

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

SI No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product	Group Health & Accident Care	
2	Policy number		
3	Type of Insurance Product/ Policy	Both Indemnity & Benefit	
4	Sum Insured (Basis) (Along with amount)	As mentioned in the policy schedule Individual Sum Insured (Floater, in case family members are covered) Amount: As mentioned in your Policy schedule	
5	Policy Coverage	Base Benefit: Accidental Death Benefit: If Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly results in the Insured Person's death within 365 days from the date of the Accident, we will pay the Sum Insured. Permanent Total Disability: If Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly results in the Permanent Total Disability of the Insured Person which is of the nature as specified, within 365 days from the date of the Accident, we will pay the Sum Insured. Permanent Partial Disability: If Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly results in the Permanent Partial Disability of the Insured Person which is of the nature as specified within 365 days from the date of the Accident, we will pay the amount as specified. Temporary Total Disability: If Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly results in the disability of the Insured Person which prevents the Insured Person from engaging in any employment or occupation on a temporary basis, then We will pay the amount as specified.	Section C 1 2 3 4

		Medical Expenses Reimbursement: If an Insured Person requires Hospitalization or Day Care Treatment due to an Injury or Illness specified in the Schedule / Certificate of Insurance, suffered or contracted during the Coverage Period, then We will reimburse the costs incurred on Medical Expenses up to the limit specified in the Certificate of Insurance including the Post-Hospitalization Medical Expenses incurred for up to 90 days.	5
		Loan Protector: If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period, We will pay an amount equal to the outstanding loan principal amount in respect of the Insured Person's outstanding Loan, subject to this amount not exceeding the amount specified in the schedule.	6
		OPD Treatment: If an Insured Person requires OPD Treatment for any of the treatments/tests/consultations specified in the Certificate of Insurance, due to an Injury or Illness specified in the Schedule / Certificate of Insurance, suffered or contracted during the Coverage Period, then We will reimburse the costs incurred on Medical Expenses.	7
		Child Education Cover: We will pay the amount as specified in respect of each surviving Dependent Child, irrespective of whether the child is an Insured Person.	8
		Hospital Fixed Benefit: We will pay a fixed benefit amount, in the event of a Hospitalization solely and directly due to the Illness or Injury.	9
		Disappearance Cover: If an Insured Person disappears during the Coverage Period due to an Accident followed by a forced landing, stranding, sinking or wrecking of a conveyance, earthquake or flood during the Coverage Period and is legally declared dead (declared death in absentia or legal presumption of death), We will pay the amount specified in the schedule.	10
		Repatriation of Mortal Remains: We will reimburse the expenses incurred up to the limit specified in the Policy Schedule / Certificate of Insurance for transportation of mortal remains from the place of death to the residence of the Insured Person, in case of death due to illness or injury, as specified in the Policy Schedule / Certificate of Insurance.	11

		Mobility Cover: We will reimburse the expenses incurred up to the limit specified in the Certificate of Insurance on the purchase of support items including but not limited to crutches, artificial limbs, wheelchairs, tri-cycles intra-ocular lenses, spectacles, hearing aids, dentures, artificial teeth, imported medicines or any other item which in the opinion of the treating Medical Practitioner is necessary for the Insured Person to resume normal living following the Injury sustained in the Accident during the Coverage Period.	12
		Funeral Expenses: We will reimburse the expenses incurred up to the limit specified in the Policy Schedule / Certificate of Insurance towards expenses on the funeral, cremation/ or burial and transportation of the body to the place of the funeral ceremony for the Insured Person, in case of death due to illness or injury, as specified in the Policy Schedule / Certificate of Insurance	13
		Compassionate Visit: If an Insured Person requires Hospitalization due to an Injury or Illness specified in the Schedule / Certificate of Insurance, suffered or contracted during the Coverage Period, then We will reimburse an amount incurred for return economy class tickets up to the limit specified in the Certificate of Insurance for an Immediate Relative of the Insured Person to travel to the place of Hospitalization of the Insured Person.	14
		Compassionate Visit Stay: If an Insured Person requires Hospitalization due to an Injury or Illness specified in the Schedule / Certificate of Insurance, suffered or contracted during the Coverage Period, then We will pay the daily amount specified in the Certificate of Insurance towards accommodation expenses for an Immediate Relative of the Insured Person to stay at the place of Hospitalization of the Insured Person during the Coverage Period.	15
		Convenient Travel Option: If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly requires the Insured Person to return to his place of residence, then We will reimburse the amount incurred on tickets on a Common Carrier for the Insured Person's travel back to his place of residence with addition or modification necessitated in the Common Carrier due to such Illness/Injury and provided to the Insured Person, up to the limit specified in the Certificate	16

