

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	Group Personal Accident Insurance Policy	
2	Policy Number		
3	Type of Product/ Policy	Benefit	
4	Sum Insured	Individual Sum Insured	
5	Policy Coverage (What the policy covers?)	Benefits: Accidental Death Benefit- 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 Insured Person's death within 365 days from the date of the Accident, we will pay the Sum Insured. Permanent Total Disablement- 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 in the table specified in policy wording, within 365 days from the date of the Accident, We will pay the Sum Insured. Permanent Partial Disablement- 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 Partial Disability of the Insured Person which is of the nature specified in the table below within 365 days from the date of the Accident, We will pay the amount specified in the table as per policy wording. Temporary Total Disablement- 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. Child Education Cover: We will pay the amount specified in the Certificate of Insurance at the frequency specified in the Certificate of Insurance in respect of each surviving	I. In-Built benefits(a) I. Cover benefits (1) I. Cover benefits (2) I. Cover benefits (3) I. Cover benefits (4)

		Dependent Child, irrespective of whether the child is an Insured Person under this Policy. Medical Expenses Reimbursement: 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 be Hospitalized or under Day Care Treatment, 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. Hospital Fixed Allowance: 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 be Hospitalized for at least the minimum number of consecutive days specified in the Certificate of Insurance, then We will pay the amount specified in the Certificate of Insurance. Global Coverage: If this Cover Benefit is in force this Policy applies to events or occurrences taking place anywhere in the world unless limited under this Policy in a particular Benefit/Cover Benefit or definition or by Us through an endorsement. All payments under this Policy will only be made in the currency specified in the Schedule. 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 Certificate of Insurance to the Nominee Repatriation of Mortal Remains: We will reimburse the expenses incurred up to the limit specified in the Certificate of Insurance for transportation of mortal remains from the place of death to the residence of the Insured Person. 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	I. Cover benefits (5) I. Cover benefits (6) I. Cover benefits (7) I. Cover benefits (8) I. Cover benefits (9) I. Cover benefits (10)
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	treating Medical Practitioner is necessary for the Insured Person to resume normal living following the Injury sustained in the Accident during the Coverage Period. Funeral Expenses: We will pay the amount specified in the 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. Compassionate visit: 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. Hospital Daily Allowance: 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 be Hospitalized then We will pay the daily allowance amount specified in the Certificate of Insurance, for each continuous and completed period of 24 hours of Hospitalisation. 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 Certificate 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. Ambulance Transportation Cover: If the Insured Person suffers an Injury due to an Accident and such Injury requires the Insured Person to be transported to the Hospital by an Ambulance, then We shall reimburse the costs incurred up to the limits as specified in the Certificate of Insurance. Out Patient Department (OPD) expenses: 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 OPD Treatment for any of the treatments/tests/consultations specified in the Certificate of Insurance then We will reimburse the costs incurred on Medical Expenses up to the limit specified Certificate of Insurance Modification of Vehicle/Home: We will reimburse the costs incurred up to the limit	I. Cover benefits (11) I. Cover benefits (12) I. Cover benefits (13) I. Cover benefits (14) I. Cover benefits (15) I. Cover benefits (16) I. Cover benefits (17) I. Cover benefits (18)
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		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. Emergency Medical Evacuation: We will reimburse the costs incurred up to the limit specified in the Certificate of Insurance for the air or surface transportation of the Insured Person (and an attending Medical Practitioner if it is certified in writing as being medically necessary) including costs incurred for medical care during such transportation. 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. 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.	I. Cover benefits (19) I. Cover benefits (20) I. Cover benefits (21)
6	Exclusions (what the policy does not cover)	- Any Pre-Existing Disease or any Injury or disability arising out of a Pre-Existing Disease or any complication arising therefrom. Suicide or attempted suicide, intentional self-inflicted Injury or acts of self-destruction, whether the Insured Person is medically sane or insane. - Mental Illness including psychiatric conditions, mental disorders, disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances caused by mental reaction to the same. - Working in underground mines, tunnelling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaging in Hazardous Activities. - Any change of profession after inception of the Policy which results in the enhancement of Our risk under the Policy. - Bacterial infections (except pyogenic infection which occurs through a cut or wound due to Accident). - Medical or surgical treatment except as necessary solely and directly as a result of an Accident. - Certification of disability by a Medical Practitioner who shares the same residence as the Insured Person or who	Section II

		is a member of the Insured Person's family. • Death or disability directly or indirectly caused by or associated with any venereal disease or sexually transmitted disease. • Chemical attack of any kind • Death or disability directly or indirectly caused due to or associated with human T-cell Lymph tropic virus type III (HTLV-III or IITLB-III) or Lymphadenopathy Associated Virus (LAV) and its variants or mutants, Acquired Immune Deficiency Syndrome (AIDS) whether or not arising out of HIV, AIDS related complex syndrome (ARCS) and any injury caused by and/or related to HIV. • Death or disability arising from or caused due to use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen. • Death or disability arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion with criminal intent. • Death or disability resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy or a consequence thereof including ectopic pregnancy unless specifically arising due to Accident. • Death or disability caused by participation of the Insured Person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable. • Death or disability arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or air- force operation, civil war, public defence, rebellion, revolution, insurrection, military or usurped power. • Death or disability or Injury arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently	
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		or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack. • Death or disability caused other than by an Accident. • Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disability or death. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disability or death.	
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: Not Applicable Specific Waiting periods (Not applicable for claims arising due to an accident): Not Applicable Pre-existing diseases: Not Applicable	
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 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)	The policy will pay only up to the limits specified hereunder for the following diseases/procedures: Not Applicable Not Applicable Not Applicable	

	from total claim amount (if claim amount is more than the specified amount) Any other limit (as applicable)	Not Applicable	
9	Claims/claims procedure	On the occurrence of or discovery of any Injury which may give rise to a claim under this Policy, We shall be provided with the necessary information and documentation as specified in policy wording in respect of the claim within 15 days of the occurrence of the Insured Person's Injury. We shall make the payment of claim that has been admitted as payable by Us under the Policy within 15 days of submission of all necessary documents and information and any other additional information required for the settlement of the claim.	III
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: hello@acko.com Toll Free: 1800 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	VII

		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, You may register a complaint in the Integrated Grievance Management System (IGMS) of the IRDAI.	
12	Things to remember	Free Look Period- 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 he/she is not satisfied with any of the terms and conditions, he/she has the option to cancel his/her policy. This option is available in case of policies with a term of one year or more. 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. 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.	IV. g IV. f IV. m
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	IV. a

		thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact. Material information to be disclosed includes every matter that You are aware of, or could reasonably be expected to know, that relates to questions in the Proposal Form/personal statement and which is relevant to Us in order to accept the risk of insurance. You must exercise the same duty to disclose those matters to Us before the Renewal, extension variation, endorsement of the contract We may, adjust the scope of cover and / or premium, if necessary, accordingly.	IV(c)
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Declaration by the Policy Holder:

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

Place:

Date: _____

(Signature of the Policyholder)

*For complete information on Sum Insured refer to Certificate of Insurance.