

## Acko All in One Secure Policy

### Policy Wordings

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This Policy is an insurance contract between the insured ("You") and Acko General Insurance Limited ("Us/Our"), effective subject to receiving the full premium as specified in the Policy Schedule ("Schedule")/Certificate of Insurance ("Certificate"). It is subject to the terms, conditions and exclusions outlined in this document and is valid for the period stated in the Schedule/ Certificate.

Certain capitalized terms used in this document have specific meaning defined within the Policy itself. These definitions apply throughout the Policy, including the Schedule/Certificate, or any subsequent endorsements; And where the context allows, references to laws and regulations include any subsequent amendments. Singular references may also include references to the plural entities, any gender specific references may apply to either gender.

## 1. DEFINITION

Unless this Policy expressly defines a word or a phrase under any Section or Insuring Clause as enumerated above, the terms defined below shall prevail over all the Sections of the Policy and have the meanings ascribed to them wherever they appear in this Policy:

1. **Accident** means sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Add-on Cover:** A coverage extension that adds to the scope of insurance coverage of a Product and includes a write-back of an exclusion or a deletion/restriction of a coverage limitation.
3. **ATM** means an automatic teller machine.
4. **Beyond Economic Repair** means damage, destruction or breakdown of the Insured Asset to the extent that the estimated cost of repairs of such Insured Asset, as determined by Us or Our authorized representatives, exceeds the Sum Insured specified for the Insured Asset, less any applicable Depreciation, as reasonably determined by Us or Our authorized representatives, based on current market repair rates.
5. **Breakdown (Applicable for IV. Asset Protection related covers)** means any sudden and unforeseen inherent internal damage, defects or breakdown to the electrical / electronic / mechanical parts of the Insured Asset, which impedes its normal functioning.
6. **Bodily injury/Injury** means physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner
7. **Bank** means a bank or any financial institution licensed by the Reserve Bank of India.
8. **Business Affiliate** means any employee, colleague, partner, servant, contracting party or delivery agent of the Insured sharing a fiduciary duty towards the Insured, who is involved in business operations and has a professional relationship with the Insured.
9. **Burglary** means an act involving entry into or exit from the Insured's place of residence or business premises or vehicle using forcible and violent means or following assault or violence or threat thereof, to the Insured or to his/her Business Affiliate or Immediate Family Member or any person lawfully present in the Insured's residence or business premises or vehicle.
10. **Card** means the credit card, cash card, debit card, gift card, pre-paid card, travel card and other similar cards issued to the Insured person by a Qualified Financial Institution.
11. **Carpet Area** means
  - for the main building unit of Your Home, it is the net usable floor area, excluding the area covered by the external walls, areas under services shafts, exclusive balcony or verandah area and exclusive open terrace area, but including the area covered by the internal partition walls of the residential unit;
  - for any enclosed structure on the same site, it is the net usable floor area of such structure; and
  - for the main building unit of Your Home, it is the net usable floor area, excluding the area covered by/ the external walls, areas under services shafts, exclusive balcony or verandah area and exclusive open terrace area, but including the area covered by the internal partition walls of the residential unit; for any enclosed structure on the same site, it is the net usable floor area of such structure; and for any balcony, verandah area, terrace area, parking area, or any enclosed structure that is part of Your Home, it is 25% of its net usable floor area
12. **Certificate** means the latest certificate issued to the Insured by Us confirming the Insuring clause covered under the Policy.
13. **Cheque(s)** means any Bank draft drawn against deposited funds to pay a specific sum to a specified payee on demand other than drafts with a stamped signature.
14. **Commencement Date** means It is the date and time from which the insurance cover under this Policy begins as specified in the Policy Schedule.

