

GROUP PERSONAL ACCIDENT POLICY

PROSPECTUS

I. INTRODUCTION

Accident Insurance policy can protect the policy holder and his / her spouse from economic concerns such as loss of income and medicinal expenditure that an unexpected accident lead to. It is essential that people understand the features, advantages and the necessity of impairment and demise insurance policies in detail.

You should consider a situation where your family may need a support when you are not around.

Acko General Insurance provides the following benefits to its customers:

- Wide range of Sum Insured Limit
- Easy & Transparent buying Process
- Guidance from Trained Professionals: Get unbiased insurance related advice from Acko's trained professionals.
- Quick Claim Settlement: When a claim is filed, Acko tries to settle it in a quick and hassle free manner.

II. IN-BUILT BENEFIT:

- **Accidental Death Benefit:** If an Insured Person suffers an Injury due to an Accident that occurs during the Policy 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.

III. OTHER BENEFITS:

1. **Benefit 1: Permanent Total Disability:** If an Insured Person suffers an Injury due to an Accident that occurs during the Policy 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 below, within 365 days from the date of the Accident, We will pay the Sum Insured:

Nature of Permanent Total Disability
Total and irrecoverable loss of sight in both eyes
Loss by physical separation or total and permanent loss of use of both hands or both feet
Loss by physical separation or total and permanent loss of use of one hand and one foot
Total and irrecoverable loss of sight in one eye and loss of a Limb
Total and irrecoverable loss of hearing in both ears and loss of one Limb/ loss of sight in one eye
Total and irrecoverable loss of hearing in both ears and loss of speech
Total and irrecoverable loss of speech and loss of one Limb/ loss of sight in one eye
Permanent, total and absolute disability (not falling under any one the above) which results in the Insured Person being unable to engage in any employment or occupation or business for remuneration or profit, of any description whatsoever which results in Loss of Independent Living

2. **Benefit 2: Permanent Partial Disability:** If an Insured Person suffers an Injury due to an Accident that occurs during the Policy 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 below:

Nature of Permanent Partial Disability	Percentage of the Sum Insured payable
i. Total and irrecoverable loss of sight in one eye	50%
ii. Loss of one hand or one foot	50%
iii. Loss of all toes - any one foot	10%
iv. Loss of toe great - any one foot	5%
v. Loss of toes other than great, if more than one toe lost, each	2%
vi. Total and irrecoverable loss of hearing in both ears	50%
vii. Total and irrecoverable loss of hearing in one ear	15%
viii. Total and irrecoverable loss of speech	50%
ix. Loss of four fingers and thumb of one hand	40%
x. Loss of four fingers	35%
xi. Loss of thumb- both phalanges	25%
xii. Loss of thumb- one phalanx	10%

xiii.	Loss of index finger-three phalanges	10%
xiv.	Loss of index finger-two phalanges	8%
xv.	Loss of index finger-one phalanx	4%
xvi.	Loss of middle/ring/little finger-three phalanges	6%
xvii.	Loss of middle/ring/little finger-two phalanges	4%
xviii.	Loss of middle/ring/little finger-one phalanx	2%

3. Benefit 3: Temporary Total Disability: If an Insured Person suffers an Injury due to an Accident that occurs during the Policy 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.

4. Benefit 4: 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 Dependent Child, irrespective of whether the child is an Insured Person under this Policy.

Dependent Child means a child of the Insured Person who is less than Age 25 and does not have any independent source of income.

5. Benefit 5: Medical Expenses Reimbursement: If an Insured Person suffers an Injury due to an Accident that occurs during the Policy Period and that Injury solely and directly requires the Insured Person to be Hospitalized or undergo Day Care Treatment then We will reimburse the costs incurred on Medical Expenses up to the limit specified in the Certificate of Insurance.

6. Benefit 6: Hospital Fixed Allowance: If an Insured Person suffers an Injury due to an Accident that occurs during the Policy 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.

7. Benefit 7: Global Coverage: If this Benefit is in force for the Insured Person, then WE will cover events and occurrences taking place anywhere in the world unless limited in any benefit or through endorsement.

8. Benefit 8: Disappearance Cover: If an Insured Person disappears during the Policy Period due to an Accident followed by a forced landing, stranding, sinking or wrecking of a conveyance, earthquake or flood during the Policy 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.

9. Benefit 9: Repatriation of Mortal Remains: We will pay the amount specified in the Certificate of Insurance for transportation of mortal remains from the place of death to the residence of the Insured Person.

10. Benefit 10: 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 or any other item which in the opinion of the treating Medical Practitioner is necessary for the Insured Person to resume normal living following the Injury sustained in the Accident during the Policy Period.

