

CUSTOMER INFORMATION SHEET

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

(Description is illustrative and not exhaustive)

Sr. No	Title	Description	Policy Clause Number
1	Name of Insurance Product	Acko Surrogacy & Oocyte Cover	
2	Policy Number	XXXXXX	
3	Type of Insurance Product/Policy	Indemnity	
4	Sum Insured (Basis)	Individual (Amount to be mentioned)	
5	Policy Coverage (What the policy covers?)	All the below mentioned benefits are covered up to sum insured unless specified otherwise	
		Hospitalization cost for admissions more than 24 hours	Section 3.1.1
		All necessary Day Care treatments	Section 3.1.2
		Pre hospitalization medical expenses up to 30 days before admission	Section 3.1.3
		Post Hospitalization medical expenses up to 60 days post discharge	
		Road ambulance cost	Section 3.1.4
		Medical treatments or procedures taken at home	Section 3.1.5
6	Exclusions (What the policy does not cover)	Treatment of any kind for the first 30 days since first policy commencement	Section 4.1.1
		Expenses only for diagnostics and evaluation purposes	Section 4.1.2
		Expenses for enforced bed rest and not for receiving treatment.	Section 4.1.3
		Cosmetic or plastic surgery or any treatment to change appearance	Section 4.1.4

Acko General Insurance Limited

2nd Floor, #36/5, Hustlehub One East, Somasandrapalya 27th Main Rd, Sector 2, HSR Layout, Bengaluru, Karnataka, 560102
 IRDAI Reg No: 157 | CIN: U66000KA2016PLC138288 | UIN: ACKHLIP25037V012425 | Mail: hello@acko.com

		unless required due to an Accident, Burn(s) or Cancer	
		Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports	Section 4.1.5
		Any breach of law	Section 4.1.6
		Treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer	Section 4.1.7
		Treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof.	Section 4.1.8
		Treatments in health hydros, nature cure clinics, spas or similar establishments	Section 4.1.9
		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 4.1.10
		Treatment for correction of eye sight due to refractive error less than 7.5 dioptries.	Section 4.1.11
		Expenses related to any unproven treatment, services and supplies	Section 4.1.12
		Expenses related to sterility and infertility.	Section 4.1.13
		Dental Treatment	Section 4.2.1
		Medically Unnecessary Treatment	Section 4.2.2
		War & Exposure to Hazardous Substances	Section 4.2.3
		Screening, counselling or treatment related to external Congenital Anomaly	Section 4.2.4
		Treatment from any unrecognised physician or hospital	Section 4.2.5
		Expenses for Child Delivery	Section 4.2.6

		Expenses for Non-Medical Expenses as listed in Annexure 1 in the policy wordings for any hospitalization, day care or domiciliary treatment Surrogacy & Oocyte specific exclusions: 1. Complications of pregnancy to the Surrogate Mother, which is: a. Other than Altruistic Surrogacy b. For second Surrogacy c. If the Surrogate Mother donates her own gametes 2. Newborn baby through Surrogacy to the Surrogate Mother. 3. Miscarriage/Medical termination other than in case of Life-Threatening condition to the Surrogate Mother 4. Treatment taken on OPD basis. 5. Surrogacy Treatment Procedure Cost from Policy Commencement Date till completion of embryo implantation process. 6. Surrogacy which is for Commercial Purposes 7. Treatment or Complications arising out of any Pre-Existing 8. conditions/ disease. 9. Any illness, sickness or disease other than the complications arising out of pregnancy and post-partum delivery for the Surrogate mother or any complications arising out of Oocyte retrieval for the Oocyte donor. 10. Complications arising due to Oocyte retrieval, if the Insured is donating for second time. 11. Any claim with respect to abandon or disown or exploit or cause to be abandoned, disowned or exploited in any form, the child or children born through Surrogacy.	Section 4.2.7 Section 4.2.8
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: 30 days	Section 4.1.1

8	Financial limits of coverage i. Sub-limit ii. Co-payment iii. Deductible iv. Any other limit (as applicable)	This product has no copay, deductible or sub-limits applicable on any reasonable costs for treatments covered.	
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. 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	Section 6.2
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.	
12	Things to remember	You may cancel the policy within 30 days of receipt without any charges subject to section 5.1.15 of the policy wordings.	Section 5.1.15
13	Insured's Obligations	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 30 days' notice. Any claim made under such Policy, shall be rejected.	Section 5.1.1, Section 5.2.2
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