

Acko Group Total Protect

PROSPECTUS

Why take our Total Protection Policy?

Acko Group Total Protect can protect the policy holder from economic concerns arising from the events such as accidents, hospitalization, critical illness, residential property damage or job loss that may occur during the coverage period. It is essential that people understand the features, advantages and the necessity of insurance policies in detail.

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.

LIVE WITHOUT WORRIES...Here's what's covered!

Base Benefits:

1. In-Patient Hospitalization ("IPD") Indemnity Category

1.1 In-patient Hospitalization Cover

We will indemnify the following Covered In-patient Medical Expenses of an Insured Person incurred during Hospitalization for the Illness or Injury, as specified in the Policy Schedule / Certificate of Insurance:

- Room Rent
- ICU/CCU/HDU charges,
- Operation theatre cost,
- Medical Practitioner fees,
- Specialist fee,
- Surgeon's fee,
- Anaesthetist fee,
- Radiologist fee,
- Pathologist fee,
- Assistant Surgeon fee,
- Qualified Nurses fee,
- Medication,
- Cost of diagnostic tests as an in-patient such as but not limited to radiology, pathology, X-rays, MRI and CT Scans, physiotherapy and drugs, consumables, blood, oxygen, and
- Surgical Appliances and/or Medical Appliances, required as a direct consequence of the Illness or Injury.
- Ayush Treatment

1.2 Daily Hospital Cash

If an Insured Person requires Hospitalization due to an Illness or Injury, as specified in the Policy Schedule / Certificate of Insurance, suffered or contracted during the Coverage Period, then We will pay the daily

allowance amount specified against this Benefit in the Policy Schedule / Certificate of Insurance, for each continuous and completed period of 24 hours of Hospitalisation.

1.3 Day Care Treatment Cover

We will indemnify the Medical Expenses incurred towards the Day Care Treatment or Surgery undertaken that requires less than 24 hours Hospitalization due to advancement in technology and which is undertaken by an Insured Person in a Hospital / Nursing Home / Day Care Centre for the Illness or Injury, as specified in the Policy Schedule / Certificate of Insurance. Any treatment in Out-Patient department is not covered under this Benefit.

1.4 In-patient Hospitalization Fixed Benefit

We will pay a fixed benefit amount, in the event of a Hospitalization solely and directly due to the Illness or Injury, as specified in the Policy Schedule / Certificate of Insurance.

1.5 Road Ambulance

We will indemnify the reasonable costs incurred towards transportation of an Insured Person to a Hospital or Day Care Centre by an Ambulance for treatment of the Illness or Injury, as specified in the Policy Schedule / Certificate of Insurance, in case of the Insured Person requiring Emergency Care.

1.6 EMI Protection

If an Insured Person is unable to pay the EMI Amounts payable under his/her Loan due to an Illness or Injury, as specified in the Policy Schedule / Certificate of Insurance, suffered or contracted during the Coverage Period, then We will pay an amount equal to the EMI Amount which is due on the Insured's outstanding Loan in the number of months immediately following the date of such occurrence, as is specified in the Policy Schedule / Certificate of Insurance, subject to this amount not exceeding the amount specified in the Policy Schedule / Certificate of Insurance.

1.7 Income Protection Cover

We will pay the daily allowance amount specified against this Benefit in the Policy Schedule / Certificate of Insurance, for each continuous and completed day, on which the Insured Person is unable to do his/her regular employment, business or professional activity due to an Illness or Injury, as specified in the Policy Schedule / Certificate of Insurance, suffered or contracted during the Coverage Period.

1.8 Repatriation of Mortal Remains

We will reimburse the expenses incurred up to the limit specified in the Policy Schedule / Certificate of Insurance for transportation of mortal remains from the place of death to the residence of the Insured Person, in case of death due to illness or injury, as specified in the Policy Schedule / Certificate of Insurance.

This Benefit will be payable provided that:

- a. The death of the Insured Person occurred in a location that is not the city/place of residence of the Insured Person.
- b. In case of Death due to illness, we have accepted a claim under the Benefit Section 1.1
- c. In case of Death due to injury, we have accepted a claim under Benefit Section 2.1

1.9 Funeral Expenses

We will reimburse the expenses incurred up to the limit specified in the Policy Schedule / 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, in case of death due to illness or injury, as specified in the Policy Schedule / Certificate of Insurance, provided that:

- a. In case of Death due to illness, we have accepted a claim under the Benefit Section 3.1.1

b. In case of Death due to injury, we have accepted a claim under Benefit Section 3.2.1

3.2.1.10 Missed Bill Payment

If an Insured Person defaults on payment of a credit card bill or an essential utility bill such as water, electricity or gas, on or before the due date for making such payment due to an Illness or Injury, as specified in the Policy Schedule / Certificate of Insurance, suffered or contracted during the Coverage Period, then We will pay the amount specified in Policy Schedule / Certificate of Insurance towards the penalty levied on the Insured Person for non-payment of such bill amount within the due date.

2. Personal Accident Category

2.1 Accidental Death Benefit

If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage 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.

2.2 Permanent Total Disability

If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage 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

2.3 Permanent Partial Disability

If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage 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%

Nature of Permanent Partial Disability	Percentage of the Sum Insured Payable
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%

2.4 Temporary Total Disability

If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage 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 Policy Schedule / Certificate of Insurance at the frequency specified in the Policy Schedule / Certificate of Insurance for the duration that the Temporary Total Disability continues.

2.5 Child Education Cover

We will pay the amount specified in the Policy Schedule / Certificate of Insurance at the frequency specified in the Policy Schedule / Certificate of Insurance in respect of each surviving Dependent Child, irrespective of whether the child is an Insured Person under this Policy.

3. Out-patient (“OPD”) and Wellness Benefit Category

3.1 Out-Patient Treatment Cover

We will indemnify the Medical Expenses incurred by an Insured Person in respect of any Medically Necessary Treatment availed/provided, in a Hospital or Day Care Centre or by any service provider as an Out-Patient, of the following nature and subject to the limits as specified in the Policy Schedule / Certificate of Insurance:

- Physical Consultation: Medical advice taken from a general or specialist Medical Practitioner;
- Online Consultation: A web-based consultation from a qualified Medical Practitioner
- Diagnostics: Any diagnostic procedures undergone by the Insured Person
- Pharmacy: Discounts on medicine/pharmacy costs or/and indemnify the cost of medicines/pharmacy duly supported by the prescriptions of the Medical Practitioner attending to the Insured Person
- Dietician: Advise on wellness coaching from dieticians
- Doctor on Call: A telephonic consultation from a general Medical Practitioner

4. Critical Illness Category

4.1 Critical Illness Benefit

We will pay the percentage of Sum Insured as is specified against such Critical Illness under this Benefit in the Policy Schedule / Certificate of Insurance, if the Critical Illness or Surgical Procedure is covered under the Policy for the Insured Person.

