

SARAL SURAKSHA BIMA, LIBERTY GENERAL INSURANCE LTD. PROSPECTUS

INTRODUCTION

This policy is designed as per the ‘Guidelines on Standard Personal Accident Insurance Product’ with Ref: IRDAI/HLT/GDL/MISC/036/02/2021 mandated by the authority - The Insurance Regulatory and Development Authority of India (IRDAI)

Note: The information provided herein is only indicative, we request you to refer the Policy document for better understanding of the covers, sum insured, exclusions, conditions and deductibles.

ELIGIBILITY

- Minimum Entry Age for Adult: 18 Years
- Maximum Entry Age for Adult: 70 Years
- Dependent Child / Children: Shall be covered from the age of 3 months to 25 years
- Policy Tenure: 1 Year
- Relationships covered: Self, Spouse, Dependent Children, Parents & Parents-in-laws

KEY FEATURES

1. Covers Accidental Death, Permanent Total Disablement and Permanent Partial Disablement.
2. **Flexi Sum Insured Option** - Option to choose Sum Insured from INR 2,50,000 in multiples of INR 50,000
3. **Flexi Premium Payment**- Monthly, Quarterly, Half Yearly and Yearly
4. **Option to select** Temporary Total Disablement, Hospitalisation Expenses due to Accident and Education grant

SCOPE OF COVER

The features and benefits available are as mentioned below.

For coverages, please refer the Table of Benefits in the later part of the Prospectus.

1. **Base Covers:** The covers listed below are in-built Policy benefits and shall be available to all Insured Persons in accordance with the procedures set out in this Policy.
 - a) **Death:** Benefit equal to 100% of Sum Insured shall be payable on death of the insured person, due to an Injury sustained in an Accident during the Policy Period, provided that the Insured Person’s death occurs within 12 months from the date of the Accident.
 - b) **Permanent Total Disablement:** Benefit equal to 100% of Sum Insured shall be payable if an insured Person suffers Permanent Total Disablement of the nature specified below, solely and directly due to an Accident

during the Policy Period, provided that the Permanent Total Disablement occurs within 12 months from the date of the Accident:

- a) Total and irrecoverable loss of sight of both eyes or
- b) Physical separation or loss of use of both hands or feet or
- c) Physical separation or loss of use of one hand and one foot or
- d) loss of sight of one eye and Physical separation or loss of use of hand or foot
- e) If such Injury shall as a direct consequence thereof, permanently, and totally, disables the Insured Person from engaging in any employment or occupation of any description whatsoever.

- c) Permanent Partial Disablement:** Sum Insured specified below shall be payable if the Insured Person suffers Permanent Partial Disablement of the nature specified below solely and directly due to an Accident during the Policy Period provided that the Permanent Partial Disablement shall occur within 12 months of the date of the Accident

	Loss Covered	Percentage of Sum Insured
1.	Loss of Use/ Physical Separation: One entire hand One entire foot Loss of Sight of one eye Loss of toes – all Great both phalanges Great – one phalanx Other than great if more than one toe lost	50% 50% 50% 20% 5% 2% 1%
2.	Loss of Use of both ears	50%
3.	Loss of Use of one ear	20%
4.	Loss of four fingers and thumb of one hand	40%
5.	Loss of four fingers	35%
6.	Loss of thumb - both phalanges - one phalanx	25% 10%
7.	Loss of Index finger - three phalanges two phalanges one phalanx	10% 8% 4%
8.	Loss of middle finger – three phalanges two phalanges one phalanx	6% 4% 2%
9.	Loss of ring finger - three phalanges two phalanges one phalanx	5% 4% 2%

10.	Loss of little finger – three phalanges two phalanges one phalanx	4% 3% 2%
11.	Loss of metacarpus - first or second (additional) third, fourth or fifth (additional)	3% 2%
12.	Any other permanent partial disablement	Percentage as assessed by the independent Medical Practitioner

Maximum amount payable in respect of multiple nature of disablements shall be restricted to Sum insured chosen by the policyholder

Note:

- a) The base sum insured chosen and cumulative bonus, if any is applicable cumulatively for all the three covers specified under 1(a), 1(b) and 1(c) above i.e, there is a single sum insured for all the three covers namely, Accidental death, Permanent total disability and Permanent Partial Disability.
- b) If the accident occurs during the policy period, benefits covered under 1(a), 1(b) and 1(c) above are payable, even if death or Permanent Total Disablement or Permanent Partial Disablement or any combination thereof occurs after the completion of policy period, but within 12 months from the date of accident

