims procedure	<p>a. For Cashless Service: You may call to our Customer care number for obtaining Cashless facility. You may also visit to our Company website www.libertyinsurance.in to know the list of empaneled Hospitals.</p> <p>b. For Reimbursement of Claim: You need to intimate Us immediately on hospitalization/ injury/ death, further submit all claim documents with supporting details/documents at your own expense to the TPA within 15 days of discharge from the hospital.</p> <p>Turn Around Time (TAT) for claim settlement:</p> <p>* TAT for preauthorization of cashless facility within 2 Hours.</p> <p>* TAT for cashless final bill authorization within 2 Hours. Link to be provided below for the said details -</p> <p>i. Network Hospital details- https://www.libertyinsurance.in/products/CPMigration/hospitalLocator</p> <p>ii. Helpline number – 1800 266 5844</p> <p>iii. Claim form https://www.libertyinsurance.in/customer-support/download-forms.html</p> <p>Claim Procedure</p> <p>a. Notification of Claim:</p> <p>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:</p> <p>i. Policy Number / Health Card No</p> <p>ii. Name of the Insured / Insured Person availing treatment</p> <p>iii. Details of the disease/illness/injury</p> <p>iv. Name and address of the Hospital</p> <p>v. Any other relevant information</p> <p>Intimation must be given at least 48 hours prior to planned hospitalization and within 24 hours of hospitalization in case of emergency hospitalization. All claim related documents needs to be submitted within 7 days from the date of completion of treatment as mentioned in the policy schedule -. 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 30 working days of receipt of the last required documents.</p> <p>b. 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 number 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.</p> <p>i. The company may provide Cashless facility for Hospitalization medical expenses either directly or through the TPA if treatment is undergone at a Network Hospital by issuing Pre-Authorization letter to the health care service provider.</p> <p>ii. For the purpose of considering Pre-Authorization 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. If the claim for treatment appears admissible, the Company either directly or through the TPA shall issue Pre-Authorization to the Hospital concerned for cashless facility whereby hospitalization medical expenses shall be paid directly by the Company/ through the TPA as confirmed in the Pre-Authorization.</p> <p>iii. 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 medical expenses and claim reimbursement immediately after discharge from the Hospital.</p> <p>iv. 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>v. In case where initial covered Medical expenses were not expected to exceed the deductible but subsequently found to be exceeding the opted deductible, notification must be done immediately along with the copy of intimation made to other Insurer(if covered under any other Health Insurance Policy).</p> <p>c. Reimbursement: 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/ Nursing Home 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:</p> <p>i. Claim form duly completed in all respects</p> <p>ii. Original Bills, Receipt and Discharge certificate / card from the Hospital.</p> <p>iii. Original Cash Memos from Hospital(s)/Chemist(s), supported by proper prescriptions.</p> <p>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.</p> <p>vi. Attending Doctor's / Consultant's / Specialist's / - Anesthetist's original bill and receipt, and certificate</p>	Part G.7 of the policy
	Claims/Claims procedure		Part G.7 of the policy

SI No	Title	Description	Policy Clause Number
9		<p>regarding diagnosis.</p> <p>vii. Medical Case History / Summary.</p> <p>viii. Original bills & receipts for claiming Ambulance Charges</p> <p>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 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>d. Claim Service Assurance:</p> <p>Cashless Service Assurance: If the Insured / Insured person notifies a cashless facility request by sending the Pre- Authorization form duly filled in and signed through email, fax to the Company / TPA or its representative then within 6 Hours of the actual receipt of such a request the Company / TPA will respond with:</p> <p>a. Approval, or</p> <p>b. Rejection</p> <p>If such request has been notified during office hours (9am to 6pm) on Monday to Friday and the Company/TPA fails to either approve or reject or seek further information after the expiry of 6 Hours from the actual receipt of such a request then the Company shall be liable to pay the Insured for the delay in the following manner: i. For Delay beyond 6 hours Rs 1500/-</p> <p>ii. The Maximum amount the Company shall be liable to pay for any delay, in respect of a single hospitalization, shall at no time exceed Rs 1500/-</p> <p>The Company will not be liable to make any payments under the above clause in case of any natural event or manmade disturbance which impedes the Company's ability to make a decision or communicate such decision to the Insured/Insured Person. Any amount paid under the Clause will not affect the Sum Insured as specified in the Schedule. That the Company's liability to make payments under the Clause shall at all times be restricted to the amounts specified including the maximum amount specified therein and the Insured shall not be entitled to any sum whatsoever, in excess of those amounts. That any Payment made under this clause by the Company will not account to any admission of liability for a claim notified by the Insured. Service Assurance is applicable only to the first response on a single claim and no subsequent correspondence.</p> <p>CHECK LIST OF ENCLOSURES FOR SUBMISSION OF CLAIM</p> <p>In-patient Treatment/ Day Care Procedures</p> <ol style="list-style-type: none"> 1 Duly filled and signed Claim Form 2 Photocopy of ID card / Photocopy of current year policy 3 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 4 Original payment Receipt of the hospital bill with receipt number 5 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 6 Surgeons certificate stating nature of Operation performed and Surgeons Bills and Receipts 7 Attending Doctors/ Consultants/ Specialist's/ Anesthetist Bill and receipt and certificate regarding same 8 Original medicine bills and receipts with corresponding Prescriptions. 9 Original invoice/bills for Implants (viz. Stent /PHS Mesh/ IOL etc.) with original payment receipts. <p>Road Traffic Accident</p> <p>In addition to the In-patient Treatment documents:</p> <ol style="list-style-type: none"> 1 Copy of the First Information Report from Police Department / Copy of the Medico-Legal Certificate. In Non Medico legal cases 2 Treating Doctor's Certificate giving details of injuries (How, when and where injury sustained) In Accidental Death cases 3 Copy of Post Mortem Report (if conducted) & Death Certificate <p>For Death Cases</p> <p>In addition to the In-patient Treatment documents:</p> <ol style="list-style-type: none"> 1 Original Death Summary from the hospital. 2 Copy of the Death certificate from treating doctor or the hospital authority. 3 Copy of the Legal heir certificate (where nomination is not available) <p>Pre and Post-hospitalisation medical expenses</p> <ol style="list-style-type: none"> 1 Duly filled and signed Claim Form. 2 Photocopy of ID card / Photocopy of current year policy. 3 Original Medicine bills, original payment receipt with prescriptions. 4 Original Investigations bills, original payment receipt with prescriptions and report. 5 Original Consultation bills, original payment receipt with prescription. 6 Copy of the Discharge Summary of the main claim. 	

Insurance is the subject matter of the solicitation.
Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license



Liberty
General Insurance™

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

Email: care@libertyvideocon.com

IRDA registration number: 150 • CIN: U66000MH2010PLC209656

SI No	Title	Description	Policy Clause Number
		Change in Sum Insured: Your Sum Insured can be enhanced only at the time of renewal subject to Company approval. In case of increase in sum insured, all waiting periods will apply afresh in relation to the amount by which the sum insured has been increased. In case of a claim during the applied waiting periods, the claim payout would be as per the basic (or previous) sum insured.	Part F.i.9. of the policy
		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. Note :The accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period.	Part F.i.12. 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 F.i.1 & 2