

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	4212-400202-25-7010445-05-000	Period of Insurance	From 00:00 Hrs of (19/06/2025) To 23:59 Hrs of (18/06/2026)
Proposer Name	Mr Jagdishkumar Manubhai Vaghasiya	Policy Tenure	1 Year(s)
Contact Number	9904921157	Policy Type	Family Floater
Mailing Address	B-30,NARAYAN NAGAR SOCIETY,, NR.NALANDA SCHOOL,SURAT, BOMBAY MARKET, SURAT, GUJARAT - 394101	Plan	E-Connect
Email ID	ramanikapil284@yahoo.com	Business Type	Renewal Business
UIN Code	LIBHLIP21500V032021		
Client GSTIN			
Intermediary Name	DARSHANKUMAR BHARATBHAI PATEL		
Intermediary Code	IMD1262675	Intermediary Contact No.	9081023100

Details of Plan

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

Details of Insured Persons

Name	Member ID	DOB(DD-MM-YYYY) Age(Years)	Gender	Relationship with Insured	Basic Sum Insured (In INR)	Loyalty Perk	Nominee Name	Relationship with Nominee	Pre existing Disease	First Policy Inception Date
MR JAGDISHKUMAR MANUBHAI VAGHASIYA	42121082784A	01/06/1983 42Years	Male	Self	750000	120000	PARUL	Spouse	NO	19/06/2020
MRS PARUL	42121082784B	27/06/1985 39Years	Female	Spouse			JAGDISHBAHI	Spouse	NO	19/06/2020
MASTER NAKSH	42121082784C	03/07/2020 4Years	Male	Dependent Son			JAGDISH	Father	NO	19/06/2020
MISS VISHWA	42121082784D	08/07/2010 14Years	Female	Dependent Daughter			JAGDISHBAHI	Father	NO	19/06/2020

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	22300.00
Loading If any	
Discount If any	
Net Premium (Taxable Value)	22300.00
State Cess	0.00
CGST 9.00 %	2007.00

SGST / UTGST 9.00 %	2007.00
Total Premium	26314.00

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. : 242502943
Receipt No : 1202570051852
GST Identification Number : 24AABCL9950A1ZR
SAC Code : 997133 General Insurance Service
IRDA Registration Number : 150
CIN : U66000MH2010PLC209656
Date of Issue : 17062025
Place : SURAT

For and on behalf of Liberty General Insurance Limited

(Authorized Signatory)

Tax is not payable under reverse charge by the recipient.

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

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

Stamp Duty of Rs. 75.00/- 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. **26314.00** (amount in words) **Rupees Twenty Six Thousand Three Hundred Fourteen and Zero Paise Only** towards premium for Liberty Health Connect Policy No. **4212-400202-25-7010445-05-000** issued to **Mr Jagdishkumar Manubhai Vaghasiya** for the period **19/06/2025 to 18/06/2026**.

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