

Liberty Videocon Group Personal Accident Policy

Liberty Videocon General Insurance Company (hereinafter called the “Company”) will provide insurance cover to the Person/person(s) (hereinafter called the “Insured”) 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. 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"** means a sudden, unforeseen and involuntary event caused by external and visible means.
2. **"Injury"** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means 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. **"Family"** means the Insured Person, his/her lawful spouse, his/her legitimate children, dependent parents and parent-in-laws.

9. **“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 preexisting diseases. Coverage is not available for the period for which no premium is received.
10. **“Hospital”** means any institution established for *in-patient care* and *day care treatment* of sickness and / or injuries and which has been registered as a hospital with the local authorities, wherever applicable, and is under the supervision of a registered and qualified *medical practitioner* AND must comply with all minimum criteria as under:
 - has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and 15 inpatient beds in all other places;
 - has qualified nursing staff under its employment round the clock;
 - has qualified medical practitioner (s) in charge round the clock;
 - has a fully equipped operation theatre of its own where surgical procedures are carried out
 - maintains daily records of patients and will make these accessible to the Insurance Company’s authorized personnel.
11. **“Insured /You”** means the employer or legally constituted group named in the Schedule who has concluded this Policy with Us.
12. **“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.
13. **“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.
14. **“Medical practitioner”** means a person who holds a valid registration from the medical council of any state of India 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.
15. **“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
16. **“Occupation”** means Occupation of the Insured/Insured Person/s as mentioned in the Schedule to this Policy.
17. **“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.
18. **“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.

19. **“Portability”** means the right accorded to an individual health insurance policy holder(including family cover) to transfer the credit gained by the insured for pre-existing conditions and time bound exclusions if the policyholder chooses to switch from one insurer to another insurer or from one plan to another plan of the same insurer, provided the previous policy has been maintained without any break.
20. **“Permanent Partial Disability”** means an accidental Injury caused by accident, which as a direct consequence thereof, disables any part of the limbs or organs of the body of the Insured person and which falls into one of the categories listed in the Table of Benefits.
21. **“Permanent Total Disability”** means an accidental Injury caused by accident, which as a direct consequence thereof totally disables and prevents the Insured Person from attending to any business or occupation of any and every kind or if he/she has no business or occupation, from attending to his/her usual and normal duties that last for a continuous period of twelve calendar months from the date of the accident, with no hopes of improvement at the end of that period and which falls into one of the categories listed in the Table of Benefits.
22. **“Pre-existing Disease”** means any condition, ailment or injury or related condition(s) for which the Insured Person/shad 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..
23. **“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.
24. **“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.
25. **“Subrogation”** shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.
26. **“Table of Benefits”** means the Table of Benefits specified under the Accident Benefits section of this Policy.
27. **“Temporary Total Disability”** means an accidental Injury caused by accident, which as a direct consequence thereof totally disables and prevents the Insured Person from attending to any business or occupation.
28. **“We, Our, Us”** means the Company, Liberty Videocon General Insurance Company Limited.

Part II :Coverage

Accident Benefit(s)

The Policy shall provide compensation to the Insured Person, his or her nominee or legal representatives, as the case may be, the sum or sums as set forth in the Tables of Benefits below, subject to the Capital Sum Insured being the maximum liability of the Company towards injury, solely and directly from accident and resulting in death or disability within 12 (twelve) calendar months of occurrence of such injury. The compensation under more than one clause for same period of disability shall not exceed the Capital Sum Insured

Table of Benefits:

1. Death

If an Insured Person suffers an Accident during the Policy Period and this is the sole and direct cause of his death within 12 (twelve) Calendar months from the date of the Accident, then We will pay the Capital Sum Insured as mentioned in the Policy Schedule.

2. Permanent Total Disability

a. If an Insured Person suffers an Accident during the Policy Period and within 12 (twelve) Calendar months from the date of Accident this is the sole and direct cause of his permanent total disability in one of the ways detailed in the table below, We will pay the percentage of the Capital Sum Insured shown in the table.

Permanent Total Disability – Table of Benefits	
Loss 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%
Complete and irrecoverable loss of speech & hearing of both ears	100%

b. 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

3. Permanent Partial Disability

If an Insured Person suffers an Accident during the Policy Period and within 12 (twelve) Calendar months from the date of the Accident this is the sole and direct cause of his permanent partial disability in one of the ways detailed in the table below, then We will pay the percentage of the Capital Sum Insured shown in the table.

Permanent Partial Disability – Table of Benefits	
Loss of	% of CSI
Each arm at the shoulder joint	70%

Each arm to a point above elbow joint	65%
Each arm below elbow joint	60%
Each hand at the wrist	55%
Each thumb	20%
Each index finger	10%
Each other finger	5%
Each leg above center of the femur	70%
Each leg up to a point below the femur	65%
Each leg to a point below the knee	50%
Each leg up to the center of tibia	45%
Each foot at the ankle.	40%
Each big toe	5%
Each other toe	2%
Each eye	50%
Hearing in each ear	30%
Sense of smell	10%
Sense of taste	5%
Any other Permanent Partial Disability	Percentage as assessed by Registered medical practitioner

4. Temporary Total Disability

If an Insured Person suffers an Accident during the Policy Period which is the sole and direct cause of a temporary disability which totally disables him from engaging in any employment or occupation of any description whatsoever, then We will pay a weekly benefit, provided that:

