

Annexure III

Liberty Videocon Janata Personal Accident Policy (Group) Policy Wordings

Liberty Videocon General Insurance Company (hereinafter called the “Company”) will provide insurance cover to the Person/person(s) (hereinafter called the “Insured Person”), based on the Proposal made and agreed premium paid within such time, as may be prescribed under the provisions of the Insurance Act, 1938, for the Policy Period stated in the Schedule or during any further period for which the Company may accept payment for the renewal or extension of this Policy, subject always to the following terms, conditions, exclusions, and limitations and the Schedule. This Policy records the agreement between the Company (We) and the Insured (You), and sets out the terms of insurance and obligations of each party.

Part I: Definitions

The words or expressions defined below have specific meanings ascribed to them wherever they appear in this Policy. For purposes of this Policy, please note that references to the singular or masculine include references to the plural or to the female respectively.

1. **"Accident"** is a sudden, unforeseen and involuntary event caused by external, visible and violent means
2. **"Injury"** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, visible and evident means occurring during the Policy period which is verified and certified by a Medical Practitioner.
3. **"Nominee"** means the person named in the proposal or schedule to whom the benefit under the Policy is nominated by the Insured Person.
4. **"Capital Sum Insured"** means the sum as specified in the Schedule to this Policy against the name of Insured / Insured Person, which sum represents the Company's maximum liability for any or all claims under the Accident benefit(s) during the Policy Period against the respective benefit(s).
5. **"Condition Precedent"** shall mean a policy term or condition upon which the Insurer's liability under the Policy is conditional upon.
6. **"Disclosure of Information Norm"** The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
7. **"Entry age"** means the age of the Insured Person at the time of commencement of the Policy. Minimum Entry age under this Policy is 5 years.

8. **“Grace period”** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.
9. **“Hospital ”** means any institution established for in- patient care and day care treatment of illness and / or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
 - a) has qualified nursing staff under its employment round the clock;
 - b) has at least 10 inpatient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
 - c) has qualified medical practitioner (s) in charge round the clock;
 - d) has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - e) maintains daily records of patients and makes these accessible to the Insurance company’s authorized personnel.
10. **“Insured / You”** means the employer or legally constituted group named in the Schedule who has concluded this Policy with Us.
11. **“Insured Person/s”** means the person/s named in the Schedule to the Policy, who is/are Resident Indian/s and for whom the insurance is also proposed and appropriate premium paid.
12. **“Insured Event”** means an event, loss or damage anywhere in the world for which the Insured Person is entitled to benefit/s under the Policy.
13. **“Medical Practitioner”** means a person who holds a valid registration from the medical council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license provided that this person is not a member of the Insured Person’s family.
14. **“Notification of Claim”** is the process of notifying a claim to the Insurer by specifying the timelines as well as the address/telephone number of the Company/Policy Issuing office to which it should be notified.
15. **“Occupation”** means Occupation of the Insured/Insured Person/s as mentioned in the Schedule to this Policy.
16. **“Policy period”** means the period between the inception date and the expiry date as specified in the Schedule to this Policy or the cancellation of this insurance, whichever is earlier.
17. **"Policy"** means this document of Policy describing the terms and conditions of this contract of insurance including the Company’s covering letter to the Insured if any, the Schedule

attached to and forming part of this Policy, the Insured's Proposal form and any applicable endorsement attaching to and forming part thereof either at inception or during the Period of Insurance.

18. **"Portability"** means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.
19. **"Permanent Total Disability"** means an accidental Injury caused by Accident, which immediately, permanently, totally, and absolutely disables the Insured Person from engaging in being occupied with or giving attention to paid employment or occupation of any description whatsoever.
20. **"Pre-existing Disease"** means any condition, ailment or injury or related condition(s) for which the Insured Person/s had signs or symptoms, and / or were diagnosed and / or received medical advice/ treatment, within 48 months prior to the first policy issued by the Insurer.
21. **"Renewal"** defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of Grace period for treating the renewal continuous for the purpose of all waiting periods.
22. **"Schedule"** means Schedule attached to and forming part of this Policy mentioning the details of the Insured/ Insured Persons, the Sum Insured, the period, Coverage and the limits to which benefits under the Policy are subject to.
23. **"Table of Benefits"** means the Table of Benefits specified under the Accident Benefits section of this Policy.
24. **"We, Our, Us"** means the Company, Liberty Videocon General Insurance Company Limited.