4.2 Benefit Options

4.2.1 Critical Illness Waiting Period

If this Benefit Option is in force for the Insured Person, We shall not be liable to make any payment under this Benefit in respect of any Critical Illness if You are first diagnosed as suffering from a critical Illness within the Waiting Period specified in the Policy Schedule / Certificate of Insurance from the Risk Commencement Date.

4.2.2 Survival Period for Critical Illness

If this Benefit Option is in force for the Insured Person, any amount payable under Benefit 5.1 shall be subject to survival of the Insured Person for the period specified in the Policy Schedule / Certificate of Insurance following the First Diagnosis of the Critical Illness or undergoing the Surgical Procedure for the first time, whichever is earlier Critical Illness Benefit

Optional Benefits:

Insured can opt from the below give optional benefit in lieu of additional premium.

1. Loss of Job

If an Insured Person suffers an Involuntary Unemployment during the Coverage Period resulting in loss of Income, then We will pay the monthly amount specified in the Certificate of Insurance against this Benefit, or the number of EMI Amount(s) as specified in the Certificate of Insurance falling due in respect of the Loan Account Number specified against this benefit in the Certificate of Insurance, as applicable, for each continuous and completed month specified in the Certificate of Insurance from the date of such Involuntary Unemployment.

2. Griha Raksha

2.1 Coverages

1. **Home Building Cover**, that covers any loss, damage or destruction of Your Home Building,
2. **Home Contents Cover**, that covers articles or things in Your home,
3. **Optional Cover**, that covers Valuable Contents on Agreed Value Basis

IMPORTANT DOS AND DON'TS

1. While filling up the Proposal Form	• Read the instructions in the proposal form carefully before filling up the details. • Understand the basis for arriving at the Sum Insured for both Home Building and Home Contents before filling up the details. This is given below in this Prospectus under the heading 'Sum Insured'. It is also explained in the Proposal Form. • Fill up the proposal form completely and answer all the questions truthfully.
2. Your Obligations during the Policy Period	• Take care to prevent theft, loss or damage to Your Home Building and Home Contents. • Inform Us of any change in circumstances such as change of address, details of additions or alterations to Home Building etc. • Do not allow unauthorized persons to occupy Your Home Building.
3. Your Obligations when You have a Claim	• Give notice of loss to us, as required. • Inform the respective authorities, as required. • Make true and full disclosures in Your claim form. • Give all documents supporting the claim. • Give full cooperation for inspection and investigation of claim.

SUMMARY OF INSURANCE COVERS

If Your Home Building or the articles or things in Your home are lost, damages or destroyed because of the following unforeseen events that occur during the Policy Period, we provide cover as follows:

Name of Cover	Your Loss	We Pay	Nature of Cover
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Home Building Cover	Building is damaged	Cost of repairs, Architect's, Surveyor's, Consulting Engineer's fees, Costs of removing debris, Loss of Rent and Rent for Alternative Accommodation	Standard
	Building is completely destroyed (Total Loss)	Cost of Construction	Standard
Home Contents Cover	Any General Content is damaged	Cost of repairs	Standard
	Article or thing is lost or destroyed (Total Loss)	Cost of replacing that item with a same or similar item	Where Home Building is also covered, General Contents are automatically covered for 20% of the Sum Insured of the Home Building subject to a maximum of ₹ 10 Lakh. You can opt out of the cover or increase the Sum Insured by declaring the details.
Personal Accident Cover	Unfortunate death of Your spouse or Yourself due to an insured peril that caused damage to Home Building and/or Contents	₹ 5,00,000/- per person	Optional
Cover for Valuable Contents on Agreed Basis (under Home Contents Cover)	Valuable content is physically damaged	Cost of repair	Optional
	Valuable content is a total loss	Agreed Value	

WHICH UNEXPECTED EVENTS ARE COVERED?

We give insurance cover for physical loss or damage, or destruction caused to Insured Property by the following unforeseen events occurring during the Policy Period.

The events covered are given in Column A and those not covered in respect of these events are given in Column B.

COLUMN A	COLUMN B
We cover physical loss or damage, or destruction caused to the Insured Property by	We do not cover any loss or damage, or destruction caused to the Insured Property
1. Fire	caused by burning of Insured Property by order of any Public Authority.
2. Explosion or Implosion	-
3. Lightning	-
4. Earthquake, volcanic eruption, or other convulsions of nature	-
5. Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Tsunami, Flood and Inundation	-
6. Subsidence of the land on which Your Home Building stands, Landslide, Rockslide	caused by a. normal cracking, settlement or bedding down of new structures, b. the settlement or movement of made up ground, c. coastal or river erosion, d. defective design or workmanship or use of defective materials, or e. demolition, construction, structural alterations or repair of any property, or groundworks or excavations.
7. Bush fire, Forest Fire, Jungle Fire	-
8. Impact damage of any kind, i.e., damage caused by impact of, or collision caused by any external physical object (e.g. vehicle, falling trees, aircraft, wall etc.)	Caused by pressure waves caused by aircraft or other aerial or space devices travelling at sonic or supersonic speeds.
9. Missile testing operations	-
10. Riot, Strikes, Malicious Damages	caused by a. temporary or permanent dispossession, confiscation, commandeering, requisition or destruction by order of the government or any lawful authority, or b. temporary or permanent dispossession of Your Home by unlawful occupation by any person.
11. Acts of terrorism	Exclusions and Excess as per Terrorism Clause attached
12. Bursting or overflowing of water tanks, apparatus and pipes.	-
13. Leakage from automatic sprinkler installations.	a. repairs or alterations in Your Home or the building in which Your Home is located, b. repairs, removal or extension of any sprinkler installation, or

14. Theft within 7 days from the occurrence of and proximately caused by any of the above Insured Events.	c. defects in the construction known to You. if it is a. any article or thing outside Your Home. b. any article or thing attached from the outside of the outer walls or the roof of Your Home, unless securely mounted.
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Examples

1. Your home catches fire. All its doors are opened for fighting the fire. A person takes advantage of the situation and carries away Your TV Set. Since this theft follows a fire and happened on the day of the fire i.e., within 7 days of occurrence of the fire, We will pay for Your loss upto the limits of the applicable Sum Insured.
2. During riots, a rioter breaks a window of Your home and takes away articles of value ₹ 15,000. It costs ₹ 20,000 to repair the window. Here the loss is due to theft, which arose during riots (and therefore occurred within 7 days of occurrence of the event), which is an insured event. It arose at a time when You were not in a position to protect Your home and articles. We will pay ₹ 15,000 for the loss of contents, and ₹ 20,000 for repairs of the window.

