Customer Information Sheet

This document provides key information about your policy. You are also advised to go through your policy document. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.

S. No	Title	Description	Policy Clause Number
1	Name of Insurance Product/Policy	Secure Shield	
2	Policy Number		
3	Type of Insurance Product/ policy	Indemnity & Benefit both	
4	Sum Insured (Basis & Amount)	Individual/Floater (Total SI Amount) As per the Policy Schedule	
5	Policy Coverage	**Benefits:** **Hospital Daily Allowance:** If an Insured Person requires Hospitalization due to an Injury or Illness suffered or contracted during the Coverage Period, then We will pay the daily allowance amount specified against this Benefit in the Certificate of Insurance, for each continuous and completed period of 24 hours of Hospitalisation. **Loss of Job:** If an Insured Person suffers an Involuntary Unemployment during the Coverage Period resulting in loss of Income, then We will pay the monthly amount specified in the Certificate of Insurance against this Benefit, or the number of EMI Amount(s) as specified in the Certificate of Insurance falling due in respect of the Loan Account Number specified against this benefit in the Certificate of Insurance, as applicable, for each continuous and completed month specified in the Certificate of Insurance from the date of such Involuntary Unemployment. **Critical Illness Benefit:** If an Insured Person is First Diagnosed to be suffering from a Critical Illness of the nature specified in Annexure A of the Policy, during the Coverage Period, then We will pay the Sum Insured under this Benefit as specified in the Certificate of Insurance.	1 1.1 1.2 1.3
6	Exclusions (what the policy does not cover)	General exclusions (unless otherwise specified in the policy schedule): 1. 30-day waiting period-Code-Excl03 2. Pre-Existing Diseases-Code-Excl01 3. Suicide or attempted suicide, intentional self-inflicted Injury or acts of self-destruction. 4. Any change of profession after inception of the Policy which results in the enhancement of Our risk under the Policy, if not accepted and endorsed by Us on the Certificate of Insurance. 5. Any External Congenital Anomaly or defects. 6. Any certification provided by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's family.	2

		7. Treatment of any sexually transmitted diseases or infections (other than HIV and AIDS), including the screening and prevention of such diseases or infections. 8. Refractive Error: Code-Excl15 9. Change-of-Gender treatments: Code – Excl07 10. Cosmetic or plastic Surgery: Code-Excl08 11. Obesity/ Weight Control: Code- Excl06 12. Circumcision 13. Sleep Disorders 14. Vaccination or inoculation unless forming a part of post-animal bite treatment; 15. Naturopathy Treatments. 16. Birth Control, Sterility and Infertility: Code – Excl17 17. Any dental treatment or Surgery of a corrective, cosmetic or aesthetic nature unless carried out under general anaesthesia and is necessitated by Illness or Injury during the Coverage Period. 18. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code-Excl12 19. Breach of law: Code-Excl10 20. Hazardous or Adventure sports: Code-Excl09 21. War 22. Any claim arising from or caused by ionizing radiation or contamination by radioactivity 23. Chemical attack 24. Biological attack	
7	Waiting Period Time period during which specified diseases/treatments are not covered It is counted from the beginning of the policy coverage	Initial waiting Period: As per policy schedule Specific Waiting periods (Not applicable for claims arising due to an accident): As per policy schedule Pre-existing diseases: As per policy schedule	
8	Financial limits of coverage i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit) ii. Co-payment (It is a specified amount/percentage of the admissible claim amount to be	The policy will pay only up to the limits specified in the policy schedule under for the following diseases/procedures: As Per Policy Schedule As Per Policy Schedule	