Part II : Coverages

Accident Benefit(s)

If the Insured Person shall sustain any Bodily Injury resulting solely and directly from Accident caused by external, violent and visible means, then the Company shall pay to the Insured Person, his or her Nominee or legal representatives, as the case may be, subject to the Capital Sum Insured being the maximum liability of the Company towards injury, solely and directly from Accident, the sum hereinafter set forth that is to say:

- a. If such Injury shall within one calendar year of its occurrence be the sole and direct cause of the death of an Insured Person the Capital Sum Insured in the Schedule hereto.
- b. If such Injury shall within one calendar year of its occurrence be the sole and direct cause of the total and irrecoverable loss of sight of both eyes, or total and irrecoverable loss of use of hands or two feet or one hand and one foot, or for such loss of sight of one eye and such loss of use

of one hand, one foot the Capital Sum Insured stated in the Schedule hereto.

- c. If such Injury shall within one calendar year of its occurrence be the sole and direct cause of the total and irrecoverable loss of sight of one eye, or total and irrecoverable loss of use of a hand or a foot, fifty per cent (50%) if the Capital Sum Insured in the Schedule hereto.
- d. If such Injury shall as a direct consequence thereof immediately, permanently, totally, and absolutely disable the Insured Person from engaging in being occupied with or giving attention to paid employment or occupation of any description whatsoever, the Capital Sum Insured stated in the schedule hereto.

The compensation under more than one clause for same period of disability shall not exceed the Capital Sum Insured

Accidental Benefits	% of CSI
Accidental Death	100%
Loss of use of	% of CSI
Limbs (both hands or both feet or one hand and one foot)	100%
Loss of a Limb and an eye	100%
Complete and irrecoverable loss of sight of both eye	100%
Loss of sight of one eye, or total and irrecoverable loss of use of a hand or a foot	50%
Permanent Total Disability due to Accident	100%

In this benefit

- i. Limb means a hand at or above the wrist or a foot above the ankle.
- ii. Loss of Limb means physical separation of a limb above the wrist or ankle respectively

Part III : General Exclusions

PROVIDED ALWAYS THAT the Company shall not be liable under this Policy for –

1. Death or disability resulting directly or indirectly caused by, contributed to or aggravated or prolonged by child birth or from pregnancy excluding ectopic pregnancy .
2. Any pre-existing condition/ disability / accidental injury.
3. Any claim of the Insured Person
 - (i) from intentional self-injury, suicide or attempted suicide;
 - (ii) for any injury or death caused to the Insured whilst under the influence of liquor or drugs or other intoxicants;
 - (iii) for any injury or death caused to the Insured whilst engaging in aviation or ballooning whilst mounting into, dismounting from or travelling in any aircraft or balloon other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world;

- (iv) directly or indirectly, caused by venereal disease, AIDS or insanity;
 - (v) for any injury or death caused to the Insured whilst driving any vehicle without a valid driving licence;
 - (vi) for any injury or death caused to the Insured whilst engaging as a driver, co-driver or passenger of a vehicle engaging in speed contest or racing of any kind or participating in a trail run.
4. Any loss or damage arising from Insured Person committing any breach of law with criminal intent.
 5. Any claim arising out of war, civil war, invasion, insurrection, revolution, act of foreign enemy, hostilities (whether War be declared or not), rebellion, mutiny, use of military power or usurpation of government or military power.
 6. Any claim caused by or contributed to or arising from -
 - (i) ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel and for the purposes hereof, combustion shall include any self-sustaining process of nuclear fission; or
 - (ii) nuclear weapons material
 7. Any loss in respect of the Insured Person/s whilst engaging in speed contest or racing of any kind (other than on foot), hunting, mountaineering, bungee jumping, rafting, underwater diving, canoeing, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports.
 8. Any loss whilst flying or taking part in aerial activities (including cabin crew) except as a fare-paying passenger in a regular Scheduled airline or Air Charter Company.