11. Benefit 11: 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.

12. Benefit 12: 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.

13. Benefit 13: Hospital Daily Allowance: If an Insured Person suffers an Injury due to an Accident that occurs during the Policy 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.

14. Benefit 14: Loan Protector: If an Insured Person suffers an Injury due to an Accident that occurs during the Policy 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.

15. Benefit 15: Outstanding Bills Protection Benefit: If an Insured Person suffers an Injury due to an Accident that occurs during the Policy Period, We will pay the outstanding bills of the Insured Person up to the amount specified in the Certificate of Insurance.

16. Benefit 16: 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

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up to the limits as specified in the Certificate of Insurance.

- 17. Benefit 17: OPD Treatment:** If an Insured Person suffers an Injury due to an Accident that occurs during the Policy 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.
- 18. Benefit 18: Modification of Vehicle/Home:** We will reimburse the costs incurred up to the limit 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.
- 19. Benefit 19: 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 medically necessary) including reasonable costs incurred for medical care during such transportation, from a Hospital to the nearest Hospital, whether in India or any other country, to provide the necessary medical treatment if such medical treatment cannot be provided at the Hospital where the Insured Person is situated.
- 20. Benefit 20: Physiotherapy:** If an Insured Person suffers an Injury due to an Accident that occurs during the Policy 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.
- 21. Benefit 21: Chauffeur Benefit:** We will pay the per day allowance specified in the Certificate of Insurance in respect of a chauffeur to drive the Insured Person

Note: *The Benefits specified above shall be subject to the terms and conditions of this Policy, and you are advised to read the policy for a full description of the terms, conditions and provisos applicable to each of the Benefits specified above.*

Table 3.1: Details of Cover, its benefit type, benefit and instances covered under the benefit, its minimum and maximum Sum Insured, risk and standard office premium rates

S. NO.	NAME OF THE BENEFIT	BENEFIT TYPE	INSTANCES WHEN COVERED	WHAT IS COVERED	SUM INSURED		OTHER OPTIONS
					MIN	MAX	
	Base Cover:						
1	Accidental Death	Fixed Benefit	AD	Accidental Death	10,000	250,000,000	
	Optional Cover:						
1	Permanent Total Disability	Fixed Benefit	PTD	Injury that results in PTD	10,000	250,000,000	
2	Permanent Partial Disability	Fixed Benefit	PPD	Injury that results in PPD	10,000	250,000,000	
3	Temporary Total Disability	Fixed Benefit	TTD	Injury that results in disability which prevents insured from engaging in employment or occupation temporarily	10,000	250,000,000	Option to choose minimum number of days (1,2,3,4) of disability to be eligible for benefit
4	Child Education Cover	Fixed Benefit per Child	AD, PTD	Each Dependent Child who is less than Age 25 and does not have any independent source of income (Max of 2)	5,000	5,000,000	
5	Medical Expenses Reimbursement	Indemnity	Accidental Injury	Costs incurred on Medical Expenses during hospitalization or day care treatment	5,000	5,000,000	
6	Hospital Fixed Allowance	Fixed Benefit	Accidental Injury	Injury that solely and directly requires Insured person to be hospitalized for at least minimum number of consecutive days	2,500	500,000	Option to choose minimum number of days (1,2,3,4) of disability to be eligible for benefit
7	Disappearance Cover	Fixed Benefit	AD	Accident followed by a forced landing, stranding, sinking or wrecking of a conveyance, earthquake or flood and is legally declared dead (in absentia or legal presumption of death)	10,000	250,000,000	

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S. NO.	NAME OF THE BENEFIT	BENEFIT TYPE	INSTANCES WHEN COVERED	WHAT IS COVERED	SUM INSURED		OTHER OPTIONS
					MIN	MAX	
8	Repatriation of Mortal Remains	Indemnity	AD	Transportation of mortal remains from place of death to residence to Insured person	5,000	5,000,000	Option to choose minimum number of days (1,2,3,4) of disability to be eligible for benefit and option to select maximum number of days (7,15,30,45,60,90) for which daily benefit will be paid
9	Funeral Expenses	Fixed Benefit	AD	Expenses on funeral, cremation/burial and transportation of body to the place of funeral ceremony	5,000	1,000,000	
10	Compassionate Visit	Indemnity	PTD, PPD, TTD, MER, HFA	Return economy class tickets for an Immediate Relative of an Insured person to travel to place of hospitalization of Insured person	5,000	500,000	
11	Hospital Daily Allowance	Fixed Benefit per day	MER, HFA	Injury that solely and directly requires Insured person to be hospitalized for each continuous and completed period of 24 hours of hospitalization	2,000	200,000	
12	Loan Protector	Loan Outstanding Amount at time of AD and PTD	AD, PTD	Re-payment of Insured's person outstanding loans	10,000	50,000,000	
13	Outstanding Bills Protection Benefit	Bills Outstanding Amount at time of AD and PTD	AD, PTD	Payment of outstanding bills of Insured person	2,000	200,000	
14	Ambulance Transportation Cover	Indemnity	Accidental Injury	Injury which requires Insured person to be transported to the hospital by Ambulance	1,000	50,000	
15	OPD Treatment	Indemnity	Accidental Injury	Injury that solely and directly requires Insured person to undergo OPD treatment for any of the treatments/tests/consultations (Update Table)	2,500	100,000	
16	Modification of Vehicle/Home	Indemnity	PTD, PPD	Improvements to be carried out in Insured's person's residence or to the Insured person's vehicle	2,500	1,000,000	

