

CUSTOMER INFORMATION SHEET

(Description is illustrative and not exhaustive)

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

Sl. No.	Title	Description	Policy Clause Number
1	Name of Insurance Product	Acko Specially Abled Health Cover	
2	Policy Number	XXXXX	
3	Type of Insurance Product	Indemnity and Benefit	
4	Sum Insured (Basis)	Individual / Floater (Amount will be mentioned here)	
5	Policy Coverage		
Note that the actual policy coverage will be as per the CIS issued after the policy issuance.			
		Base Covers:	
		All the below mentioned benefits are covered up to sum insured unless specified otherwise	
		Inpatient Hospitalization: The Company shall indemnify medical expenses incurred for Hospitalization of the Insured Person during the Policy Year, up to the Sum insured as specified in the Policy Schedule (other than any sub-limits, co-pay as specified in the policy), for: Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home up to maximum of 1% of the Sum Insured per day. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses up maximum of 2% of Sum Insured per day. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating Medical Practitioner/ surgeon or to the hospital Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities and such similar other expenses	Section 3.2.1
		AYUSH Treatment The Company shall indemnify medical expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during each Policy Year up to 50% of sum insured as specified in the policy schedule in any AYUSH Hospital.	Section 3.2.2
		Pre-Hospitalization Medical Expenses The Company shall indemnify Pre-Hospitalization Medical Expenses incurred, related to an admissible Hospitalization requiring Inpatient care, up to a period of 30 days prior to the date of admissible Hospitalization covered under the Policy during the policy period.	Section 3.2.3
		Post-Hospitalization Medical Expenses The Company shall indemnify Post Hospitalization Medical Expenses incurred, related to an admissible Hospitalization requiring Inpatient Care, up to a period of 60 days from the date of discharge from the Hospital, following an admissible hospitalization covered under the Policy during the policy period.	Section 3.2.4
		Emergency Ground Ambulance	Section 3.2.5

		The Company will reimburse Reasonable and Customary Charges for expenses incurred towards ambulance charges for transportation of an Insured person, per hospitalization as per the limit mentioned in Policy Schedule.	
		Cataract Treatment The company shall indemnify medical expenses incurred for treatment of Cataract, subject to a limit of Rs.40,000/-, per each eye in one policy year.	Section 3.2.6
		Modern Treatment The following procedures will be covered (wherever medically indicated) either as In patient or as part of Day Care Treatment in a Hospital up to 50% of Sum Insured, specified in the Policy Schedule, during the Policy Period	Section 3.2.7
		Co-Payment Every claim under the Policy shall be subject to a Co-payment of 20% applicable to claim amount admissible and payable as per the terms and conditions of the Policy. The amount payable shall be after deduction of the co-payment.	Section 3.2.8
6	Exclusions	Waiting period or exclusion of some pre-existing diseases and its direct complications are applicable as specified in the policy schedule	Section 4.1.1
		Specified disease/procedure listed in section 4.1.2 of the policy wordings excluded until the number of months as specified	Section 4.1.2
		Treatment of any kind for the first 30 days since first policy commencement	Section 4.1.3
		Expenses for changing characteristics of the body to those of the opposite sex.	Section 4.1.4
		Cosmetic or plastic surgery or any treatment to change appearance unless required due to an Accident, Burn(s) or Cancer	Section 4.1.5
		Adventure Sports	Section 4.1.6
		Breach of law	Section 4.1.7
		Treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer	Section 4.1.8
		Treatment for, Alcoholism, drug, or substance abuse or any addictive condition and consequences	Section 4.1.9
		Treatments in health hydros, nature cure clinics, spas or similar establishments	Section 4.1.10
		Dietary supplements and substances that can be purchased without prescription, unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure.	Section 4.1.11
		Treatment for correction of eye sight due to refractive error less than 7.5 dioptries.	Section 4.1.12
		Expenses related to sterility and infertility.	Section 4.1.13
		Unproven Treatment	Section 4.1.14
		Medical treatment expenses traceable to childbirth or miscarriage	Section 4.1.15
		Investigation and Evaluation	Section 4.1.16