2. Optional Covers:

- a) **Temporary Total Disablement:** If the Insured Person sustains an Injury in an Accident during the Policy Period and which completely incapacitates the Insured Person from engaging in any employment or occupation of any description whatsoever which the Insured Person was capable of performing at the time of the Accident (Temporary Total Disablement), compensation shall be payable, at the rate of 0.2% of the base sum insured per week, till the time the insured person is able to return to work, provided that:
 - (i) Such period of temporary total disablement exceeds 4 weeks, however, benefit shall be payable for the entire duration of disablement.
 - (ii) The compensation payable under this benefit shall not be payable for more than 100 weeks in respect of any one Injury calculated from the date of commencement of disablement and in no case shall exceed the Sum Insured.
 - (iii) The Temporary Total Disablement is certified in writing by the treating Medical Practitioner to have commenced within 30 days from the date of the Accident.
 - (iv) The compensation payable, shall be paid by the insurer at quarterly intervals, after ascertaining the amount payable. If the period of temporary total disablement is for less than a quarter or three months, the compensation may be paid at the end of the disablement period.
 - (v) During the course of payment under this benefit, the insurance company shall have right to call for a certification from an independent medical practitioner with regard to the continuity of temporary total disability specified under this section.
 - (vi) The insured shall notify the company immediately on resuming to his occupation/employment. Where

it is found that the insured resumed to his occupation/employment without notifying to the company and received the compensation under this cover, the company shall have right to claim the recovery of such benefit paid.

b) Hospitalisation Expenses due to Accident: Hospitalisation expenses arising due to accident shall be indemnified up to the limit of 10% of base sum insured.

The hospitalisation expenses shall cover the following:

- i. Room, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home.
- ii. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor / surgeon or to the hospital.
- iii. Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities, and such other similar expenses.

(Expenses on Hospitalisation for a minimum period of 24 hours are admissible. However, this time limit of 24 hours shall not apply when the treatment does not require hospitalisation as specified in the terms and conditions of policy contract, where the treatment is taken in the Hospital and the Insured is discharged on the same day.)

- iv. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses
- v. The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure carried out to treat the accidental injury covered under the policy
- vi. Expenses incurred on hospitalization due to accident, under AYUSH (as defined in IRDAI (Health Insurance) Regulations, 2016) systems of medicine shall be covered without any sub-limits.

The following expenses necessitated due to injury shall also be covered under the optional cover specified under Section (b):

- i. Dental treatment.
- ii. Plastic surgery.
- iii. All the day care treatments.
- iv. Expenses incurred on road Ambulance subject to a maximum of Rs.2000/- per hospitalization

c) Education Grant: Following an admissible claim of the insured person under the policy towards Death or Permanent Total Disability of the insured person, a one-time Educational Grant of 10% of the Base Sum insured, per child, shall be payable, to all dependent children of the Insured provided that:

- a. Such Dependent Child/ Children(s) is/are pursuing an educational course as a full time student in an educational institution.
- b. Age of the child or children as the case shall not be more than 25 completed years.

Note:

- i. The benefits payable under Optional covers are independent and over and above the base sum insured.
- ii. Claim admissibility under the optional covers “Temporary total disablement” and “hospitalization due to accident” is independent of claim admissibility under the base covers

3. **Cumulative Bonus:** Sum insured (excluding cumulative bonus) shall be increased by 5% in respect of each claim free policy year, provided the policy is renewed without a break subject to maximum of 50% of the sum insured. If a claim is made in any particular year, the cumulative bonus accrued may be reduced at the same rate at which it has accrued.