SUM INSURED

i) For Home Building:

The maximum amount We pay under this Policy is the Sum Insured which is based on the prevailing Cost of Construction of Your Home Building at the Policy Commencement Date as declared by You and accepted by Us. It is shown in the Policy Schedule. If Policy Schedule shows any limit for any cover or item, such limit is the maximum We will pay for that item or cover. Premium is calculated with reference to the amount of Sum Insured.

If You have purchased an annual policy, the Sum Insured will be automatically increased each day by an amount representing 1/365th of 10% of Sum Insured at the Policy Commencement Date

If You have purchased a policy of more than one-year duration, the Sum Insured will automatically increase each year by 10% for Home Building Cover without additional premium for a maximum of 100% of the Sum Insured at Policy Commencement Date. There will be no additional premium for this increase.

Example

On 1 January 2017, You have purchased Acko Bharat Griha Raksha for Your Home Building for three years. Sum Insured for the building of Your home is ₹ 5,00,000. The Sum Insured for the Building will be as follows:

Period	Sum Insured for Building(₹)
1-1-2018 to 31-12-2018	5,50,000
1-1-2019 to 31-12-2019	6,00,000

ii) For Home Contents:

The maximum amount We pay under this policy is the Sum Insured and it is shown in the policy schedule. If the Policy Schedule shows any limit for any item, or category or groups of items, such limit is the maximum We will pay for that item.

The policy has inbuilt cover for General Contents of Your Home equal to 20% of the Sum Insured for Home Building subject to a maximum of ₹ 10 Lakhs (Rupees Ten lakh) if You have opted for both Home Building and Home Contents cover. You can choose a higher Sum Insured by declaring it in the Proposal Form and paying additional premium.

If You have purchased only Home Contents cover, You have to declare Sum Insured for General Contents.

The Sum Insured You have chosen for General Contents must be enough to cover the cost of replacement of that item/s.

When We pay You the full Sum Insured for any cover or any item covered, the Policy ends to that extent. Except this, the insurance cover will be maintained up to the full Sum Insured throughout the Policy Period. You need to pay only the proportionate additional premium. This will ensure that Your Home Building and its contents remain insured throughout.

Example

1. If Your TV Set insured for ₹ 15000 is destroyed in fire or stolen within 7 days of the fire, and We pay Your claim of ₹ 15000, the new TV that You buy will not be covered under this Policy unless You add it again and pay additional premium. If Your TV set is repaired, and We pay You repair charges of ₹ 5,000, the cover for the same TV will continue for ₹ 10000. It will continue for ₹ 15,000 if You pay proportionate premium again.
2. If Your home building insured for ₹ 20,00,000 is severely damaged and We pay You ₹ 20,00,000 under the Home Building Cover to cover its repair and reconstruction, You will not be covered under this Policy for the new building that You construct, unless You pay premium for the cover.

Who can purchase this Policy?

You can purchase the Home Building Cover if You own or are a tenant of the Home Building and You are liable for insurance. You can also purchase Home Contents cover for articles or things in Your home.

How long does this cover protect me?

The cover protects You during the period of the policy. You can buy the policy for one year or more than one year, but the policy duration cannot exceed 10 years.

2.1.1 The Home Building Cover

The Building: You can purchase this cover for Your home, i.e., Your building, flat, apartment, duplex apartment, bungalow or any dwelling place. Fittings and fixtures are included. Additional structures like garages, domestic outhouses for residence, compound walls, fences, gates, retaining walls and internal roads, parking space, water tanks for residence, parking space, are also covered.

Who can purchase? You can purchase this cover if

1. You own the structure,
2. You are occupying Your home as purchaser under an agreement of sale,
3. You are an authorised occupier of Your home,
4. Your structure is occupied by a tenant, a licensee or Your employee, or
5. You are a tenant under an agreement in writing and are liable for insurance.

Residential use: You can purchase this insurance cover if Your Home Building is used for residence. If You carry on commercial activity by employing other persons, You must purchase another insurance cover meant for commercial premises.

Examples

1. You have let out Your house under a registered lease to Your tenant. You can purchase Home Building Cover as its owner. Your tenant can purchase the Home Contents Cover.
2. You own a two-storey house. You and Your family reside in the building and run a grocery shop in two rooms of the ground floor and personally attend to the grocery business. You can purchase this policy.
3. You own and reside in a three-storey house. You are a partner in a firm that runs an electronic shop on the ground floor. Five employees attend the shop. You can purchase this policy only for the two floors of the building where You reside. You can purchase other policies to cover the shop on the ground floor.

Sum Insured

The Sum Insured for the Home Building Cover shall be equal to the Cost of Construction of Your Home Building including fittings and fixtures at the Policy Commencement date. The cost of construction is calculated as follows-

[Carpet area of Your home structure in sq.m. X rate of cost of construction at the commencement date declared by You and accepted by Us] + cost of construction for additional structures at the Policy Commencement date declared by You and accepted by Us.

The rate of cost of construction is the prevailing rate of cost of construction of Your Home Building at the Policy Commencement date as declared by You and accepted by Us.

Example

The area of Your Home Building is 100 sq m. You declare, and We accept, that rate of cost of construction of Your Home Building is ₹ 20,000 per sq.m. Your Home Building is insured for ₹ 20,00,000. Your Home Building is damaged by earthquake and is a total loss. Our surveyor assesses the reconstruction cost on the date of earthquake at ₹ 16,00,000 calculated at ₹ 16,000 per sq m for that town. Since We accepted the rate that You declared, We will pay ₹ 20,00,000.