- 15. Condition Precedent** means a policy term or condition upon which Our liability under the policy is conditional.
- 16. Co-payment** means a cost-sharing requirement that provides that the Insured will bear a specified percentage of each admissible claim amount under this Policy.
- 17. Cost of Construction** means the amount required to construct Your Home Building at the Commencement Date. This amount is calculated as follows:
- For residential structure of Your Home including Fittings and Fixtures: Carpet Area of the structure in square metres X Rate of Cost of Construction at the Commencement Date. The Rate of Cost of Construction is the prevailing rate of cost of construction of Your Home Building at the Commencement Date as reasonably declared by You and accepted by Us and shown in the Policy schedule.
  - For additional structures: the amount that is based on the prevailing rate of Cost of Construction at the Commencement Date as declared by You and accepted by Us
- 18. Cyber operation** involves the use of a computer system by, at the direction of, or under the control of a sovereign state to disrupt, deny access to or, degrade functionality of a computer system, and/or copy, remove, manipulate, deny access to or, destroy information in a computer system.
- 19. Data** is any digital information, irrespective of the manner in which it is used, stored or displayed (such as text, figures, images, video, recordings or software).
- 20. Deductible or Excess** means the fixed amount specified in the Policy Schedule/Certificate of Insurance, for which We will not be liable, and which will apply per occurrence of each insured event before the Insuring Clauses under this Policy are payable.
- 21. Depreciation** means the decrease in the value of the Insured Asset over time, due to normal wear and tear, use and obsolescence. The value of Depreciation, where applicable, shall be deducted at the time of settlement from any amounts payable under the Policy at the time of claim settlement, in accordance with the depreciation table provided in the Policy Schedule/Certificate of Insurance.
- 22. Device (Applicable to III. Cyber related covers)** is any physical electronic or digital equipment including software used to store, process, or transmit data, and is connected to a network or the internet. Devices are critical components of IT infrastructure and may be at risk from cyberattack, data breach, or other digital threats. Such devices may include, but are not limited to, computers, mobile phones, and smart home devices.
- 23. Digital** means the tools, methods, or technologies that utilize computer technology to perform tasks or communicate.
- 24. Disclosure to information norm** means the policy shall be void and all premium paid thereon shall be forfeited in whole or in part to Us in the event of misrepresentation, misdescription or non-disclosure of any material fact.
- 25. Email spoofing** is any forgery or wrongful manipulation of an email so that the receiver is misled to believe that the email is real and therefore trusts its faked origin.
- 26. EMI or EMI amount** means and includes the amount of monthly payment required for the Insured Person to repay the Loan (including any interest) set forth in the amortization chart/loan agreement (including any amendments thereto) between the Bank and the Insured Person prior to the date of occurrence of the insured event under this Policy. For avoidance of doubt, it is clarified that any monthly payments that are overdue for payment prior to the occurrence of the insured event will not be considered, and for the purpose of this Policy, such payments shall be deemed as paid by the Insured Person for the purpose of this Policy only, and shall not be recoverable under any benefit.
- 27. Employer** means an organization/company which has the minimum number of active employees as mentioned in the policy schedule and having an annual turnover of amount specified in the Policy schedule in the last financial year.
- 28. Endorsement** means A written amendment to the Policy that We make (additions, deletions, modifications, exclusions or conditions of an insurance Policy) which may change the terms or scope of the original policy.
- 29. Family Member** must be an immediate relative, which permanently lives with the insured at the principal address. Immediate relative shall mean parent, spouse or children.
- 30. FIR (First Information Report)** means the complaint filed by the Insured person and registered by the police Station within whose jurisdiction the alleged offence is committed/occurred.
- 31. Garage** means any workshop, service center, or repair facility that is:
- Authorized by the insurer or listed on the insurer's network of approved garages subject to periodic updates; or
  - Licensed and legally compliant to carry out motor vehicle repairs, maintenance, and servicing; and
  - Equipped to provide repair and restoration services following damage or breakdown of the insured vehicle.