EXCLUSIONS

EXCLUSIONS (applicable to all sections of the policy)

The Company shall not be liable to make any payments under this policy in respect of:

- (i) Any claim for death or disablement (whether of a permanent nature or of a temporary nature), hospitalisation of the insured person, directly or indirectly due to War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.
- (ii) Any claim for death, disablement (whether of a permanent nature or of a temporary nature), hospitalization of Insured Person
 - a. from intentional self-injury unless in self-defense or to save life, suicide or attempted suicide;
 - b. whilst under the influence of intoxicating liquor or drugs or other intoxicants except where the insured is not directly responsible for the injury / accident though under influence of intoxication.
 - c. whilst engaging in aviation or ballooning, or whilst mounting into, or dismounting from or travelling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airlines in the world. [Standard type of aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft has a single engine or multiengine;]
 - d. arising or resulting from the Insured Person committing any breach of law with criminal intent.
- (iii) Any claim for death, disablement (whether of a permanent nature or of a temporary nature), hospitalization of Insured Person 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.
- (iv) Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:
 - A. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self-sustaining process of nuclear fission) of nuclear fuel.
 - B. Nuclear weapons material
 - C. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
 - D. Nuclear, chemical and biological terrorism
- (v) Any loss arising out of the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law

Exclusions specific to “Hospitalisation Expenses due to Accident”

The Company shall not be liable to make any payments under this policy in respect of any expenses incurred by the insured person in connection with or in respect of:

- i. Investigation & Evaluation (Code- Excl04)
 - a) Expenses related to any admission primarily for diagnostics and evaluation purposes.
 - b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment.
- ii. 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 (Code- Excl14)
- iii. Expenses incurred for treatment of accidental injuries which does not warrant hospitalization.
- iv. Any expenses incurred on Domiciliary Hospitalization and OPD treatment.
- v. Treatment taken outside the geographical limits of India.
- vi. All expenses listed in Annexure-B (List I) of the Policy.

FREE LOOK PERIOD

The Free Look Period will be applicable on the new policy and not on renewals.

1. The insured will be allowed a period of fifteen days from date of receipt of the Policy to review the terms and conditions of the Policy, and to return the same if not acceptable.
2. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to
 - a) a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges; or
 - b) where the risk has already commenced and the option of return of the Policy is exercised by the insured, a deduction towards the proportionate risk premium for period of cover or
 - c) Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period

DISCOUNTS AND LOADINGS

Not Applicable

CANCELLATION

- i. The Insured may cancel this Policy by giving 15days’ written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed 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%

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.

- ii. The Company may cancel the Policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud

RENEWAL OF THE POLICY

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

- i. The Company shall endeavour to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- ii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- iii. At the end of the policy period, the policy shall terminate and can be renewed within the Grace period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- iv. No loading shall apply on renewals based on individual claims experience.
- v. The cover for the Insured shall terminate immediately in the event of admissible claim and settlement of 100% Sum Insured under Coverage Death or Permanent Total Disability and no Renewal of contract will be permissible.
- vi. The insured may also avail an optional cover or opt out of the optional cover at the time of renewal.

CLAIM PROCESS AND MANAGEMENT

Notification of claim:

- i. Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening
- ii. Claims for insurance benefits must be submitted to the Company not later than one (1) month after the completion of the treatment or after transportation of the mortal remains/ burial in the event of Death.
- iii. If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation in an Emergency, the company shall be informed within 24 hours of the admission of the insured person in Hospital

Note: The Company will examine and relax the time limit mentioned herein above depending upon the merits of the case.

Claim Settlement

- i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- ii. In case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

(Explanation: “Bank rate” shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the Financial Year in which claim has fallen due)

Payment of Claim

All claims under the policy shall be payable in Indian currency only

Statutory Warning: Prohibition of Rebates as per Section 41 of the Insurance Act 1938 (4 of 1938) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer’. Violations of Section 41 of the Insurance Act 1938, as amended, shall be - Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakhs.

TABLE OF BENEFITS

Name	Saral Suraksha Bima, Liberty General Insurance Ltd.
Product Type	Individual
Category of Cover	All the covers are benefit based except the optional cover “Hospitalisation Expenses due to Accident” which is indemnity based.
Sum insured	On Individual basis – SI shall apply to each individual family member
Policy Period	1 year
Base covers	<ol style="list-style-type: none"> i. Death ii. Permanent total disablement iii. Permanent partial disablement
Optional covers	<ol style="list-style-type: none"> i. Temporary total disablement ii. Hospitalisation Expenses due to Accident iii. Education grant

Cumulative bonus	Sum insured (excluding CB) shall be increased by 5% in respect of each claim free policy year, provided the policy is renewed without a break subject to maximum of 50% of the sum insured.
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PREMIUM RATE CHART

As annexed