If the actual carpet area is less than the carpet area You have declared, We will calculate the claim amount on the basis of the actual carpet area.

Example

The area of Your Home Building is 100 sq m. The rate of cost of construction for Your Home Building is ₹ 15,000 per sq m. By mistake, You have declared an area of 120 sq.m., and Your Home Building is insured for ₹ 18,00,000 instead of ₹ 15,00,000. Your Home Building gets totally damaged by earthquake. Since the actual area was not correctly declared, We will pay ₹ 15,00,000.

No Underinsurance

Underinsurance does not apply to the **Griha Raksha** section. This is a very special feature of this policy. Thus, if Your Sum Insured calculated on the basis of the information that You have provided Us is less than the actual value at risk, the difference will not affect the amount We pay.

Example

The area of Your Home Building is 100 sq.m. The rate of cost of construction for that town is ₹ 15,000 per sq.m. By mistake, You have declared an area of 90 sq.m., and Your Home Building is insured for ₹ 13,50,000, instead of ₹ 15,00,000. There is a loss that requires repairs that cost You ₹ 5,00,000. We will pay You ₹ 5,00,000.

In-built Covers

This cover also pays for the following expenses:

- a. Upto 5% of the claim amount for reasonable fees of architect, surveyor, consulting engineer;
- b. Upto 2% of the claim amount for reasonable costs of removing debris from the site.

Further, the policy also pays for Loss of Rent and Rent for Alternative Accommodation while the Home Building is not fit for living because of physical loss arising out of an Insured Event.

2.1.2 The Home Contents Cover

The Contents: You can purchase this cover for the articles or things of personal, non-commercial use which are located inside Your home. This policy covers **General Contents** that are usual in any home i.e., furniture and fittings, television sets, telephones, electronic items, antennas, water storage equipment, air conditioners, kitchen equipment and other household items.

You can pay additional premium and purchase cover for **Valuable Contents**, like jewellery, silverware, paintings, works of art, valuable carpets, antique items, curios, paintings.

Some contents are not covered, like bullion or unset precious stones, manuscripts, vehicles, explosive substances.

Location and use of contents: You can choose this cover for Contents that are located in Your home and are used for personal use.

Sum Insured

The Policy has an in-built cover for General Contents of Your home equal to 20% of the Sum Insured for Home Building Cover subject to a maximum of ₹ 10 Lakh (Rupees Ten Lakh) if You have opted for both Home Building and Home Contents cover. You can choose a higher Sum Insured by declaring it in the Proposal Form, along with details and by paying additional premium.

If You have purchased only Home Contents cover, You have to declare Sum Insured for General Contents.

Example

The carpet area of Your Home Building is 100 sq.m. The rate of cost of construction for Your home building is Rs 20,000 per sq.m. You have opted for both Home Building and Home Contents cover but have not specifically mentioned anything about Sum Insured for contents in Your proposal. Contents in Your home are worth ₹ 8,00,000. The contents of Your home are damaged in a fire and loss is ₹ 2,00,000. We will pay You ₹ 2,00,000 because contents of ₹ 4,00,000 (20% of building Sum Insured) is an in-built cover.

The Sum Insured You have chosen must be enough to cover the cost of replacement of the Contents when You purchase the policy.

Who can purchase? You can purchase this cover if

1. You are the owner of the articles or things,
2. You have purchased the articles or things under instalment or hire purchase system, or on lease, or
3. You are responsible for the articles or things as part of written contract of employment.

Thus, a tenant, lessee, licensee or employee can purchase the Home Contents Cover.

Examples

1. You occupy a flat provided to You by Your employer. You can purchase Home Contents Cover for Your articles or things in the flat.

2. A company owns a building consisting of flats occupied by its employees. The employees can purchase Home Contents Cover. The company can purchase only Home Building Cover.

2.2 Optional Covers

2.2.1 Cover for Valuable Contents on Agreed Value Basis (under Home Contents Cover):

Valuable contents of Your Home such as jewellery, silverware, paintings, works of art etc. can be covered under this optional cover. A value of these contents may be agreed between You and Us on the basis of valuation certificate submitted by You and accepted by Us. However, We will waive requirement of valuation certificate if the Sum Insured opted is up to ₹ 5 Lakh (Rupees Five Lakh) and individual item value does not exceed ₹ 1 Lakh (Rupees One Lakh). If valuable contents are physically damaged by any insured event, We will pay the cost of repairing the item. If the valuable contents are a total loss We will pay Sum Insured for the item.

Specific Conditions to Griha Raksha

1. Make true and full disclosure in the proposal and related documents

- a. You have a duty of disclosure to tell Us everything You know, or could reasonably be expected to know, that is relevant to Us for deciding whether to give You insurance cover and on what terms. You owe this duty to disclose such relevant material information even if We have not specifically asked for it. This duty extends to any information or declaration given by anyone else on Your behalf.
- b. We have agreed to give You insurance cover entirely on the basis of the information You, or anyone on Your behalf, have given Us in the proposal, statements and other declarations and documents (in writing or electronic) about Yourself, Your family, Your Home Building and Home Contents. The correct and complete information You give is the basis of Our contract with You. Our promise to pay is conditional upon the truth of these statements and on the assumption that You, or anyone on Your behalf, has not withheld any material information about Yourself, Your family, Your Home Building and Home Contents.

2. Obligation to take care: You must:

- a. keep Your Home Building and Home Contents in good condition and well maintained, You must ensure that the structure of Your Home Building does not have any faults or defects that are visible and material that will aggravate loss or damage to the Home Building in the event an insured peril occurs.
- b. take care to prevent theft, loss or damage to Your Home Building and Home Contents, and
- c. ensure that unauthorized persons do not occupy Your Home Building.

3. Inform change in circumstances: You must inform Us immediately if

- a. You change Your address,
- b. You make any addition, alteration, extension to the structure of Your Home Building,
- c. You let out Your Home Building, or Your Home Building will no longer be solely occupied by You,
- d. You change the use of Your Home Building.