Part IV: General Terms & Conditions

1. Disclosure of information norm

The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of mis- representation, mis-description or non-disclosure of any material particulars in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or device being used by the Insured/ Insured Person/s or any one acting on his/their behalf to obtain a benefit under this Policy.

2. Observance of Terms and Conditions

The due observance and fulfillment of the terms, conditions and endorsements of this Policy insofar as they relate to anything to be done or complied with by the Insured/Insured Person/s shall be a condition precedent to any liability of the Company to make any payment under this Policy.

3. Reasonable Care

The Insured/Insured Person shall take all reasonable steps to safeguard the interests of the Insured / Insured Person against accidental loss or damage that may give rise to a claim.

4. Material Change / Change of Occupation

The Insured/ Insured Person shall immediately notify the Company in writing of any material change in the risk or change in business or occupation during the currency of the Policy and cause at his own expense such additional precaution to be taken as circumstances may require to ensure safety thereby containing the circumstances that may give rise to a claim and the Company may adjust the scope of the cover and/or the premium, if necessary, accordingly.

The above notification is not mandatory when only the employer changes but the nature of occupation does not change.

5. Notice of charge

The Company shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy, but the payment by the Company to the Insured /Insured Person, his/her Nominees or legal representatives, as the case may be, of any compensation or benefit under the Policy shall in all cases be an effectual discharge to the Company.

6. Special Provisions

Any special provisions subject to which this Policy has been entered into and endorsed in the Policy or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly.

7. Currency for Payment

All claims shall be payable in India and in Indian Rupees only.

8. Fraudulent Claims

If any claim is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof or if any fraudulent means or devices are used by the Insured/Insured Person or any one acting on his / her behalf to obtain any benefit under this Policy, or if a claim is made and rejected and no Court action or suit is commenced within twelve months after such rejection, all benefits under this Policy shall be forfeited.

9. Notification of Claim

It is a condition precedent to our liability hereunder that written notice of claim must be given by the Insured/Insured Person/Nominee to the Company within 15 days after an actual date and time of accident.

However, the Company may condone the delay on merits of the claim subject to getting satisfied that the delay in notification was due to reasons beyond the control of the Insured/Insured Person/Nominee.

10. Time for Filing Claim Documents

Completed Claim Forms and written evidence of loss must be furnished to Us within 30 days after the date of such accident. Failure to furnish such evidence within the time required shall

not invalidate nor reduce any claim if the Insured/Insured Person/Nominee can satisfy the company that it was not reasonably possible for the Insured/Insured Person/Nominee to give proof / documents within such time.

The above time limit will not apply to claims pending action or arbitration.

11. Termination / Cancellation

This Policy will terminate at the expiration of the period for which premium has been paid or on the Expiration Date shown in Policy Schedule.

Cancellation by Insurer

The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

The Company may, in the event of non-cooperation of the Insured/Insured person/s cancel this Policy, by giving 15 days notice in writing by Registered Post Acknowledgment due to the Insured/ Insured Person/s at his / their last known address in which case the Company shall be liable to repay a rateable proportion of the premium for the unexpired term from the date of the cancellation subject to there being no claim made/ reported under the Policy.

Cancellation by Insured/Insured Person

The Insured may elect to cancel the Policy by giving 15 days notice in writing to the Company. If no claim has been made under the Policy then the Company shall from the date of receipt of notice cancel the Policy and refund the premium as per the Table below;

Length of time Policy in force	Refund of Premium (% of Annual Premium)
Up to 1 month	75%
Up to 3 months	50%
Up to 6 months	25%
Exceeding 6 months	0%

12. Free-look Cancellation

A period of 15 days from the date of receipt of the Policy document is available to review the terms and conditions of this Policy. The Insured has the option of cancelling the Policy stating the reasons for cancellation, if he/she has any objections to any of the terms and conditions. The Company shall refund the premium paid after adjusting the amounts spent on Stamp duty charges and proportionate risk premium. Cancellation will be allowed only if there are no claims reported under the Policy. All rights under this Policy shall immediately stand extinguished on the free look cancellation of the Policy. Free look provision is available only at the time of first issuance of the Policy.