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S. NO.	NAME OF THE BENEFIT	BENEFIT TYPE	INSTANCES WHEN COVERED	WHAT IS COVERED	SUM INSURED		OTHER OPTIONS
					MIN	MAX	
17	Emergency Medical Evacuation	Indemnity	Accidental Injury	Costs incurred for the air or surface transportation of the Insured person (and attending Medical Practitioner, if necessary) from hospital where Insured person is being treated to the nearest hospital if such medical treatment cannot be provided at hospital where Insured person is situated	100,000	10,000,000	Option to select maximum number of days (7,15,30,45,60,90) for which daily benefit will be paid
18	Physiotherapy	Indemnity	Accidental Injury	Injury that solely and directly requires Insured person to undergo physiotherapy	3,000	100,000	
19	Chauffer Benefit	Fixed Benefit per day	PTD, PPD, TTD	Per day allowance in respect of a chauffeur to drive the Insured person	500	5000	
20	Mobility Cover	Indemnity	PTD, PPD, TTD	Purchase of support items like crutches, artificial limbs, wheelchairs, tri-cycles, etc	5,000	1,000,000	
21	Global Coverage	Depends on the benefit type of the underlying cover	International Cover of the base cover and all other optional cover	Events or occurrences taking place anywhere in the world unless limited under this policy for a particular benefit/cover	Similar to underlying Cover	Similar to underlying Cover	

Legend:

- AD = Accidental Death
- PTD = Permanent Total Disability
- PPD = Permanent Partial Disability
- TTD = Temporary Total Disability
- MER = Medical Expenses Reimbursement
- HFA = Hospital Fixed Allowance

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IV. EXCLUSIONS:

- We shall not be liable to make any payment for any claim under the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:
 - a. Any Pre-Existing Disease or any Injury or disability arising out of a Pre-Existing Disease or any complication arising therefrom.
 - b. Suicide or attempted suicide, intentional self-inflicted Injury or acts of self-destruction, whether the Insured Person is medically sane or insane.
 - c. 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.
 - d. 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.
 - e. Any change of profession after inception of the Policy which results in the enhancement of Our risk under the Policy, if not accepted and endorsed by Us on the Certificate of Insurance.
 - f. Congenital Anomalies or in consequence thereof.
 - g. Bacterial infections (except pyogenic infection which occurs through a cut or wound due to Accident).
 - h. Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
 - i. Certification of disability by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's family.
 - j. Death or disability directly or indirectly caused by or associated with any venereal disease or sexually transmitted disease.
 - k. 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.
 - l. 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.
 - m. 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.
 - n. 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.
 - o. 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.
 - p. 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.
 - q. 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 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.
 - r. Death or disability caused other than by an Accident.
 - s. 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.
 - t. 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.
 - u. Any Injury which results in Hernia.
 - v. Any physical, medical or mental condition or treatment or service that is specifically excluded in the Policy.

Note: *The policy exclusions are subject to the policy terms and conditions, and you are advised to read the policy for a full description of the terms and conditions thereto.*

V. 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 following necessary information and documentation in respect of the claim within 30 days of the occurrence of the Insured Person's Injury:
- For details on the claims procedures and requirements or any assistance during the process, We may be contacted at Our call centre on the toll free number: 902906000 or through Our website: www.acko.com/gi or mail us at hello@acko.com

VI. CONTACT US

1. You can reach Us through any of the following methods:

- **Call Us on Our toll free number: 9029060000**
- **Write to us On at: hello@acko.com**
- **Visit Our website: www.acko.com/gi**

2. For Grievance:

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.

VII. SECTION 41 OF INSURANCE ACT, 1938 (PROHIBITION OF REBATES)

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the prospectus or tables of the insurers.
2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to 10 lakh rupees.

VIII. DISCLAIMER:

- This is only a summary of the product features. The actual benefits available are as described in the policy and will be subject to the policy terms, conditions and exclusions. Please seek the advice of your insurance advisor if you require any further information or clarifications.

Note: *Policy Term and Conditions & Premium rates are subject to change with prior approval from IRDAI.*