4. Allow inspection and investigation of claim: You must allow, and give full cooperation to the survey/investigation of Your claim by Us. You must allow Us, and any surveyor, officer or other representative that We authorise, to inspect Your Home Building and Home Contents including the interior wherever necessary, take photographs and where required, permit the scientific testing and investigation of any insured article affected by the insured peril. You must answer all questions asked regarding Your claim truthfully and completely, and submit all relevant documents that We will require.

5. Make true statements and full disclosure in the claim and related documents: You must also give true and full information in Your claim and submit true documents. If You give any false information or document in the claim, or if You withhold any information or document (written or electronic), We have a right to refuse payment of Your claim. We may also cancel Your policy.

6. Automatic termination of the Policy

This Policy will automatically end in the following cases:

- a. Destruction of Your Home Building:** This Policy will automatically end 7 (seven) days after Your Home Building collapses or is destroyed by reason other than any Insured Event. If a separable part of Your Home Building, or any additional structure falls down or is destroyed by reason other than any Insured Event, the covers will end for such part or additional structure. You can apply within 7 (seven) days of such fall or destruction for continuing insurance cover. We may agree, but will not be bound, to continue the cover on the same rates, terms and conditions.
- b. Exhaustion of Sum Insured:** If Your Home Building, or any additional structure, or any item of Home Contents, is lost, destroyed or stolen, or is a Total Loss, and We pay You the full Sum Insured for such item, the insurance cover for that item will automatically end unless the subject matter of insurance is reconstructed and the Sum Insured is reinstated by paying additional premium. If We pay the total Sum Insured for any claim, this Policy will end.
- c. Change of use of Your Home Building or Home Contents:** The Policy will end
 - i. if You change the use of Your Home Building from personal residence to any other purpose, or
 - ii. if You use any item of Home Contents for use that is not personal.
- d. Sale of Your Home Building or Home Contents:** This Policy will end when You sell, surrender or release Your interest in Your Home Building and/or Home Contents, or Your interest in the Home Building and/or Home Contents comes to an end. The Policy will end to the extent any additional structure of Your Home Building or item of Home Contents if You sell, surrender or release Your interest in such additional structure or item of Home Content, or Your interest in these ends.
- e. Effect of death**

In the event of the unfortunate death of the Insured during the Policy Period, the Home Building Cover and the Home Contents Cover that You have purchased will continue for the benefit of Your legal representative/s during the Policy Period subject to all the terms and conditions of this Policy.

16. Changes to Covers

- a. You can choose to make changes to the covers of this Policy as may be permitted by Us, or increase or reduce any Sum Insured. You must make a proposal or request for any change. It will be effective only after We have accepted Your proposal, and You have paid the additional premium, where applicable.
- b. This Policy (including the Policy Schedule, the proposal, declarations and Endorsements) consists of the entire contract between You and Us.

17. Waiver of Underinsurance

Underinsurance does not apply to this **Section - Griha Raksha**. Thus, if Your Sum Insured calculated on the basis of the information that You provided, is less than the actual value at risk, the difference will not affect the amount We pay.

General Exclusion**(Applicable to section other than Griha Raksha)**

We shall not be liable to make any payment under this Policy caused by, arising out of or attributable to any of the following. All the Waiting Periods shall be applicable individually for each Insured Person and claims shall be assessed accordingly.

I. Standard Exclusions**1. Pre-Existing Diseases-Code-Excl01**

- a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of number of months, as specified in the Schedule, of continuous coverage after the date of inception of the first policy with insurer.
- b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of sum insured increase.
- c. If the Insured Person is continuously covered without any break as defined under the Portability norms of the extant IRDAI (Health Insurance) Regulations, then Waiting Period for the same would be reduced to the extent of prior coverage.
- d. Coverage under the policy after the expiry of number of months, as specified in the Schedule, for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

2. Specified Disease/Procedure Waiting Period-Code-Excl02

- a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of number of months, as specified in the Schedule, of continuous coverage after the date of inception of the first policy with Us. This exclusion shall not be applicable for claims arising due to an Accident.
- b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of sum insured increase.
- c. If any of the specified diseases fall under the Waiting Period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.
- d. The Waiting Period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then the Waiting Period for the same would be reduced to the extent of prior coverage.

f. List of specific diseases/procedures:

- i. Cataract,
- ii. Hysterectomy for Menorrhagia or Fibromyoma or prolapse of Uterus unless necessitated by malignancy myomectomy for fibroids,
- iii. Knee Replacement Surgery (other than caused by an Accident), Non-infectious Arthritis, Gout, Rheumatism, Osteoarthritis and Osteoporosis, Joint Replacement Surgery (other than caused by Accident), Prolapse of Intervertebral discs (other than caused by Accident), all Vertebrae Disorders, including but not limited to Spondylitis, Spondylosis, Spondylolisthesis.

- iv. Varicose Veins and Varicose Ulcers,
- v. Stones in the urinary uro-genital and biliary systems including calculus diseases,
- vi. Benign Prostate Hypertrophy, all types of Hydroceles,
- vii. Fissure, Fistula in anus, Piles, all types of Hernia, Pilonidal sinus, Hemorrhoids and any abscess related to the anal region.
- viii. Chronic Suppurative Otitis Media (CSOM), Deviated Nasal Septum, Sinusitis and related disorders, Surgery on tonsils/Adenoids, Tympanoplasty and any other benign ear, nose and throat disorder or Surgery.
- ix. Gastric and duodenal ulcer, any type of Cysts/Nodules/Polyps/internal tumors/skin tumors, and any type of Breast lumps (unless malignant), Polycystic Ovarian Diseases,
- x. Any Surgery of the genito-urinary system unless necessitated by malignancy.

Notwithstanding anything contained under this Benefit Option, if any of the foregoing listed Illnesses are Pre-Existing Diseases at the time of proposal or subsequently found to be Pre-Existing Diseases, the Pre-Existing Disease Waiting Periods as specified in the Policy Schedule / Certificate of Insurance shall apply.