- 32. General Contents** are all the contents of household use in Your Home, e.g., furniture, electronic items and goods, antennae, solar panels, water storage equipment, kitchen equipment, electrical equipment (including those fitted on walls), clothing and apparel and items of similar nature.
- 33. Hardware** includes the physical components of any personal devices used to store, record, transmit, process, read, amend or control data, including but not limited to desktops, laptops, routers, and servers.
- 34. Hazardous Activities** means any activity, which is potentially dangerous to the Insured whether or not the insured is professionally trained. Such activity includes without limitation stunt activities of any kind, adventure racing, base jumping, biathlon, big game hunting, black water rafting, stunt/obstacle riding, bobsleighing/using skeletons, bouldering, boxing, canyoning, cavin/pot holing, cave tubing, rock climbing/trekking/mountaineering, cycle racing, cyclo cross, drag racing, endurance testing, hand gliding, harness racing, hell skiing, high diving (above 5 meters), hunting, ice hockey, ice speedway, jousting, judo, karate, kendo, lugging, risky manual labour, marathon running, martial arts, micro-lighting, modern pentathlon, motor cycle racing, motor rallying, parachuting, paragliding/parapenting, piloting aircraft, polo, power lifting, power boat racing, quad biking, river boarding, scuba diving, river bugging, rodeo, roller hockey, rugby, ski acrobatics, ski doo riding, ski jumping, ski racing, sky diving, small bore target shooting, speed trials/ time trials, triathlon, water ski jumping, weight lifting or wrestling any type.
- 35. Home Contents** means Those articles or things in Your Home that are not permanently attached or fixed to the structure of Your Home. Home Contents may consist of General Contents and/or Valuable Contents.
- 36. Hospital** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) of the said act Or complies with all minimum criteria as under:
- i) has qualified nursing staff under its employment round the clock;
  - ii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
  - iii) has qualified medical practitioner(s) in charge round the clock;
  - iv) has a fully equipped operation theatre of its own where surgical procedures are carried out;
  - v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;
- 37. Hospitalization** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
- 38. Immediate Family Member** means an Insured's spouse; children; children-in-law; siblings; siblings-in-law; parents; parents-in-law; grandparents; grandchildren; legal guardian, ward; step or adopted children; step-parents; who reside in the same place of residence as the Insured.
- 39. Insured Asset** means the mechanical, electronic, or rental equipment or any other physical asset specified in the Policy Schedule/Certificate of Insurance, but not including any motor vehicles. For the purpose of this Policy, such Insured Asset may be either (i) owned, (ii) sold, (iii) serviced under a contract, (iv) taken on rent, or (v) given on rent by the Insured.
- 40. Identity theft** is the digital theft or acquisition by fraudulent means of personal data which has resulted or could reasonably result in the wrongful use of such personal data.
- 41. Insured Event** means events covered in the respective covers.
- 42. Insured Property** means Your Home Building and Home Contents, or any item of property covered by this Policy.
- 43. Invoice** means the invoice that was issued to the Insured by the wholesaler or retailer as proof of purchase of the Insured Asset having been purchased from such wholesaler or retailer.
- 44. Invoice Value** means the original amount paid by the Insured towards the purchase of the Insured Asset from a retailer or wholesaler, which is evidenced by an Invoice and is inclusive of any applicable discounts and taxes.
- 45. Kutcha Construction** means Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt/canvas/tarpaulin and the like.
- 46. Liquid Damage** means the entry of any fluid or moisture into the Insured Asset that impedes its proper functioning.
- 47. Legal costs** include any costs, expenses and/or fees for experts, investigations, court appearances, surveys, examination and/or procedures that are necessary for your civil, administrative and/or criminal proceedings. This does not include your general expenses (such as salaries and overheads or routine business expenses)

48. **Limit of liability** will be as stated in the policy schedule/certificate of Insurance, including any sub-limit and aggregate limit of liability.
49. **Lost or Stolen** means having been inadvertently lost or having been stolen by a third party without Your assistance, consent or co-operation.
50. **Lost wages** mean any salary that was lost or not paid by your employer, solely as a result of any insured event. Computation of lost wages for self-employed persons must be supported by, and will be based on, the most recent year's tax returns, bank statements, or other verifiable financial records.
51. **Malicious act (Applicable to III. Cyber related covers)** is any unauthorized or illegal act of a third party intending to cause harm to or to gain access to, or disclose data from personal devices or smart home devices through the use of any personal device, smart home device, computer system or computer network including the internet.
52. **Malware (Applicable to III. Cyber related covers)** is any unauthorized or illegal software or code (such as viruses, spyware, computer worms, trojan horses, rootkits, ransomware, keyloggers, dialers and rogue security software) designed to cause harm to or to gain access to or disrupt personal devices or smart home devices or computer networks.
53. **Manufacturer's Warranty** means any warranty provided by the OEM of an Insured Asset regarding its quality and condition and sets out the terms in which such Insured Asset will be repaired or exchanged in the event it does not function as described or originally intended.
54. **Market Value (Applicable for IV. Asset Protection related covers)** means the fair price of an Insured Asset, in a new/retail condition, as at the time of the loss or damage, as determined by Us at the time of claim settlement.
55. **Medical Practitioner/Doctor** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.
56. **Mobile wallet** is an online account in which you deposit or earn money which is denominated in a specific currency that can be spent in an (online) store..
57. **Natural Calamities/Natural Disaster(s)** means any major adverse event resulting from the natural environmental or geological phenomena such as include earthquakes, tsunamis, volcanic eruptions, landslides, hurricanes, floods, wildfires, fog, heat waves and droughts etc.
58. **Nominee** means the person named in the Policy Schedule / Certificate of Insurance (as applicable) who is nominated to receive the Benefits due in respect of an Insured Person or Dependent covered under the Policy in accordance with the terms and conditions of the Policy, if such person is deceased when the Benefit becomes payable.
59. **OEM** means the Original Equipment Manufacturer, including any other company involved in the manufacture of the finalized Insured Asset.
60. **Package Product:** A Product which is a combination of General Insurance coverages and which may also additionally include coverages available within Health Insurance Products.
61. **Payment card** means an ATM card, credit card, charge card, prepaid card or debit card issued by a qualified financial institution for personal use only.
62. **Personal devices** are any devices (computers, laptops, tablets, mobile phones, etc.) which are privately owned or leased by you, used for the purpose of creating, accessing, processing, protecting, monitoring, storing, retrieving, displaying or transmitting data.  
Personal devices do not include any smart home devices or computer systems used in vehicles.
63. **Phishing** is an attempt to obtain sensitive information such as usernames, passwords and credit card details, often for malicious reasons, by masquerading as a trustworthy entity in an electronic communication in text or machine-readable optical form (e.g. QR code).
64. **Physical Damage (Applicable for IV. Asset Protection related covers)** is any externally destruction or deterioration of the Insured Asset impacting the functionality of the Insured Asset.
65. **Policy** means the statements in the proposal form/personal statement, these terms and conditions, the Insuring Clauses, endorsements (if any), annexures to the Policy, the Schedule/Certificate (as amended from time to time), and the Policy Schedule/Certificate of Insurance issued to the Insured.
66. **Policy Schedule** means the latest Schedule issued to the Insured by Us confirming the cover for the Insured clause under the Policy.
67. **Policy Period/Cover period/ Coverage period** means the period specified in the Schedule between the policy commencement date and the policy expiry date and shall also include every extension of the period of insurance
68. **Premium** is the amount payable by you as stated in the schedule.