	Rest Cure, rehabilitation, and respite care	Section 4.1.17
	Obesity/ Weight Control	Section 4.1.18
	Any medical treatment taken outside India.	Section 4.2.1
	Hospitalization for donation of any body organs by an Insured including complications arising from the donation of organs.	Section 4.2.2
	Nuclear damage caused by, contributed to, by or arising from ionising radiation or contamination by radioactivity from:	Section 4.2.3
	a. any nuclear fuel or from any nuclear waste; or	
	b. from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission);	
	c. nuclear weapons material.	
	d. nuclear equipment or any part of that equipment.	
	War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority.	Section 4.2.4
	Injury or Disease caused by or contributed to by nuclear weapons/materials.	Section 4.2.5
	Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or as may be necessitated due to an accident.	Section 4.2.6
	Treatment with alternative medicines or Treatment, experimental or any other treatment such as acupuncture, acupressure, magnetic, osteopath, naturopathy, chiropractic, reflexology and aromatherapy.	Section 4.2.7
	Suicide, Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) and any violation of law or participation in an event/activity that is against law with a criminal intent.	Section 4.2.8
	Vaccination or inoculation except as post bite treatment for animal bite.	Section 4.2.9
	Convalescence, general debility, "Run-down" condition, rest cure, Congenital external illness/disease/defect.	Section 4.2.10
	Outpatient diagnostic, medical and surgical procedures or treatments, non- prescribed drugs and medical supplies, hormone replacement therapy and expenses related to Domiciliary hospitalization shall not be covered.	Section 4.2.11
	Dental treatment or Surgery of any kind unless requiring Hospitalisation as a result of accidental Bodily Injury.	Section 4.2.12
	Venereal/ Sexually Transmitted disease	Section 4.2.13
	Stem Cell Storage	Section 4.2.14
	Any kind of service charge, surcharge levied by the hospital.	Section 4.2.15

		Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies.	Section 4.2.16
		Non-Payable items: The expenses that are not covered in this Policy are placed under List-I of Annexure-II	Section 4.2.17
		Any medical procedure or treatment, which is not medically necessary or not performed by a Medical Practitioner.	Section 4.2.18
		This cover will exclude the cost of any Anti-Retroviral Treatment.	Section 4.2.19
For detailed exclusions please refer the policy wordings			
7	Waiting Period	Initial waiting Period: As per Policy Schedule	Section 4.1.3
		Specific Illness (Standard list) waiting period: As per Policy Schedule	Section 4.1.2
		Pre-Existing Diseases exclusion / waiting period: As per Policy Schedule	Section 4.1.1
8	Financial limits of coverage	The co-pay or sub-limits will be mentioned in the policy schedule.	Section 3.2.8
	i. Sub-limit	Deductible of Rs. on aggregate claim basis as mentioned in the Policy schedule	
	ii. Co-payment		
	iii. Deductible		
	iv. Any other limit (as applicable)		
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 center. 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: 1 hour ii. TAT for cashless final bill authorization: 3 hours Please find the important links/numbers below:- i. Network Hospital Details: Acko App or www.acko.com/gi 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	Section 6.1
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 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.	Section 6.2
12	Things to remember	You may cancel the policy within 30 days of receipt without any charges and if there are no claims during this period.	Section 5.1.17
		We will not deny renewal of your policy if you wish to renew with us as long as the applicable premium is paid on time.	Section 5.1.15

		Migration and Porting of this Policy is allowed as per the applicable rules.	Section 5.1.14 & 5.2.12
		For Detailed Guidelines on Migration, kindly refer the link:- https://irdai.gov.in/document-detail?documentId=393128	Section 5.1.14
		For Detailed Guidelines on Portability, kindly refer the link:- https://irdai.gov.in/document-detail?documentId=393128	Section 5.2.12
		Changes in Policy coverage such as change in sum insured, addition/deletion of insured etc are allowed subject to underwriting by the company.	Section 5.2.2
		We will not deny any claim after the moratorium period of 5 years of continuous coverage unless due to fraud or permanent exclusion.	
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.	
Legal Disclaimer Note: The information must be read in conjunction with the policy document, policy wording and prospectus. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.			

Note: CIS issued to the policy holder will be modified as per the plan/ covers opted by them.

Declaration by the Policy Holder:

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

Place:

Date:

Signature of the Policy Holder