		of Insurance.	
		Outstanding Bills Protection Benefit: If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period, We will pay the outstanding bills of the Insured Person up to the amount specified in the Certificate of Insurance.	17
		Ambulance and Emergency Transportation Cover: If an Insured Person suffers from an Injury or Illness specified in the Schedule / Certificate of Insurance, during the Coverage Period and that Illness/Critical Illness/Injury solely and directly requires the Insured Person to be transported to the Hospital by an Ambulance or any public transport, then We shall reimburse the costs incurred up to the limits as specified in the Certificate of Insurance.	18
		Modification of Vehicle/Home: We will reimburse the costs incurred up to the limit specified in the Certificate of Insurance for improvements to be carried out in the Insured Person's residence or to the Insured Person's vehicle.	19
		Evacuation (Medical & Catastrophe): We will reimburse the costs incurred for the air or surface transportation of the Insured Person during the Coverage Period and an attending Medical Practitioner if it is certified in writing as being medically necessary, including costs incurred for medical care during such transportation.	20
		Physiotherapy: If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly requires the Insured Person to undergo physiotherapy, then We will reimburse the costs incurred on physiotherapy up to the limit specified Certificate of Insurance.	21
		Chauffer Benefit: We will pay the per day allowance specified in the Certificate of Insurance in respect of a chauffeur to drive the Insured Person.	22
		Emergency Hotel Requirement: We will reimburse the costs up to the limit specified in the Certificate of Insurance towards the stay of the Insured Person in a hotel due to the Insured Person or any Immediate Relative travelling with the Insured Person suffering Injury in an Accident or Illness or undergoing Hospitalization during the Coverage Period.	23

	Hospital Daily Allowance: If an Insured Person requires Hospitalization due to an Injury or Illness specified in the Schedule / Certificate of Insurance, 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.	24
	EMI Protection: We will pay an amount equal to the EMI Amount which is due on the Insured's outstanding Loan in the number of months immediately following the date of such an occurrence of illness or injury, as is specified subject to this amount not exceeding the amount specified.	25
	Missed Bill Payment: If an Insured Person defaults on payment of a credit card bill or an essential utility bill such as water, electricity or gas, on or before the due date for making such payment due to an Injury or Illness specified in the Schedule contracted during the Coverage Period that occurs then We will pay the amount specified in Certificate of Insurance towards the penalty levied on the Insured Person for non-payment of such bill amount within the due date.	26
	Personal Liability: We will reimburse any actual legal liability, including Defence Costs, incurred by the Insured Person in his/her private capacity to pay damages to a third party arising out of the third party's death, Injury or property being damaged during the Travel Period upto the limit specified in the Certificate of Insurance.	27
	Loss of Baggage and Personal Effects: We will reimburse the actual loss upto the limit specified in the Certificate of Insurance incurred in relation to the permanent and total loss of the Insured Person's luggage and personal possessions during the Travel Period.	28
	Electronic Equipment Cover: We will reimburse the actual loss incurred up to the amount specified in the Certificate of Insurance in relation to the permanent and total loss of the Insured Person's Portable Electronic Equipment due to physical damage, destruction, loss or theft during the Travel Period.	29
	Hardship Allowance: If an Insured Person suffers an Injury as specified in the Certificate of Insurance / Schedule that occurs during the Coverage Period, We will pay the Sum Insured specified in the Certificate of Insurance for the	30

	Medically Necessary Treatment of the Insured Person. Kidnap / Hijack / Extortion Coverage: If an Insured Person is subject to Kidnapping, Hijack or Extortion which continues in excess of the number of hours specified in the Certificate of Insurance, then We shall indemnify the policy holder up to the limit specified in the Certificate of Insurance for such Insured losses during the Travel Period. Loss of Job If an Insured Person suffers an Involuntary Unemployment due to an Injury or Illness specified in the Schedule / Certificate of Insurance, suffered or contracted 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 the number of months / days specified in the Certificate of Insurance from the date of such Involuntary Unemployment. Critical Illness Fixed 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	31 32 33
	Cover Options: Personal Accident (Common Carrier): If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period while the Insured Person is travelling as a passenger on a Common Carrier and that Injury solely and directly results in the Insured Person's death or permanent total disability within 365 days from the date of the Accident, We will pay the amount specified in the Certificate of Insurance. Additional Permanent Total Disability: If the Certificate of Insurance / Schedule specifies that this Cover Option is in force for the Insured Person, then If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly results in the Permanent Total Disability of the Insured Person which is of the nature specified, within 365 days from the date of the Accident, We will pay the Sum Insured as specified in the schedule.	1 2