- 69. Public Authority** means any governmental, quasi-governmental organization or any statutory body or duly authorized organization with the power to enforce laws, exact obedience, command, determine or judge.
- 70. Pucca Construction** means Construction other than Kutcha Construction.
- 71. Redundancy** means an event where an Employer terminates the employment of the Insured Person due to their skill sets/job profile/role being obsolete and no longer necessary for the current Employer.
- 72. Replacement (Applicable for IV. Asset Protection related covers)** means a mechanical, electronic, or rental equipment in fully functional condition which is similar to the Insured Asset it replaces and has equal or comparable value and technical specifications. For the purposes of this Policy, Replacement Equipment shall be of two types:
- Replacement New Equipment: Replacement Equipment which is in a new/retail condition
  - Replacement Refurbished Equipment: Replacement Equipment which is not in a new/retail condition.
- 73. Robbery** means the unlawful taking of Money or other property from Your care and custody by one who has caused or threatened You with bodily harm and has committed an forcible, illegal or violent act.
- 74. Salvage (Applicable for IV. Asset Protection related covers)** means the remaining and/or recovered parts of any Insured Asset, or any value thereof attached to such remaining and/or recovered parts. In cases where the damaged Insured Asset or part is not available, a deemed value of the applicable Salvage shall be deducted from the amounts payable under the Policy at the time of claim settlement, in accordance with the 'Basis of Settlement & Assessment of Claims' Section.
- 75. Screen damage** is any externally visible destruction or damage or breakage of the "Screen" of the Insured Asset impeding the usage or functionality of such Insured Asset. Screen Damage does not include minor scratches, dents or any such cosmetic damages that do not impair the usage or functionality of the Equipment. For the purpose of this definition, "Screen" means any front/primary glass or LCD or digitizer component of the Insured Asset or any other display component specified in the Schedule/Certificate.
- 76. Seller's Warranty** means any warranty provided by the wholesaler or retailer of an Insured Asset regarding its quality and condition and sets out the terms in which such Insured Asset will be repaired or exchanged in the event it does not function as described or originally intended.
- 77. Service Centre** means an entity or individual or set of individuals who are authorized to carry out repairs by the OEM or has necessary experience and tools to repair the device.
- 78. Shop** means the premises of pucca construction occupied by the insured for the purpose of selling goods.
- 79. Smart home devices** include any devices or IoT components deployed by you in your household in order to operate or control smart home enabled devices such as cameras, air conditioning, lighting, alarm systems or fire protection systems.
- 80. Spouse** means Your wife or husband.
- 81. Software** includes any digital standard, customized or individually developed program or application held or run by a personal device that comprises a set of instructions that are capable, when incorporated into a machine-readable medium, of causing a machine with 10 Confidential (C3) information processing capabilities to indicate, perform or achieve a particular function, task or result.
- 82. Sub-limit** means a cost-sharing requirement under this Policy in which We would not be liable to pay any amount in excess of the pre-defined limit specified in the Policy Schedule/Certificate of Insurance against an Insuring Clause.
- 83. Sum Insured** means the amount specified in the Policy Schedule/Certificate of Insurance against the respective Insuring Clause or set of Insuring Clauses that represents Our maximum, total and cumulative liability for all claims made in respect of that Insured under that Insuring Clause during the Policy Period/Coverage Period/cover period.
- 84. Theft of funds** is any unauthorized electronic transfer of money, assets or any other funds.
- 85. Third-party** is any person or legal entity other than the insured as stated in the schedule.
- 86. Third party claim** is any written demand or assertion for compensation or damages by a third party against you.
- 87. Theft:** shall mean intending to take dishonestly any movable property out of the possession of any person without that person's consent with the intention of permanently depriving the Insured of such property and does not include larceny, pilferage and the like.
- 88. Total Loss** means a situation where the Insured Property or item is completely destroyed, lost or damaged beyond retrieval or repair or the cost of repairing it is more than the Sum Insured for that item or in total.