13. Policy Disputes

The parties to this Policy expressly agree that the laws of the Republic of India shall govern the validity, construction, interpretation and effect of this Policy. Any dispute concerning the interpretation of the terms and conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian law. Each party agrees to be subject to the exclusive jurisdiction of the High Court of Mumbai and to comply with all requirements necessary to give such Court the jurisdiction. All matters arising hereunder shall be determined in accordance with the law and practice of such Court.

14. Arbitration

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties thereto or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and the arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no dispute or difference shall be referable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.

15. Renewal

The Policy shall ordinarily be renewable except on the grounds of fraud, moral hazard or misrepresentation, mis-description or non-cooperation by the Insured. Policy will automatically terminate at the end of the Policy Period. However Grace Period of 30 days for renewing the Policy is provided under this Policy. Any claim/loss during the Grace period will not be covered.

We are under no obligation to give notice that it is due for renewal or to renew it on the same terms whether as to premium or otherwise. All Renewal applications and requisite premium shall be given to us on or before the Policy Period end date. The Insured shall give the Company written notice along with renewal application, of any material changes to the risk insured under the Policy. If no such written notice is received by us along with renewal application it shall be deemed that there is no material change to the risk.

Any revision or modification in a Policy which is approved by the IRDA shall be notified to each policy holder at least three months prior to the date when such revision or modification comes into effect

Insured Person/s could avail of policy renewal in terms of the applicable portability norms governing such renewals and the same would be renewed in accordance with the Company's underwriting policy.

16. Entry Age

Minimum entry Age (Child)– 5 Years

Maximum entry Age(Child) – 18 Years

Minimum entry Age (Adult) – 18 Years

Maximum entry Age (Adult) – 75 Years

17. Sum Insured Enhancement

The provision for increase in Capital Sum Insured is available at the time of renewal of the Policy and subject to specific approval & acceptance by the Company.

18. Loadings & Discounts

On-duty only cover: 25% discount on the base premium

India Only Cover: 20% discount on the base premium

Group Discount

No. of Persons Insured under the Group Policy	Group Discounts %
Upto 100 persons	0%
101 Persons - 250 Persons	2.5%
251 Persons - 500 Persons	5%
501 Persons – 1000 Persons	7.5%
1001 Persons - 2000 Persons	10%
2001 Persons - 5000 Persons	12.5%
5001 Persons – 10000 Persons	15%
10001 Persons - 15000 Persons	20%
15001 Persons - 25000 Persons	25%
25001 Persons - 50000 Persons	35%
Above 50001 Persons	50%

Claim Experience Parameter:

1. Discount Percentage for favorable claim ratio:

Incurred Claims Ratio under Group Policy	Discount
Not exceeding 60%	5%
Not exceeding 50%	15%
Not exceeding 40%	25%
Not exceeding 30%	35%
Not exceeding 25%	40%
Where the Incurred Claims Ratio is	Loading %
>71%	In proportion to retain as if loss ratio of 70%

*Average of incurred claims ratio of the portfolio excluding expiring financial year for the last 3 years or available years would be considered.

However, the maximum limit of discount permissible is 60%

19. Notice

Every notice and communication to the Company required by this Policy shall be in writing and be addressed to the nearest office of the Company. In case the Policy is sold via voice log the notice to the Company may be placed via same mode.

20. Withdrawal of Product

In case the product is found to be financially unviable or is deficient in any manner, the Company shall, in terms of Insurance Regulatory & Development Authority (Health Insurance) Regulations 2013, have the option to withdraw this product from the market subject to prior approval of such withdrawal from the Regulatory Authority. Any withdrawal of the product would be duly intimated to existing customers, who on expiry of the existing Policy, will have an option to obtain renewal under similar product/s available with Us. The Company shall allow the benefit of Portability in all such cases.

21. Claim Procedure

It is a condition precedent to the Company's liability that upon the discovery or happening of any loss that may give rise to a claim under this Policy, the Insured/Insured Person shall undertake the following:

The claim has to be intimated to Company's Policy issuing office or any other office of the Company at the nearest regional offices or through agents in writing.

