

**CUSTOMER INFORMATION SHEET / KNOW  
 YOUR POLICY**

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

Sl. No.	Title	Description <i>(Please refer to applicable Policy Clause Number in next column)</i>	Policy Clause Number												
1	<b>Name of the Insurance Product and Unique Identification Number (UIN)</b>	Acko Life Group Credit Protect UIN : 164N001V02													
2	<b>Policy Number</b>	XXXXXXXX													
3	<b>Type of Insurance Policy</b>	Pure Risk (Group Pure Risk Product)													
4	<b>Basic Policy details</b>	<table border="1"> <tr> <td data-bbox="418 1010 857 1062">Installment Premium</td> <td data-bbox="857 1010 1295 1062">INR XXXXX</td> </tr> <tr> <td data-bbox="418 1062 857 1115">Mode of Premium Payment</td> <td data-bbox="857 1062 1295 1115">Single</td> </tr> <tr> <td data-bbox="418 1115 857 1167">Sum Assured on Death</td> <td data-bbox="857 1115 1295 1167">Basis Loan Schedule on COI</td> </tr> <tr> <td data-bbox="418 1167 857 1220">Sum Assured on Maturity</td> <td data-bbox="857 1167 1295 1220">Not Applicable</td> </tr> <tr> <td data-bbox="418 1220 857 1272">Premium Payment Term</td> <td data-bbox="857 1220 1295 1272">Single Pay</td> </tr> <tr> <td data-bbox="418 1272 857 1325">Policy Term</td> <td data-bbox="857 1272 1295 1325">XX Years</td> </tr> </table>	Installment Premium	INR XXXXX	Mode of Premium Payment	Single	Sum Assured on Death	Basis Loan Schedule on COI	Sum Assured on Maturity	Not Applicable	Premium Payment Term	Single Pay	Policy Term	XX Years	
Installment Premium	INR XXXXX														
Mode of Premium Payment	Single														
Sum Assured on Death	Basis Loan Schedule on COI														
Sum Assured on Maturity	Not Applicable														
Premium Payment Term	Single Pay														
Policy Term	XX Years														

<b>5</b>	<b>Policy Coverage/ Benefits Payable</b>	Benefits Payable on Maturity	Not Applicable	Section 1.3 (Part C)
		Benefits Payable on Death	<p>Option A - Decreasing Cover If the Master Policyholder has chosen option – A as the Death Benefit Option under this Policy, the Sum Assured payable by Us shall be the Sum Assured outstanding as per the schedule of Sum Assured indicated in the Certificate of Insurance, irrespective of the actual loan outstanding on the date of death of such Member.</p> <p>Option B - Level Cover If the Master Policyholder has chosen option – B as the Death Benefit Option under this Policy, We shall pay the Sum Assured as chosen by the Master Policyholder or the Member and specified in the Certificate of Insurance.</p>	
		Survival Benefits excluding that payable on maturity	Not Applicable	Section 1.3 (Part C)
		Surrender benefits	<p>Upon receipt of written request for surrender and provided We have not received a claim request for Death Benefit for such Member, We shall pay the Surrender Value to the Member, based on the formula given below:</p> <p>Surrender Value = 50% of Premium paid * (Unexpired Period of Coverage in months on the date of Surrender<sup>^</sup> / Total Period of Coverage in months) * (Sum Assured applicable on the date of Surrender<sup>^^</sup> / Sum Assured on the Date of Commencement of Risk /Effective Date of Coverage)</p> <p><sup>^</sup> Ignoring fraction of a month <sup>^^</sup> As per the schedule mentioned in the Certificate of Insurance</p>	

		Options to policyholders for availing benefits, if any, covered under the policy	Not Applicable	
		Other benefits/options payable, specific to the policy, if any.	Not Applicable	
		Lock-in period for Linked Insurance products	Not Applicable	
<b>6</b>	<b>Riders Opted, if any</b>	Not Applicable		
<b>7</b>	<b>Exclusions (events where insurance coverage is not payable), if any.</b>	<p>If a Member (Borrower) commits suicide, whether sane or insane, within 1 (One) year from the Date of Commencement of Risk /Effective Date of Coverage or Entry Date, as the case may be, such Member's (Borrower's) Insurance shall cease immediately, and no Death Benefit is payable under this Policy in relation to such Member (Borrower). In such an event, We will only refund the Premium received by Us (inclusive of extra premiums and excluding taxes, if any) in respect of such Member (Borrower), without interest and after deducting the proportional expenses incurred by Us for the grant of Insurance. However, the refund of the Premium by Us in no case shall be less than 80% (Eighty Percent) of the Premium received by Us in respect of such Member (Borrower).</p> <p>If Co- Borrower survives the Borrower, then, the Insurance for such Co-Borrower shall continue in accordance with the terms and conditions of this Policy.</p>		Section 7 (Part F)
<b>8</b>	<b>Waiting/Lien Period, if any</b>	Not Applicable.		
<b>9</b>	<b>Grace Period</b>	Not Applicable		
<b>10</b>	<b>Free Look Period</b>	The Free Look Period is 30 days from the date of receipt of this Certificate of Insurance		Section 5 (Part D)
<b>11</b>	<b>Lapse, paid-up and revival of the Policy</b>	Not Applicable		
<b>12</b>	<b>Policy Loan, if applicable</b>	Not Applicable		

