

CUSTOMER INFORMATION SHEET

(Description is illustrative and not exhaustive)

Sr. No	Title	Description	Policy Clause Number
1	Product Name	Acko Personal Health Policy	
2	Policy Number	XXXXX	
3	Type of Insurance Product/Policy	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	
		Hospitalization cost for admissions more than 24 hours,	Section 3.2.1 & 3.2.2
		We will cover the room rent charges for the room category and ICU charges during hospitalization stay as specified in the policy schedule	
		All necessary Day Care treatments	Section 3.2.3
		Pre hospitalization medical expenses up to 60 days before admission	Section 3.2.4
		Post Hospitalization medical expenses up to 120 days post discharge	Section 3.2.4
		Road ambulance cost	Section 3.2.5
		Emergency evacuation from anywhere in India	Section 3.2.6
		Medical treatments or procedures taken at home	Section 3.2.7
		Organ Donor expenses	Section 3.2.8
		Second Opinion for alternate evaluation	Section 3.2.9
		Ayush Treatment	Section 3.2.10
		Modern Treatment	Section 3.2.11
		Optional Covers:	
		World wide Treatment	Section 3.3.1
		Refill of sum insured up to amount specified in the policy schedule (Not Applicable in case of Unlimited SI)	Section 3.3.2

		Increase in sum insured upto the amount specified for no claims during the previous year	Section 3.3.3
		Discount for First Notification of Claim	Section 3.3.4
		Discount for Preferred Providers Network	Section 3.3.5
		Co-Pay Discount	Section 3.3.6
		Super Top-Up- We will cover those expenses only after the cumulative claims amount crosses the deductible limit.	Section 3.3.7
		Waiver of non-payable medical expenses	Section 3.3.8
		All medically necessary hospitalization	Section 3.3.9
		Reduction in Specific illness waiting Period	Section 3.3.10
		Preventive Health Check-up to insured above 18 years of age	Section 3.3.11
		Additional sum insured in the subsequent policy namely 'Inflation Protect Sum Insured' (Not Applicable in case of Unlimited SI)	Section 3.3.12
		Initial 30 days waiting period waiver	Section 3.3.13
		Add-on Benefits:	
		Access to a doctor or a general medical practitioner any time of the day for a medical consultation.	Section 3.4.1
		Access to a family physician	Section 3.4.2
		Out patient treatment	Section 3.4.3
		Access to our Out-Patient Medical Services Network	Section 3.4.4
		Monthly No Claim Bonus OPD Sum Insured	Section 3.4.5
		Daily hospital cash	Section 3.4.6
		Accidental Death or Disability Cover	Section 3.4.7
		Accidental Disability Cover	Section 3.4.8
		Value Added Services	Section 3.4.9
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 only for diagnostics and evaluation purposes	Section 4.1.4
	Expenses for enforced bed rest and not for receiving treatment.	Section 4.1.5
	Surgical treatment of obesity as per conditions specified in section 4.1.6 of the policy wordings	Section 4.1.6
	Expenses for changing characteristics of the body to those of the opposite sex.	Section 4.1.7
	Cosmetic or plastic surgery or any treatment to change appearance unless required due to an Accident, Burn(s) or Cancer	Section 4.1.8
	Treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer	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
	Medical treatment expenses traceable to childbirth or miscarriage	Section 4.1.14

		Expenses for Non-Payable Medical Expenses as listed in Annexure 1 in the policy wordings for any hospitalization, day care or domiciliary treatment	Section 4.2.1
		Permanent Exclusions Set 1 (Can be Waived)	Section 4.2.2
		Permanent Exclusions Set 2 (Cannot be Waived)	Section 4.2.3
		Permanent Exclusions for Personal Accident Add-on Benefit	Section 4.2.4
		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 i. Sub-limit ii. Co-payment iii. Deductible iv. Any other limit (as applicable)	The co-pay or sub-limits will be mentioned in the policy schedule.	Section 3.2.2, 3.3.4, 3.3.5, 3.3.6
		Deductible of Rs. on aggregate claim basis as mentioned in the Policy schedule	Section 3.3.7
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: 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 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	Section 6.2

		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.	
11	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 5.1.14
		Migration and Porting of this Policy is allowed as per the applicable rules.	Section 5.1.14
		For Detailed Guidelines on Migration, kindly refer the link:- https://irdai.gov.in/document-detail?documentId=393128	Section 5.1.13
		For Detailed Guidelines on Portability, kindly refer the link:- https://irdai.gov.in/document-detail?documentId=393128	Section 5.2.13
		Changes in Policy coverage such as change in sum insured, addition/deletion of insured etc are allowed subject to underwriting by the company.	Section 5.1.19 & 5.1.20
		We will not deny any claim after the moratorium period of 5 years of continuous coverage unless due to fraud or permanent exclusion.	
12	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 product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.			

Declaration by the Policy Holder:

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

Place:

Date:

Signature of the Policy Holder