	paid by policyholder /insured) iii. Deductible (It is a specified amount: - up to which an insurance company will not pay any claim, and which will be deducted from total claim amount (if claim amount is more than the specified amount) iv. Any other limit (as applicable)	Per Claim Deductible- as per policy schedule Group Deductible- as per policy schedule As Per Policy Schedule	
9	Claims/Claims Procedure	Cashless claim facility can be availed in all network hospitals. The list of network hospitals are available on our website or can be checked at the customer care centre. For reimbursement of a claim, please submit all necessary documents on our App or email to us. We may ask for original hard copy of the documents in some cases. Turn Around Time (TAT) for claims settlement: i) TAT for preauthorization of cashless facility is within 1 hours from receipt of last necessary document from the hospital. ii) TAT for final cashless bill authorization is within 3 hours from receipt of last necessary document from the hospital. Please find the important links/numbers below :- i. Network Hospital Details: Acko App or www.acko.com ii. Helpline Number: 1860 266 2256 iii. Hospitals which are backlisted or from where no claims will be accepted by the insurer: Acko App or www.acko.com/gi iv. Downloading getting the claim form: Acko App or www.acko.com/gi	3
10	Policy servicing	Company Officials: Acko General Insurance Limited, 2nd floor, #36/5, Hustlehub One East, 27th Main Rd, Sector 2, HSR Layout, Bengaluru, Karnataka - 560102 ● Our website: www.acko.com/gi ● Email: health@acko.com ● Toll Free: 1800 266 2256	
11	Grievance s/Complaints	For resolution of any query, insured may contact the company on our helpline number **1800 266 2256** or may write an e-mail at hello@acko.com. For resolution of grievance, insured may contact the company on our toll-free helpline number 1800 210 4990 (Operating hours: 10 AM – 7 PM, all days of the week).	5(II)

		Senior Citizens Support: Phone: **080-62370023** Email: grievance.healthseniorcitizen@acko.com you can also write to grievance@acko.com. Your complaint will be acknowledged by us within 24 working hours. If in case you are dissatisfied with the decision/resolution provided through details indicated above on your Complaint or have not received any response within 14 working days, you may write or email to Chief Grievance Officer: Email: gro@acko.com Postal Address: Acko General Insurance Limited 36/5 Hustlehub One East, Somasandrapalya, 27th Main Road Sector 2, HSR Layout, Karnataka Bangalore – 560102 The Chief Grievance Officer will provide a final response within 7 days of receipt of the escalation. If in case your issue remains unresolved within 14 days of lodging a complaint with us and you wish to pursue other avenues for redressal of grievances, you may approach IRDAI by calling on the Toll-Free no. 155255 or you can register an online complaint on the website https://irdai.gov.in/igms1 Insurance Ombudsman for Redressal, whose details are given below: General Manager Consumer Affairs Department-Grievance Redressal Cell Website: https://cioins.co.in/Ombudsman In the event of an unsatisfactory response from the Grievance Officer, he/she may register a complaint in the Integrated Grievance Management System (IGMS) of the IRDAI.	
12	Things to remember	**Free Look cancellation**: A period of 30 days (from the date of receipt of the policy document) is available to the policyholder to review the terms and conditions of the policy. If you are not satisfied with any of the terms and conditions, you have the option to cancel your policy. This option is available in case of policies with a term of one year or more. **Policy renewal**: The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person. **Migration and Portability**: In case of migration of one policy to another with the same Insurer, the policyholder (including all members under family cover and group insurance policies) can transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting periods, waiting period for pre-existing diseases, Moratorium period etc. in the previous policy to the migrated policy. The Insured Person will have the option to port the Policy to other insurers as per extant Guidelines related to portability.	4(j) 4(h) 4(i)

		Moratorium Period: After completion of five continuous years under the policy no look back to be applied. This period of five years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of five continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.	
13	Insured's Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the policyholder. It is Condition Precedent to Our liability under the Policy that You shall at Your own expense immediately notify Us in writing of any material change in the risk on account of change in nature of occupation or business of any Insured Person. We may, in Our discretion, adjust the scope of cover and / or the premium paid or payable, accordingly	

Declaration by the Policy Holder:

I have read the above and confirm having noted the details.

Place:

Date: (Signature of the Policyholder)