3. 30-day waiting period (Code-Excl03)

- a. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
- c. The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

4. Investigation & Evaluation (Code- Excl04)

- a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
- b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

5. Rest Cure, rehabilitation and respite care (Code- Excl05)

- a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily life such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

6. Obesity/ Weight Control (Code- Excl06)

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- 1) Surgery to be conducted is upon the advice of the Doctor

- 2) The Surgery/Procedure conducted should be supported by clinical protocols
- 3) The member has to be 18 years of age or older and
- 4) Body Mass Index (BMI);
 - a) greater than or equal to 40 or
 - b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type2 Diabetes

7. Change-of-Gender treatments (Code- Excl07)

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

8. Cosmetic or plastic Surgery (Code- Excl08)

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of Medically Necessary Treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

9. Hazardous or Adventure sports (Code- Excl09)

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

10. Breach of law (Code- Excl10)

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

11. Excluded Providers (Code- Excl11)

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and as disclosed in website (www.acko.com/health-insurance) / notified to the policyholders are not admissible. However, in case of life-threatening situations or following an Accident, expenses up to the stage of stabilization are payable but not the complete claim.

12. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12).

13. Treatments received in health spas, nature-cured clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code- Excl13)

14. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure (Code- Excl14)

15. Refractive Error (Code- Excl15)

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

16. Unproven Treatments:(Code- Excl16)

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

17. Sterility and Infertility: (Code- Excl17)

Expenses related to sterility and infertility. This includes:

- i. Any type of contraception, sterilization
- ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- iii. Gestational Surrogacy
- iv. Reversal of sterilization

18. Maternity (Code - Excl18):

- i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization) except ectopic pregnancy;
- ii. Expenses towards miscarriage (unless due to an Accident) and lawful medical termination of pregnancy during the policy period.

II. Specific Exclusions

1. Specific Exclusion (Applicable to Inpatient Hospitalization and Personal Accident covers)

We shall not be liable to make any payment for any claim under the Policy in respect of an Insured Person, arising from or caused by any of the following:

1. **Stem cell treatment:** Stem cell implantation/Surgery, harvesting, storage or any kind of Treatment using stem cells.
2. **Dental Treatment:** Dental Treatment, dentures or Surgery of any kind unless necessitated due to an Accident and requiring minimum 24 hours Hospitalization. Treatment related to gum disease or tooth disease or damage unless related to irreversible bone disease involving the jaw which cannot be treated in any other way.
3. **Circumcision:** Circumcision unless necessary for Treatment of an Illness or Injury not excluded hereunder or due to an Accident.
4. Birth control procedures, contraceptive supplies or services including complications arising due to supplying services, hormone replacement therapy and voluntary termination of pregnancy, surrogate or vicarious pregnancy.
5. **Eye sight & Optical services/surgeries:** Routine medical, eye examinations, cost of spectacles, laser Surgery for cosmetic purposes or corrective Surgeries or contact lenses.
6. Ear examinations, cost of hearing aids or cochlear implants.

7. Vaccinations except post-bite Treatment.
8. Any physical, psychiatric or psychological examinations or testing, any Treatment and associated expenses for alopecia, baldness, wigs, or toupees and hair fall Treatment and products, issue of medical certificates and examinations as to suitability for employment or travel.
9. **Medical Instrument:** Instrument used in Treatment of Sleep Apnea Syndrome (C.P.A.P.) and Continuous Peritoneal Ambulatory Dialysis (C.P.A.D.) and Oxygen Concentrator for Bronchial Asthmatic condition, Infusion pump or any other external devices used during or after Treatment.
10. **Artificial Life Maintenance:** Artificial life maintenance, including life support machine use, where such Treatment will not result in recovery or restoration of the previous state of health.
11. **Developmental problem treatment:** Treatment for developmental problems including learning difficulties eg. Dyslexia, behavioural problems including attention deficit hyperactivity disorder (ADHD).
12. Treatment for general debility, ageing, convalescence, sanatorium Treatment, private duty nursing, run down condition or rest cure.
13. **Prosthetics and other devices:** Prostheses, corrective devices and and/or Medical Appliances, which are not required intra-operatively for the Illness / Injury for which the Insured Person was Hospitalised.
14. Treatment received outside India.
15. **External Congenital Anomaly :** External Congenital Anomaly or defects, inherited disorders or any complications or conditions arising therefrom including any developmental conditions of the Insured Person.
16. **Suicide and Self-Injury:**
 - a. Suicide or attempted suicide, intentional self-inflicted Injury or acts of self-destruction, whether the Insured Person is medically sane or insane.
 - b. Death or disability/ Any illness or Hospitalisation arising from or caused due to use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen by the Insured Person.
17. **Change in profession:** 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 Policy Schedule / Certificate of Insurance
18. **Unlawful Activities:** Death or disability/Any illness or Hospitalisation arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanor or civil commotion with criminal intent.
19. Death, injury, illness 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.
20. **War and hazardous substances:** Death or disability arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, participation in any naval, military or air-force operation, civil war, public defense, rebellion, revolution, insurrection, military or usurped power, 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.
21. **Non-Medical Expenses:** For complete list of non-medical expenses, please refer to the Annexure II "Non-Medical Expenses" and also on Our website. Any opted Deductible (Per claim / Aggregate / Group) amount or percentage of admissible claim under Co-Payment, Sub Limit if applicable and as specified in the Policy Schedule / Certificate of Insurance to this Policy.

All non-medical expenses including but not limited to convenience items for personal comfort not consistent with or incidental to the diagnosis and Treatment of the Illness/Injury for which the Insured

Person was Hospitalised, such as, ambulatory devices, walker, crutches, belts, collars, splints, slings, braces, stockings of any kind, diabetic footwear, glucometer/thermometer and any medical equipment that is subsequently used at home except when they form part of room expenses.

22. **Organ Donor:** Costs of donor screening or costs incurred in an organ transplant Surgery involving organs not harvested from a human body.
23. **Hazardous Activities:** Any Injury caused while engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports or involving a naval military or air force operation.
24. Any physical, or medical condition or Treatment or service that is specifically excluded in the Policy Schedule / Certificate of Insurance under special conditions.

A.1. Specific exclusion applicable to sub section Personal Accident Category

1. Working in underground mines, tunnelling or explosives, or involving electrical installation with hightension supply, or as jockeys or circus personnel, or engaging in Hazardous Activities.
2. Certification of disability by a family member, or a person who stays with the Insured Person, or from persons not registered as Medical Practitioners under the respective Medical Councils, or from a Medical Practitioner who is practicing outside the discipline that he is licensed for.
3. Death or disability caused other than by an Accident.
4. Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
5. 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.
6. **Chemical Attack:** 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.
7. **Biological Attack:** 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.