- The temporary total disability is certified by a Doctor, and
- Our liability to make payment will be limited to the amount and disability period as specified in the Schedule to this Policy
- We will not pay any amount in excess of the SI stated under the schedule to this policy against this benefit

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) whilst under the influence of liquor or drugs or other intoxicants;

- (iii) whilst engaging in aviation or ballooning whilst mounting into, dismounting from or traveling 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) whilst engaging in racing, hunting, mountaineering, ice hockey, winter sports;
 - (vi) driving any vehicle without a valid driving licence;
 - (vii) whilst engaging as a driver, co-driver or passenger of a vehicle engaging in speed contestor 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 bedecleared 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), 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.
 9. We shall not be deemed to provide cover and shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose us to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

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. Subrogation

In the event of payment under this Policy, the Company shall be subrogated to all the Insured /Insured Person's rights of recovery thereof against any person or organization, and the Insured/Insured Person shall execute and deliver instruments and papers necessary to secure such rights. The Insured/Insured Person and any claimant under this Policy shall at the expense of the Company do and concur in doing and permit to be done, all such acts and things as may be necessary or required by the Company, before or after Insured /Insured Person's indemnification, in enforcing or endorsing any rights or remedies, or of obtaining relief or indemnity, to which the Company shall be or would become entitled or subrogated. . This clause applies only to coverage under the indemnity section of the policy and does not apply to benefit sections.

9. 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.

10. 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.

11. 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.

12. 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%

13. 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 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.

14. 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 executive 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.

15. 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.

16. Renewal

The Company will not ordinarily refuse to renew the Policy except on grounds of misrepresentation, fraud, non-disclosure or non-cooperation on the part of the Insured. The Company shall not be bound to give notice that such renewal premium is due.

This Policy will automatically terminate on the Policy Period end date. 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. Renewal Premium is subject to revision based on the claims experience parameter.

Grace Period of 30 days for renewing the Policy is provided under this Policy. However, any death/injury due to accident during the break in period will not be covered.

17. Entry Age

Minimum entry Age – 5 Years
Maximum entry Age – 75 Years

18. 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.

19. Loadings & Discounts

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

India Only Cover: 10% 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	22%
25001 Persons - 50000 Persons	25%
Above 50001 Persons	30%

Note: The number of persons covered at the inception of the policy would be reckoned for the purpose of applying such group discount.

Claim Experience Parameter:

Incurred Claim Ratio under the Group Policy (for the preceding three years)	Discount %
Up to 20 %	25%
21 % - 35 %	15%
36 % - 50 %	10%
51 % - 60 %	5%
61% - 70%	0%

Where the Incurred Claims Ratio is	Loading %
>71%	In proportion to retain as if loss ratio of 70%

20. 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.

21. 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.

22. 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
2. Policy Number
3. Location, Date and Time of Accident
4. Nature and cause of loss
5. Whether Police authorities has been informed

Claims processing and settlement will be as per Protection of Policy Holder's Interest, Regulation 2002.

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:

- a) FIR from police authorities wherever necessary (in case of accidents outside residence)
- b) Death Certificate from the Municipal Authorities
- c) Death Summary from the Hospital Authorities if death is confirmed by the Hospital
- d) Post Mortem Report, if conducted
- e) Documentary proof of accidental death
- f) Duly filled and signed claim form
- g) Policy Copy and Annexure
- h) Inquest / Panchnama Report
- i) Photographs of the insured
- j) Coroner's Report
- k) Letter from HR stating the attendance closure to the incident

In case of Personal Accident Permanent Partial and Total Disability claims:

- a) FIR from police authorities wherever necessary (in case of accidents outside residence)
- b) Medical Certificate from the attending Medical Practitioner for the injury indicating the extent of disability
- c) Duly filled and signed claim form
- d) Policy Copy and Annexure
- e) Hospital / Nursing Home Medical Records
- f) Leave certificate from HR (for salaried people)
- g) Salary certificate / income proof
- h) Photographs of the insured showing affected area

In case of Personal Accident Temporary Total Disability claims:

- i) FIR from police authorities wherever necessary (in case of accidents outside residence)
- j) Medical Certificate from the attending Medical Practitioner for the injury indicating the extent of disability
- k) Medical fitness certificate from the Treating consultant indicating duration of rest medically advised
- l) Duly filled and signed claim form
- m) Policy Copy and Annexure
- n) Hospital / Nursing Home Medical Records
- o) Leave certificate from HR (for salaried people)

- p) Salary certificate / income proof
- q) Photographs of the insured showing affected area

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 permanent total disability, 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) permanent partial 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
- iii) temporary total disability upon termination of such disability.

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.

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 : care@libertyvideocon.com

Toll Free No : 1800 266 5844 (Timings: between 8:00am to 8:00pm, 7 days of the week)

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, JanakVihar Complex, 2 nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL(M.P.)-462 023 . Tel.:- 0755-2569201 Fax : 0755-2769203 Email bimalokpalbhupal@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	Assam , Meghalaya, Manipur,



	Insurance Ombudsman, “JeevanNivesh”, 5 th Floor, Near PanbazarOverbridge, S.S. Road, GUWAHATI-781 001 (ASSAM) . Tel:- 0361-2132204/5 Fax : 0361-2732937. Email ombudsmanghy@rediffmail.com	Mizoram, Arunachal Pradesh, Nagaland and Tripura
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 Andaman& Nicobar Islands , Sikkim
LUCKNOW	Insurance Ombudsman, Office of the Insurance Ombudsman, JeevanBhawan, 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, JeevanSevaAnnexe, 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.