The following information should be furnished by the Insured/Insured Person/s while intimating a claim:

1. Insured Person's contact numbers and address
2. Policy Number
3. Location, Date and Time of Accident
4. Nature and cause of Accident and description of the accident.
5. Whether Police authorities have been informed

In case of death, written notice of the death must, unless reasonable cause is shown, be so given before internment / cremation.

In the event of disability, written notice of disability must be given to the Company immediately on a likely demand or claim being made on the Company.

Proof satisfactory to the Company shall be furnished on all matters upon which a claim is based. Any Medical Officer or other representative of the Company shall be allowed to examine the Insured/Insured Person on the occasion of any alleged injury or disability when and so often as the same may reasonably be required on behalf of the Company and in the event of death, to make a postmortem examination of the body of the Insured Person. Such evidence as the Company may from time to time require shall be furnished within the space of fourteen days after demand in writing.

The Insured / Insured Person or his / her legal representatives as the case may be, is required to submit the following documents while lodging a claim under the Policy:

Indicative list of documents required:

In case of Personal Accident Death claims:

1. Duly filled and signed claim form
2. FIR / MLC from police authorities
3. Driving License of the victim in case death or injury because of road traffic accident and the victim was driving the vehicle involved.
4. Death Certificate issued by competent authorities
5. Death Summary from the hospital authorities if death is confirmed by the hospital
6. Post Mortem Report, if conducted
7. Documentary proof of accidental death
8. Inquest / Panchnama Report
9. Photographs of the deceased / victim
10. Letter from HR stating the attendance closure to the incident in case if employee for group policies
11. Coroner's Report
12. Succession Certificate/ Legal Heir Certificate
13. Indemnity Bond
14. Latest Photograph of the beneficiary / legal heirs in whose name the payment is to be done
15. Photo ID proof of the beneficiary / legal heirs in whose name the payment is to be done
16. Address proof of the beneficiary / legal heirs in whose name the payment is to be done
17. NEFT mandate form filled by beneficiary / legal heirs in whose name the payment is to be done

In case of Personal Accident Injury claims:

1. Duly filled and signed claim form
2. FIR / MLC from police authorities
3. Driving License of the victim in case of injury because of Road Traffic accident and the victim was driving the vehicle involved.
4. Medical Certificate from the attending Medical Practitioner for the injury indicating the extent of disability
5. Medical fitness certificate from the treating consultant indicating duration of rest medically advised
6. Hospital / Nursing Home Medical Records
7. Radiological / X Ray report confirming diagnosis or Fracture
8. Leave certificate from HR (for salaried people) if employee for Group policies
9. Salary certificate / income proof if employee for Group policies
10. Photographs of the Insured showing affected area
11. Photo ID proof of the deceased / victim in whose name the payment is to be done
12. Address proof of the deceased / victim in whose name the payment is to be done
13. Latest Photograph of the deceased / victim in whose name the payment is to be done
14. NEFT mandate form filled by deceased / victim in whose name the payment is to be done

We may ask for additional requirement in certain peculiar cases as per the nature of claim

The Insured / Insured Person shall forward to the Company forthwith every written notice or information of any verbal notice of claim and shall send to the Company any writ, summons or other legal process issued or commenced against the Insured / Insured Person and shall give all

necessary information and assistance to enable the Company to settle or resist any claim or to institute proceedings. The Insured / Insured Person shall not incur any expenses in making good any claim without the written consent of the Company and shall not negotiate, pay, settle, admit or repudiate any claim without such consent.

All sums payable hereunder shall be payable in the case of -

- i) death or disability warranting 100% compensation, only after deleting by an endorsement the name of the Insured/ Insured Person in respect of whom such sum shall become payable without any refund of premium;
- ii) Any other disability, only after reduction of Capital Sum Insured, by an endorsement, by the amount admissible under the claim in respect of the Insured Person in respect of whom such sum shall become payable; and

The Claim Procedure would be in full compliance with relevant provisions of Insurance Regulatory and Development Authority (Health Insurance) Regulation 2013.