		Additional Temporary Total Disability: If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly results in the disability of the Insured Person which prevents the Insured Person from engaging in any employment or occupation on a temporary basis, then We will pay the amount specified in the Certificate of Insurance at the frequency specified in the Certificate of Insurance for the duration that the Temporary Total Disability continues. Global Coverage: If this Cover Option is in force for the Insured Person then Policy applies to events or occurrences taking place anywhere in the world unless limited under this Policy in a particular Benefit/Cover Option. Pre-Existing Disease Waiting Period Initial Waiting Period for Hospitalization Specific Illness Waiting period Please refer to the Policy wordings for detailed coverage.	3 4 5 6 7
6	Exclusions (what the policy does not cover)	General Exclusions: Standard exclusion: 1. Pre-Existing Diseases-Code-Excl01 2. Specified Disease/Procedure Waiting Period-Code-Excl02 3. 30-day waiting period (Code-Excl03) 4. Investigation & Evaluation (Code- Excl04) 5. Rest Cure, rehabilitation and respite care (Code-Excl05) 6. Obesity/ Weight Control (Code- Excl06) 7. Change-of-Gender treatments (Code- Excl07) 8. Cosmetic or plastic Surgery (Code- Excl08) 9. Hazardous or Adventure sports (Code- Excl09) 10. Breach of law (Code- Excl10) 11. Excluded Providers (Code- Excl11) 12. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12). 13. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code- Excl13)	Section D

		14. 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) 15. Refractive Error (Code- Excl15) 16. Unproven Treatments:(Code- Excl16) 17. Sterility and Infertility: (Code- Excl17) 18. Maternity (Code - Excl18)	
7	Waiting Period	Initial waiting Period: As per policy schedule Critical illness Waiting period – As per policy schedule Specific Waiting periods (Not applicable for claims arising due to an accident): As Per the Policy Schedule Pre-existing diseases: As per the 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/percent age of the admissible claim amount to be paid by policyholder/insured). iii. Deductible (It is a specified amount: - up to which an insurance	The policy will pay only up to the limits specified hereunder for the following diseases/procedures: Sublimit : Not Applicable Co-payment - Please specify as per the policy Schedule. Deductible - Please specify as per the policy Schedule	

	company will not pay any claim, and - which will be deducted from total claim amount (if claim amount is more than the specified amount) Any other limit (as applicable)		
9	Claims/Claims Procedure (Applicable to Base and Optional benefits)	Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization. Turn Around Time (TAT) for claims settlement: - TAT for preauthorization of cashless facility 1 hour - TAT for cashless final bill authorization: 3 hours 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. Please find the important links/numbers below :- - Network Hospital Details: Acko App or www.acko.com/gi - Helpline Number: 1860 266 2256 - Hospitals which are backlisted or from where no claims will be accepted by the insurer: Acko App or www.acko.com/gi - Downloading getting the claim form: Acko App or www.acko.com/gi Immediate notice to Authorities: As soon as any loss or damage occurs to the Insured Property, You must give immediate report to appropriate legal authorities, You must inform the police. If there is a theft within 7 (seven) days following an Insured Event. Submit claim: You must submit Your claim in Our claim form at the earliest opportunity, but within 30 days from the date You first notice the loss or damage.	Section 7

		Methods of Intimation/Notifications: A claim notification can be made using one of the following communication channels: • Call Contact No. 1800-266-2256 • Email notification to central email address mailto:hello@acko.com • By letter/ Fax to our office • By completing a manual claim form along with written claim intimation and mailing it to corporate office • Via the website www.acko.com/gi whenever available	
10	Policy Servicing	Company Officials: Acko General Insurance Limited, 2 nd floor, #36/5, Hustlehub One East, 27th Main Rd, Sector 2, HSR Layout, Bengaluru, Karnataka - 560102 • Our website: www.acko.com/gi • Email: hello@acko.com • Toll Free: 1860 266 2256	
11	Grievances/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). Senior Citizens Support: Phone: 080-62370023 Email: grievance.healthseniorcitizen@acko.com Complaints will be acknowledged within 24 hours of receipt. A final resolution will be provided within 14 days from receipt of the complaint 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	Section 7(6)

		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, You may register a complaint in the Integrated Grievance Management System (IGMS) of the IRDAI.	
12	Things to remember	In case of Health Segment Free Look cancellation: You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy. Policy renewal: Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn. Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer. For Detailed Guidelines on migration, kindly refer the link https://irdai.gov.in/document-detail?documentId=393128 For Detailed Guidelines on Portability, kindly refer the link https://irdai.gov.in/document-detail?documentId=393128 Change in Sum Insured: Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured. 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	SectionE (II)(1) SectionE (II)(10) SectionE (II)(11)

		policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.	
13	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. If any of the facts provided to us to purchase this Policy are found to be incorrect, incomplete, suppressed or not disclosed, the policy shall be canceled without refund of premium after 15 days' notice. Any claim made under such Policy, shall be rejected	

Declaration by the Policy Holder;

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

Place:

Date:

(Signature of the Policyholder)

Note:

Please go through our website <https://www.acko.com/gi/download/> for the product related documents including the Customer Information sheet are available on the website of the insurer.