<p>11</p>	<p><b>Claims/ Claims Procedure</b></p>	<p>For processing a claim, please submit all necessary documents \ by mailing us at <a href="mailto:claims.life@acko.com">claims.life@acko.com</a> . We may ask for original hard copy of the documents on case to case basis.</p> <p>or</p> <p>The Claimant/Nominee can contact the Master Policy Holder.</p> <p>Master Policy holder would collect all the documents from the claimant/Nominee and send the claim intimation to the insurance company.</p> <p><u>TAT for claim settlement:</u></p> <p>Death claim under the policy shall be processed within 15 days from the date of receipt of claim intimation along with all relevant papers. However, where the circumstances of a claim warrant an investigation, the claim shall be settled within 45 days thereafter from the receipt of claim intimation.</p> <p><u>Mandatory Documents Required for claims intimation:</u></p> <p>Kindly refer to the policy document for the list of documents required for claim intimation.</p> <p>Please find the important links/numbers below:</p> <ul style="list-style-type: none"> <li>i. Helpline Number: 1800 210 1992</li> <li>ii. Claims Support ID: <a href="mailto:claims.life@acko.com">claims.life@acko.com</a></li> <li>iii. Download the claim form: <a href="http://www.acko.com/life">www.acko.com/life</a></li> </ul>	<p>Section 2 (Part F)</p>
<p>12</p>	<p><b>Policy Servicing</b></p>	<p>Kindly visit our website <a href="https://www.acko.com/life/customer-service-tats/">https://www.acko.com/life/customer-service-tats/</a> for turn around times (TAT) for customer service</p> <p>Contact details of the insurer -</p> <p>#36/5, Hustlehub One East, Somasandrapalya, 27th Main Rd, Sector 2, HSR Layout, Bengaluru, Karnataka 560102 website: <a href="http://www.acko.com/life">www.acko.com/life</a> Email: <a href="mailto:support.life@acko.com">support.life@acko.com</a></p> <p>Toll Free: 1800 210 1992</p> <p>You may also register your complaint by clicking this link <a href="https://bimabharosa.irdai.gov.in/Home/Home">https://bimabharosa.irdai.gov.in/Home/Home</a></p>	<p>Part G</p>

13	<b>Grievances / Complaints</b>	<p>Grievance Redressal Officer: You may reach out to us at <a href="mailto:grievance.life@acko.com">grievance.life@acko.com</a> or Details of the Grievance Redressal Officer are available on the Company's website at: <a href="https://www.acko.com/life/customer-service/grievance-redressal/">https://www.acko.com/life/customer-service/grievance-redressal/</a></p> <p>Customer Service Helpdesk - Acko Life Insurance Limited, 36/5, Hustle Hub One East, Somasandrapalya, 27th Main Road, Sector 2, HSR Layout, Bengaluru, Bengaluru Urban, Karnataka, 560102 Helpline No: 1800 210 1992</p> <p>Ombudsman: Insurance Ombudsman contact and address details are mentioned in Annexure A of the policy document or at the IRDAI website <a href="http://www.irdai.gov.in">www.irdai.gov.in</a> or on Council of Insurance Ombudsman website at <a href="http://www.cioins.co.in">www.cioins.co.in</a></p> <p>You may also register your complaint by clicking this link <a href="https://bimabharosa.irdai.gov.in/Home/Home">https://bimabharosa.irdai.gov.in/Home/Home</a></p>	Part G
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NOTE: In case of any conflict the terms and conditions mentioned in the policy document shall prevail.



**Declaration by the Policyholder**

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

Place: YYYYYYY

Date: XXXXX

Signature of the Policy Holder