No sum payable under this Policy shall carry interest except as required by section 9(6) of the Protection of Policy Holder's Interest, Regulation 2002 whereby payment of the claim amount due shall be made within 7 days from the date of acceptance of the offer of settlement by the Insured/ Insured Person. In case of any delay in payment, the Company shall be liable to 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.

No person other than the Insured /Insured Person(s) and/ or Nominees named in the proposal can claim or sue us under this Policy.

In the event of the original documents being provided to any other Insurance Company or to a reimbursement provider, the Company shall accept properly verified photocopies of such documents attested by such other Insurance Company/ reimbursement provider.

Part V – Grievance Redressal Procedure

We assure the best customer service from our end to our valued Insured/Insured Person(s) and request you to adopt following procedure in case of any service related query or grievance.

You may communicate your query or grievances by sending a letter to below mentioned address or to your nearest branch or email at below mentioned email ID or by calling at our below mentioned call center number.

Customer Care Cell

Liberty Videocon General Insurance Company Limited
10th Floor, Tower A, Peninsula Business Park, Lower Parel, Mumbai

E-mail : 1800 266 5844

Toll Free No : care@libertyvideocon.com

Please include your Policy number in all your communication with the Company. This will help us resolve the issue more efficiently.

If You are not satisfied with redressal of Your grievance, You may approach the nearest Insurance Ombudsman for resolution of Your grievance. The contact details of the Ombudsman offices are mentioned below;

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, AHMEDABAD-380 014 . Tel.:- 079-27546840 Fax : 079-27546142 Email ins.omb@rediffmail.com	Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu
BHOPAL	Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2 nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL(M.P.)-462 023 . Tel.:- 0755-2569201 Fax : 0755-2769203 Email bimalokpalbhopal@airtelmail.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009 . Tel.:- 0674-2596455 Fax : 0674-2596429 Email ioobbsr@dataone.in	Orissa
CHANDIGARH	Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building. Sector 17-D, CHANDIGARH-160 017 . Tel.:- 0172-2706468 Fax : 0172-2708274 Email ombchd@yahoo.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , UT of Chandigarh
CHENNAI	Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018 . Tel.:- 044-24333668 /5284 Fax : 044-24333664 Email insombud@md4.vsnl.net.in	Tamil Nadu, UT–Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
NEW DELHI	Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002 . Tel.:- 011-23239633 Fax : 011-23230858 Email jobdelraj@rediffmail.com	Delhi & Rajasthan
GUWAHATI	Insurance Ombudsman, Office of the Insurance Ombudsman, “Jeevan Nivesh”, 5 th Floor, Near Panbazar Overbridge, S.S.	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura

	Road, GUWAHATI-781 001 (ASSAM) . Tel:- 0361-2132204/5 Fax : 0361-2732937. Email ombudsmanghy@rediffmail.com	
HYDERABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1 st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004 . Tel : 040-65504123 Fax: 040-23376599, Email insombudhyd@gmail.com	Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry
ERNAKULAM	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015 . Tel : 0484-2358759 Fax : 0484-2359336. Email iokochi@asianetindia.com	Kerala , UT of (a) Lakshadweep , (b) Mahe – a part of UT of Pondicherry
KOLKATA	Insurance Ombudsman, Office of the Insurance Ombudsman, North British Bldg., 29, N.S. Road, 4 th Floor, KOLKATA-700 001 . Tel : 033-22134866 Fax : 033-22134868. Email iombkol@vsnl.net	West Bengal , Bihar , Jharkhand and UT of Andeman & Nicobar Islands , Sikkim
LUCKNOW	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6 th Floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001 . Tel : 0522 -2231331 Fax : 0522-2231310 Email insombudsman@rediffmail.com	Uttar Pradesh and Uttaranchal
MUMBAI	Insurance Ombudsman, Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI-400 054 . Tel : 022-26106928 Fax : 022-26106052 Email ombudsmanmumbai@gmail.com	Maharashtra , Goa

The updated grievances redressal procedure shall be provided on the website of the Company and is subject to change in compliance with guidelines/regulations issued by Insurance Regulatory and Development Authority.