- 89. Trip** means and include all journeys undertaken from a port at the City of Residence or Place of Origin of the Insured to the Place of Destination or return to the City of Residence or Place of Origin of the Insured.
- 90. Unauthorized /Fraudulent Transaction** means the transactions done through Point of Sale /ATM/Online payment gateway by any person other than the Insured Person, and without the Insured Person's consent or knowledge, or by impersonating the Insured Person.
- 91. Valuable Contents** of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.
- 92. Vehicle** means Your car, truck, jeep, motorcycle, recreational vehicle, or camper or any other registered vehicle mentioned in the policy schedule.
- 93. War** includes and is not limited to any armed conflict involving physical force
- By a sovereign state against another sovereign state, or
  - As part of a civil war, rebellion, revolution, insurrection, military action or usurpation of power.
- 94. We/Our/Us/Company/Insurer** means Acko General Insurance Limited.
- 95. Your Home Building** is a building consisting of a residential unit, having an enclosed structure and a roof, basement (if any) and used as a dwelling place.
- 96. You/Your/Policyholder/Insured/Insured Person** means the person/entity named in the Policy Schedule/Certificate of Insurance who has concluded this Policy with Us.

## 2. INSURING CLAUSE

The Schedule/Certificate will specify which Insuring Clauses are in force for the Insured(s), if opted for in the proposal form, under the Policy.

This is a comprehensive package policy that combines multiple types of coverage under a single policy. The policy is divided into six sections, five base section and one for add-on covers. Each part contains multiple optional covers. However, in the case of add-on covers, at least one base cover must be selected as mandatory.

### Section I. Motor related Covers

#### 1. Key Replacement Cover

If You have opted for this cover, Acko shall reimburse the insured, subject to the terms and limits specified in the Policy Schedule/Certificate for the cost incurred towards replacing the Insured Vehicle's key if the key is lost, stolen or damaged, or repairing the lock-set, if the lock-set or key is damaged.

#### **Specific conditions**

The cover provided is subject to the following conditions:

- A claim resulting from burglary or theft is supported by a First Information Report (FIR) with the Police.
- The replaced keys/ lock/ lockset should be of same nature and kind as the one for which the claim is being made.
- Any loss or damage to the keys/ lock/ lockset is reported to Acko within 30 days of such loss or damage
- Replacement of key(s) only would be done only for broken or damaged keys. In case of theft of key(s), entire set comprising of key, lock and lockset would be replaced.

#### **Specific Exclusions**

Acko would not be liable for:

- Any damage/ loss to keys/lock/lockset due to malicious activities, any deliberate or criminal act.
- Any loss or damage covered under the manufacturer's warranty.
- Any claim where the Insured is not able to provide the invoices/receipts for the payments made towards repair or replacement.
- Any loss or damage caused by radiation, radioactive contamination or the hazardous properties of any explosive, corrosive, invasive or toxic substance or material.
- Any loss or destruction of, or damage to, any part of the Insured's vehicle other than the keys of the Insured's vehicle, its associated lock, ignition system, any immobilizer, infra-red handset and/or alarm attached to the fob.
- Any kind of consequential losses
- Any cost to replace keys for vehicles that you do not own.

## 2. Garage Cash

If You have opted for this cover, In case your vehicle is under repair in authorized garage due to accidental damage to the vehicle, Acko will pay a fixed amount as a daily allowance as mentioned in the Policy Schedule/Certificate of Insurance as per the class or type of vehicle.

### Specific conditions

- The repair must be carried out in the network/authorized garage.
- The vehicle must be in the garage for a minimum no. of days mentioned in the Policy Schedule/Certificate of Insurance.
- The insured should have a valid driving license.

## 3. Loss of Income Due to Damage of Vehicle

If You have opted for this cover, Acko will pay a fixed amount as per the type/class of vehicle in case the Insured Person suffers a loss of income where his vehicle is damaged due to below given covered Perils and is under repair for at least number of days mentioned in the Policy Schedule/Certificate of Insurance or in the event of theft, if the vehicle is not recovered within 90 days from the date of theft.

### Covered Perils:

Following is the list of perils listed through which vehicles may be damaged:

- i. by fire explosion self-ignition or lightning,
- ii. by burglary housebreaking or theft,
- iii. by riot and strike,
- iv. by earthquake (fire and shock damage),
- v. by flood typhoon hurricane storm tempest inundation cyclone hailstorm frost,
- vi. by accidental external means,
- vii. by landslide or rockslide.