A.2. Specific exclusion applicable to sub section Out- Patient Treatment Cover

1. Inpatient Care and Day Care Treatments will not be covered.

A.3. Specific exclusion applicable to sub section Critical Illness Category

1. Certification / diagnosis / Treatment by a family member, or a person who stays with the Insured Person, or from persons not registered as Medical Practitioners under the respective Medical Councils, or from a Medical Practitioner who is practicing outside the discipline that he is licensed for, or any diagnosis or Treatment that is not scientifically recognised or Unproven/Experimental treatment, or any form of clinical trials or any kind of self-medication and its complications.
2. **Chemical Attack:** 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.
3. **Biological Attack:** 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.

1. Specific Exclusion (Applicable for Optional Section -Loss of Job.)

We shall not be liable to make any payment for any claim under this benefit 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 Involuntary Unemployment of the Insured Person that is attributed to any dishonesty, misconduct or fraud, or any wilful violation by the Insured Person of any internal rules/regulations/policies, or any laws or any directives issued by a public authority and in force, or any disciplinary action initiated against the Insured Person by his/her employer.
- b) Unemployment from any occupation or job which is a Temporary or Seasonal Job, or where the Insured Person is not on the direct payroll of the employer.
- c) Any voluntary unemployment, self-resignation, or voluntary retirement.
- d) Any Involuntary Unemployment or suspension of the Insured Person at his/her primary occupation, which is temporary in nature.
- e) Any unemployment from any occupation or job in which no salary was ever provided to the Insured Person.
- f) Any unemployment occurring while the Insured Person, who is a Salaried Individual, is still under his/her probation, including any unemployment resulting from non-confirmation of his/her employment by the employer during or after the period on probation.
- g) Any suspension of the Insured Person from his/her primary occupation on account of any pending enquiry being conducted by the employer or a public authority.
- h) Any unemployment if it arises as a result of the place of employment or part thereof being temporary closed down for a period not exceeding the minimum number of days specified in Certificate of Insurance/Schedule due to lay off, lockout, strike or any other reason.
- i) Any unemployment due to non-extension of a maternity/paternity leave, either as per the Maternity Benefit Act 1961, as amended from time to time, or as per the employer's internal regulation/policy in force at the time of any event or occurrence that may give rise to a claim.
- j) Any unemployment due to any strike or labour disturbance in which the Insured Person is directly or indirectly involved.
- k) Any reasonable belief that the Insured Person was aware that such loss of Income was likely to happen, whether or not any official communication was provided, at the time of Risk Commencement Date.
- l) Withdrawal of offer of employment by an employer.
- m) Medical exclusions
 - i. Any unemployment if it arises as a result of intentional self-inflicted injuries.
 - ii. Any unemployment if it arises as a result of termination of service on the grounds of a Pre-Existing Diseases.
 - iii. Any unemployment if it arises as a result of intake of alcohol or drugs by the Insured Person.
 - iv. Any unemployment if it arises as a result of insured person being on family leave or sick leave due to childbirth or pregnancy.

2. Specific Exclusion (Applicable for optional Section - Griha Raksha)

We do not cover losses and expenses for any loss or damage or destruction of the Insured Property that is directly or indirectly as a result of or is caused by or arising from events, stated below:

- a) Your deliberate, wilful or intentional act or omission, or of anyone on Your behalf, or with Your connivance.

- b) War, invasion, act of foreign enemy hostilities or war-like operations (whether war is declared or not), civil war, mutiny, civil commotion amounting to a popular rising, military rising, rebellion, revolution, insurrection or military or usurped power.
- c) Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from combustion of nuclear fuel, or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component that is part of it.
- d) Pollution or contamination, unless
 - i. the pollution or contamination itself has resulted from an Insured Event, or
 - ii. an Insured Event itself results from pollution or contamination.
- e) Loss, damage or destruction to any electrical/electronic machine, apparatus, fixture, or fitting by over-running, excessive pressure, short circuiting, arcing, self- heating or leakage of electricity from whatever cause (lightning included). This exclusion applies only to the particular machine so lost, damaged or destroyed.
- f) Loss or damage to bullion or unset precious stones, manuscripts, plans, drawings, securities, obligations or documents of any kind, coins or paper money, cheques, vehicles, and explosive substances unless otherwise expressly stated in the policy.
- g) Loss of any Insured Property which is missing or has been mislaid, or its disappearance cannot be linked to any single identifiable event.
- h) Loss or damage to any Insured Property removed from Your Home to any other place.
- i) Loss of earnings, loss by delay, loss of market or other consequential or indirect loss or damage of any kind or description whatsoever.
- j) Any reduction in market value of any Insured Property after its repair or reinstatement.
- k) Any addition, extension, or alteration to any structure of Your Home Building that increases its Carpet Area by more than 10% of the Carpet Area existing at the Commencement Date or on the date of renewal of this Policy, unless You have paid additional premium and such addition, extension or alteration is added by Endorsement.
- l) Costs, fees or expenses for preparing any claim.

TERMS AND CONDITIONS:

1. General Terms and Clauses

I. Standard General Terms and Clauses

1. Disclosure of Information

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the policyholder

"Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk.

2. Condition Precedent to Admission of Liability

The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

3. Claim Settlement (provision for Penal interest

- i. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document.

ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.

iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 15 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 15 days from the date of receipt of last necessary document.

iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)

4. Complete Discharge

Any payment to the policyholder, insured person or insured person's nominees or insured person's legal representative or assignee or to the Hospital, as the case may be, for any Benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

5. Fraud

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on insured person's behalf to obtain any Benefit under this policy, all Benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

- a. the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;
- b. the active concealment of a fact by the insured person having knowledge or belief of the fact;
- c. any other act fitted to deceive; and
- d. any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy Benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

6. Redressal of 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

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, he/she may register a complaint in the Integrated Grievance Management System (IGMS) of the IRDAI.

7. Migration (Applicable to section other than Griha Raksha)

In case of migration of one policy to another with the same Insurer, the policyholder (including all members under family cover and group insurance policies) can transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting periods, waiting period for pre-existing diseases, Moratorium period etc. in the previous policy to the migrated policy.