INSURANCE IS THE SUBJECT MATTER OF THE SOLICITATION

LIBERTY VIDEOCON JANATA PERSONAL ACCIDENT POLICY (Group) - POLICY SCHEDULE				
Policy Issuing Office : 10th Floor, Tower A, Peninsula Business Park, Lower Parel, Mumbai - 400013				
Master Policy Number		Period of Insurance	From (ddmmyyyy) To (ddmmyyyy)	
Insured Name		Policy Tenure		
Mailing Address		Intermediary Name	Intermediary Code	Intermediary Contact No
		Geographical Scope	Worldwide/India Only	
		On Duty Cover Only	Yes/No	
		Industry		
Contact No		Insured Person/s Details		
Business Type	New/Roll Over	No of Members		
COVERAGE DETAILS				
Sr. No	Accident Benefits	Capital Sum Insured		
1				
2				
SCHEDULE OF PREMIUM				
Premium for the Policy Period				
Loading/Discounts				
Total Premium				
CONDITIONS				
<p>2. In case of premium payment by cheque, in the event of dishonor of cheque for any reason whatsoever cover provided under this document automatically stands cancelled from the inception irrespective of whether a separate communication is sent or not.</p> <p>3. This Policy of Insurance is Contract between the Company and the Insured. 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 Person may represent him in respect of Claim under the Policy.</p> <p>4. All terms, conditions and exclusions as per standard policy wordings attached with this schedule.</p>				
Receipt No:		For LIBERTY VIDEOCON GENERAL INSURANCE CO. LTD.		

Date of Issue:	
Place:	(Authorised Signatory)
*Address as mentioned below	
Service Tax Registration No	
“The stamp duty paid by, vide receipt no. dated	
Corporate & Registered Office Address:	

MEMBER DATA								
Sr. No	Name	Dependant Name	Relationship	Gender	Occupation	DOB (dd/mm/yy)	Existing Injury/Disability	Nominee Name & Relationship

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LIBERTY VIDEOCON JANATA PERSONAL ACCIDENT POLICY (Group) CERTIFICATE OF INSURANCE				
This Policy Schedule is subject to the terms and conditions of the Master Policy No. XXXXXXXXX mentioned in this Certificate of Insurance. The Certificate of Insurance records the agreement between Insured Person and Liberty Videocon General Insurance Company and sets out the brief terms of insurance and the obligations of each party as below:				
Policy Issuing Office : 10th Floor, Tower A, Peninsula Business Park, Lower Parel, Mumbai - 400013				
Master Policy No		Period of Insurance	From (ddmmyyy) To (ddmmyyy)	
Insured Name		Policy Tenure	1 year from date of transaction/debit of premium	
Certificate No		Policy Servicing Office:		
Insured Person Name & Address:				
Occupation		Relationship with Insured	Eg: Savings bank customer	Relationship no
Insured Person Details				
Name				
Gender				
Date of Birth				
Occupation				
Geographical Scope	Worldwide/India Only			
On Duty Cover	Yes/No			
Capital Sum Insured				
Nominee Name				
Relationship with Nominee				
Nominee Address				
Coverages				
Sr. No	Accidental Benefit(s)		Capital Sum Insured	
1				
2				
Schedule of Premium				
Premium for the Policy Period				
Loading/Discount, if any				
Total Premium				
Conditions				

1. In case of premium payment by cheque, in the event of dishonor of cheque for any reason whatsoever cover provided under this document automatically stands cancelled from the inception irrespective of whether a separate communication is sent or not.	
2. 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 Person(s) may represent him in respect of a Claim under the Policy.	
3. All terms, conditions and exclusions as per standard policy wordings attached with this schedule.	
Receipt No:	For LIBERTY VIDEOCON GENERAL INSURANCE CO. LTD.
Date of Issue:	
Place: Mumbai	(Authorised Signatory)
Service Tax Registration No	
Consolidated stamp duty Paid vide receipt no. dated	
Corporate & Registered Office Address: 10th Floor, Tower A, Peninsula Business Park, Ganpat Rao Kadam Marg, Lower Parel, Mumbai - 400013, Maharashtra	