### Specific conditions

- The vehicle must be unusable due to the accident, and repairs must require the above stated time for the repair.
- The repair must be carried out in the network/authorized garage.
- You have to submit a repair invoice or other related documents as a claim proof.

## Section II. Home and Business related Covers

## 4. Home Building and Home Content Cover

If you opted for this cover,

- This cover is issued to You and covers You and/or Your Home Building and/or Home Contents as mentioned in the Policy Schedule/Certificate of Insurance.
- If more than one person is insured under this Policy, each of You is a joint policyholder. Any notice or letter We give to any of You will be considered as given to all of You. Any request, statement, representation, claim or action of any one of You will bind all of You as if made by all of You.
- If You have mortgaged, pledged or hypothecated Your Home Building and/or Home Contents with a Bank, the Policy Schedule will show an 'Agreed Bank Clause' and the name of such Bank. The terms and conditions of this arrangement will be added to this Policy as an additional clause.

### 4.1. Insured Events

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
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<b>We cover</b> physical loss or damage, or destruction caused to the Insured Property by	<b>We do not cover</b> 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. Bursting or overflowing of water tanks, apparatus and pipes.	-
12. 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 c. Defects in the construction known to You.
13. Theft within 7 (seven) days from the occurrence of and proximately caused by any of the above Insured Events.	if it is a. of any article or thing outside Your Home, or b. of any article or thing attached from the outside of the outer walls or the roof of Your Home, unless securely mounted.

## 4.2. Coverage

### 4.2.1. Home Building Cover

#### 1. What We cover

We cover physical loss or damage, or destruction of Your Home Building because of any Insured Event listed in Cover 4.1 this Policy. We also cover architect's, surveyor's, consulting engineer's fees, cost of removing debris as specified under 4.2.1 (5) (f) of this Policy. Further, We pay for Loss of rent and Rent for Alternative Accommodation, which will be paid to the extent declared by You and agreed by Us as

specified under 4.2.1(6) of this Policy while Your Home Building is not fit for living following loss or damage due to an insured event.

## **2. Your Home Building**

- a. Your Home Building is a building consisting of a residential unit, having an enclosed structure and a roof, basement (if any) and used as a dwelling place.
- b. Your Home Building includes
  - i. fixtures and fittings permanently attached to the floor, walls or roof, like fixed sanitary fittings, electrical wiring and other permanent fittings.
  - ii. the following 'additional structures' if they are on the same site, and are used as part of Your Home Building:
    - a) garage, domestic out-houses used for residence, parking spaces or areas, if any
    - b) compound walls, fences, gates, retaining walls and internal roads,
    - c) verandah or porch and the like,
    - d) septic tanks, bio-gas plants, fixed water storage units or tanks,
    - e) solar panels, wind turbines and air conditioning systems, central heating systems and the like, if not included in Home Contents Cover,
  - iii. any other structure shown in the Policy Schedule/Certificate of Insurance.
- c. Your Home Building does not include Contents of Your Home.

## **3. Use for residence**

- a. We will pay only if Your Home Building is used for the purpose of residence of Yourself and Your family, or of Your tenant, licensee or employee.
- b. We will not pay if
  - i. Your Home Building is used as a holiday home, or for lodging and boarding, or
  - ii. Your Home Building or any part of Your Home Building is used for purposes other than residential except where it is used both for Your residence and for the purposes of earning Your livelihood if You are self-employed or You have shifted Your office to Your Home Building for a temporary period due to lockdown or closure of Your office ordered by a public authority.

## **4. Sum Insured**

- a. The Sum Insured for the Home Building Cover is the prevailing Cost of Construction of Your Home Building at the Commencement Date as declared by You and accepted by Us and will be the maximum amount payable in the event the Home Building is a Total Loss.
- b. If the Policy Period is more than one year, We will automatically increase Your Sum Insured during the Policy Period by 10% per annum on each anniversary of Your Policy without additional premium for a maximum of 100% of the Sum Insured at the Policy Commencement Date.
- c. 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 for annual policies.
- d. Restoration of Sum Insured: Except as stated in Cover 4.2.3 (II) (3) (b) of this Policy, the insurance cover will at all times be maintained during the Policy Period to the full extent of the respective Sum Insured. This means that after We have paid for any loss, the policy shall be restored to the full original amount of Sum Insured only during the policy year. You must pay to Us proportionate premium for the unexpired Policy Period from the date of loss. We can also deduct this premium from the net claim that We must pay You.

## **5. What We pay**

- a. If You make a claim under the policy for damage to Your Home Building due to any of the insured perils, We reimburse the cost to repair it to a condition substantially the same as its condition at the time of damage. You must spend for repairs, and claim that amount from Us.
- b. We will calculate the amount of claim on the basis of the actual Carpet Area subject to the Carpet Area not exceeding that declared by You in the Proposal Form and stated in the Policy Schedule/Certificate of Insurance.
- c. The maximum We will pay for all items together is the Sum Insured shown in the Policy Schedule/Certificate of Insurance for Home Building Cover. If the Policy Schedule/Certificate of Insurance shows any limit for any item, such limit is the maximum We will pay for that item.