8. Portability (Applicable to section other than Griha Raksha)

- A Policyholder has the choice to port his/ her policies from one Insurer to another. The Acquiring and the Existing Insurers shall jointly, ensure that the entire underwriting details and claim history of the Policyholders are seamlessly transferred.
- The existing insurer shall provide the information sought by the Acquiring insurer immediately but not more than 72 hours of receipt of request through Insurance Information Bureau of India (IIB) <https://iib.gov.in/portal>.
- The Acquiring insurer shall decide and communicate on the proposal immediately but not more than 5 days of receipt of information from Existing insurer.
- The policyholder is entitled to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, specific waiting periods, waiting period for pre-existing disease, Moratorium period etc from the Existing Insurer to the Acquiring Insurer in the previous policy.

9. Renewal of Policy

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

- i. The Company shall endeavor to give notice for Renewal. However, the Company is not under obligation to give any notice for Renewal.
- ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- iii. Request for Renewal along with requisite premium shall be received by the Company before the end of the policy period.
- iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the Grace Period.
- v. No loading shall apply on Renewals based on individual claims experience

10. Moratorium Period (Applicable to section other than Griha Raksha)

After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.

11. Premium Payment in instalments (Applicable to section other than Griha Raksha)

If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in the policy Schedule/Certificate of the Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

- i. Grace Period of 30 days (for half yearly/quarterly instalment) & 15 days (for monthly instalment) would be given to pay the instalment premium due for the policy.
- ii. During such Grace Period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.
- iii. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated Grace Period.
- iv. No interest will be charged if the instalment premium is not paid on due date.
- v. In case of instalment premium due not received within the Grace Period, the policy will get cancelled.
- vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
- vii. The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.

12. Free Look Period (Applicable to section other than Griha Raksha)

A period of 30 days (from the date of receipt of the policy document) is available to the policyholder to review the terms and conditions of the policy. If you are not satisfied with any of the terms and conditions, you have the option to cancel your policy. This option is available in case of policies with a term of one year or more.

If you have not made any claim during the Free Look Period, then you shall be entitled to:

1. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
2. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
3. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

13. Nomination (Applicable to section other than Griha Raksha):

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

II. Specific Terms and Clauses

1. Alterations in the Policy

This Policy constitutes the complete contract of insurance. No change or alteration will be effective or valid unless approved in writing which will be evidenced by a written endorsement, signed and stamped by Us.

2. Material Information for administration

You must give Us all the written information that is reasonably required to work out the premium and pay any claim / Benefit available under the Policy. You must give Us written notification specifying the details of the Insured Persons to be deleted and the details of the eligible persons proposed to be added to the Policy as Insured Persons. Billing for the Policy will be processed on the exact number of Insured Persons covered under the Policy.

Material information to be disclosed includes every matter that You and/or the Insured Person is aware of, or could reasonably be expected to know, that relates to questions in the proposal form and which is relevant to Us in order to accept the risk of insurance and if so on what terms. You must exercise the same duty to disclose those matters to Us before the Renewal, extension, variation, endorsement or reinstatement of the Policy. Accordingly, We reserve the right to apply additional options, exclusions and/or adjust the scope of cover and / or premium, if necessary, to reflect any circumstances or material facts declared to Us.

3. Material Change

It is Condition Precedent to Our liability under the Policy that You shall at Your own expense immediately notify Us in writing of any material change in the risk on account of change in nature of occupation or business of any Insured Person. We may, in Our discretion, adjust the scope of cover and / or the premium paid or payable, accordingly.

4. Geography & Policy Currency:

This Policy applies to events or occurrences taking place in the Geographical Scope specified in the Policy Schedule / Certificate of Insurance. All payments under this Policy will only be made in the currency specified in the Policy Schedule.

5. Dispute Resolution & Applicable Law

All disputes or differences under or in relation to this Policy shall be determined by the Indian Courts and subject to Indian law.

6. Special Conditions

Any special conditions subject to which this Policy has been entered into and endorsed in the Policy or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly. It is further clarified that if any special condition is stipulated in the Policy Schedule / Certificate of Insurance, then such special condition shall have effect accordingly.

7. Notices & Communications:

Any notice or communication in relation to this Policy will be in writing and if it is to: i) You or any Insured Person, then it will be sent to You at Your address specified in the Schedule and You will act for all Insured Persons for these purposes. ii) Us, it will be delivered to Our address specified in the Schedule. No insurance agents, insurance intermediaries or other person or entity is authorised to receive any notice or communication on Our behalf.

8. Electronic Transactions:

You agree to comply with all the terms and conditions of electronic transactions as We shall prescribe from time to time, and confirm that all transactions effected facilities for conducting remote transactions such as the Internet, World Wide Web, electronic data interchange, call centres, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, in respect of this Policy and claim related details, shall constitute legally binding when done in compliance with Our terms for such facilities.

9. Assignment:

The Policy and the benefits under this Policy can be assigned in only in accordance with applicable law. For Loan linked policies only, if opted, agreed per the applicable Loan agreement and specified as such in the Certificate of Insurance, it is hereby declared and agreed that:

i. From the commencement of the Coverage Period, any claims payable by Us to the Insured Person, and all rights, titles, benefits and interest of the Insured Person under this Policy stand assigned in favour of the bank/financial institution as specified in the Certificate of Insurance;

ii. Upon any claim becoming payable under this Policy, the same shall be paid by Us to the financial institution as specified in the Certificate of Insurance, without any reference/ notice to the Insured Person, but not exceeding the Principal Outstanding Amount which is due to the financial institution on the date that the claim becomes payable. In the event of any claim amount payable under this Policy exceeding the Principal Outstanding Amount, We shall pay such component of the claim amount as is exceeding the Principal Outstanding Amount to the Insured Person;

iii. The receipt of such claim amount in the manner aforesaid by the financial institution specified in the Certificate of Insurance, and/or the Insured Person shall completely discharge Us from all liability under the Policy and shall be binding on the Insured Person and his/her heirs, executors, administrators, successors or legal representatives, as the case may be.

10. Cancellation :

1. The policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing. We Will
 - a. refund proportionate premium for unexpired policy period, if the term of policy upto one year and there is no claim (s) made during the policy period.
 - b. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.
2. The Company may cancel the Policy at any time on grounds of misrepresentation, nondisclosure of material facts ,established fraud by the Insured Person, by giving 7 days written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or established fraud.
3. Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

SECTION 41 OF INSURANCE ACT, 1938 (PROHIBITION OF REBATES, AS AMENDED)

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.

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.*