- d. If Your Home Building is a Total Loss, We will pay You the Sum Insured of the Home Building.
- e. If only an additional structure is destroyed, We will pay You an amount equal to the Cost of Construction of the additional structure.
- f. In addition to what Cover 4.2.1 (5) (c) of this Policy provides for, We will pay You the following expenses:
  - i. up to 5% of the claim amount for reasonable fees of architect, surveyor, consulting engineer;
  - ii. up to 2 % of the claim amount for reasonable costs of removing debris from the site.

**6. Loss of Rent and Rent for Alternative Accommodation:**

In addition to what Cover 4.2.1 (5) (c) of this Policy provides for, We will pay the amount of rent You lose or alternative rent You pay while Your Home Building is not fit for living because of physical loss arising out of an Insured Event as follows:

- a. If You are living in Rental Home as a tenant, and You are required to pay higher rent for the alternative accommodation, We will pay the difference between the rent for alternative accommodation and the rent of Your Home Building.
- b. We will pay the loss under this cover for an accommodation that is not superior to Your Home Building in any way and in the same city as Your Home Building.
- c. The amount of lost rent shall be calculated as follows: Sum Insured for Cover for Loss of Rent (as declared by You in the Proposal Form and specified by Us in the Policy Schedule/Certificate of Insurance) X Period necessary for repairs ÷ Loss of Rent Period opted for.
- d. This cover will be available for the reasonable time required to repair Your Home Building to make it fit for living. The maximum period of this cover is three years from the date Your Home Building becomes unfit for living. You must submit a certificate from an architect or the local authority to show that Your Home Building is not fit for living.
- e. Claim for loss of rent will be accepted only if We have accepted Your claim for loss for physical damage to Your Home under the Home Building Cover.

**4.2.2. Home Content Cover**

**1. What We cover:**

We cover the physical loss or damage to or destruction of the General Contents of Your Home caused by an Insured Event as listed in Cover 4.1 of this Policy. Valuable Contents of Your Home are not covered under this Policy unless You have purchased the optional cover for the Valuable Contents.

**2. Sum Insured:**

- a) The Sum Insured for the Home Contents Cover is shown in the Policy Schedule/Certificate of Insurance and will be the maximum amount payable in the event the Home Contents are destroyed/lost completely.
- b) The policy has a built-in cover for the 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) provided You have opted for both Home Building and Home Contents cover. If You choose to have a higher Sum Insured for Home Contents, You have to declare the Sum Insured in the Proposal Form and pay additional premium.
- c) If You have purchased only Home Contents Cover, You have to declare the Sum Insured for the General Contents in the Proposal Form.
- d) The Sum Insured You have chosen for General Contents must be enough to cover the cost of replacement of the General Contents.
- e) If You want to cover the Valuable Contents in Your Home, You must opt for the Optional Cover for Valuable Contents as given in Cover 4.2.3 (I) (a) of this Policy.
- f) Restoration of Sum Insured: Except as stated in Cover 4.2.3 (II) (6) (b) of this Clause below, the insurance cover will at all times be maintained during the Policy Period to the full extent of the respective Sum Insured. This means that after We have paid for any loss, the policy shall be restored to the full original amount of Sum Insured only once during the policy year. You must pay to Us proportionate premium for the unexpired Policy Period from the date of loss. We can also deduct this premium from the net claim that We must pay You.

**3. What We pay**

- a. If the General Contents of Your Home are physically damaged by any Insured Event, We will at Our option,
  - i. reimburse to You the cost of repairs to a condition substantially the same as its condition at the time of damage, or
  - ii. pay You the cost of replacing that item with a same or similar item, or
  - iii. repair the damaged item to a condition substantially the same as its condition at the time of damage.
- b. The maximum We will pay for Home Contents is the Sum Insured shown in the Policy Schedule/Certificate of Insurance for Home Contents Cover. If the Policy Schedule/Certificate of Insurance shows any limit for any item, or category or groups of items, such limit is the maximum We will pay for that item.

#### 4.2.3. Additional Cover

##### I. Optional Covers:

- a. **Cover for Valuable Contents on Agreed Value Basis (under Home Contents cover):** For Valuable Contents, a value may be agreed upon by You and Us based on a valuation certificate submitted by You and accepted by Us. However, We shall waive the requirement of valuation certificate if the Sum Insured opted for is up to ₹ 5 Lakh (Rupees Five Lakh) and Individual item value does not exceed ₹ 1 Lakh (Rupees One Lakh).
  - i. If the Valuable Contents of Your Home are physically damaged by any Insured Event, We will pay the cost of repairing the item/s.
  - ii. If the Valuable Contents of Your Home are a Total Loss We will pay the Sum Insured shown in the Policy Schedule/Certificate of Insurance for the Valuable item/s. If the Policy Schedule/Certificate of Insurance shows any limit for any item, or category or groups of items, such limit is the maximum We will pay for that item. Loss to only one item of a pair or set does not constitute loss or damage to the entire pair or set.

##### II. Specific Conditions

##### 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 or use 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. (for eg from residence to commercial or rental)

##### 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 reserve the right to reject the claim, cancel the Policy, and take legal action if necessary. 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.

**7) 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/Certificate of Insurance, the proposal, declarations and Endorsements) consists of the entire contract between You and Us.

**8) Waiver of Underinsurance**

Underinsurance does not apply to this **Cover 4. Home Building and Home Content Cover**. 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.

**4.2.4. Specific Exclusions**

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:

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



2. 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.
3. 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.
4. 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.
5. 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.
6. 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.
7. Loss of any Insured Property which is missing or has been mislaid, or its disappearance cannot be linked to any single identifiable event.
8. Loss or damage to any Insured Property removed from Your Home to any other place.
9. Loss of earnings, loss by delay, loss of market or other consequential or indirect loss or damage of any kind or description whatsoever.
10. Any reduction in market value of any Insured Property after its repair or reinstatement.
11. 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.
12. Costs, fees or expenses for preparing any claim.
13. Any kind of loss due to the Act of Terrorism.

## 5. Business Shutdown

If You opted for this cover, Acko will pay You the Sum Insured as mentioned in the Policy Schedule/Certificate of Insurance for physical loss or damage, or destruction caused to Insured's shops by the following unforeseen events resulting in interruption of business of the Insured for minimum number of days occurring during the Policy Period as mentioned in the Policy Schedule/Certificate of Insurance.

The perils covered under this Cover would include:

- Earthquake
- Storm, Cyclone, Typhoon, Flood and Inundation
- Subsidence and landslide including rockslide
- Fire
- Lightning
- Riot, Strike and Malicious damage

The Sum Insured will be payable as per the waiting period defined in the Policy Schedule/Certificate of Insurance.

### Specific Exclusions

Acko will not be liable for the following losses and expenses stated below:

- Loss, destruction or damage caused by war, invasion, act of foreign enemy hostilities or war like operations (whether war be declared or not), civil war, mutiny, civil commotion assuming the proportions of or amounting to a popular rising, military rising, rebellion, revolution, insurrection or military or usurped power.
- Loss, destruction or damage directly or indirectly caused to the property insured by:
  - a) ionizing radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
  - b) the radio active, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component.
- Loss, destruction or damage directly or indirectly caused to the property insured by:

- a) Loss, destruction or damage caused to the insured property by pollution or contamination excluding pollution or contamination which itself results from a peril hereby insured against.
- b) any peril hereby insured against which itself results from pollution or contamination.
- Loss, destruction or damage to bullion or unset precious stones, any curios or works of art, manuscripts, plans, drawings, securities, obligations or documents of any kind, stamps, coins or paper money, cheques, books of accounts or other business books, computer systems records, explosives unless otherwise expressly stated in the policy.
- Loss, destruction or damage to the stocks in Cold Storage premises caused by change of temperature.
- Loss of earnings, loss by delay, loss of market or other consequential or indirect loss or damage of any kind or description whatsoever.
- Loss or damage by spoilage resulting from the retardation or interruption or cessation of any process or operation caused by operation of any of the perils covered.
- Any kind of loss due to the Act of Terrorism.

## 6. Loss of Income

If You have opted for this cover, Acko will cover You for the following:

- i. **Loss of Income of Insured Person:** In the event of the Insured Person suffer loss of income due to loss of employment arising out of termination, dismissal, permanent suspension, retrenchment, Redundancy as per the Employer's rules/regulations on the Date of Relieving during the Policy period/Policy Period/Cover Period, We will pay a fixed amount equal to the Insured Person's ongoing EMI or percentage of EMI which is due towards outstanding amount of Loan up to the Sum Insured as mentioned in the Policy Schedule/Certificate of Insurance on a monthly basis for the number of months as mentioned in the Policy Schedule/Certificate of Insurance.
- ii. **Concurrent Loss of Income:** In the event Insured Person and his/her Spouse (henceforth mentioned as "Both") suffers loss of income during the Policy Period/Policy Period/Cover Period due to termination, dismissal, permanent suspension, retrenchment, Redundancy from their respective employments, imposed on Both by their respective employers as per the employer's rules/regulations on the date of relieving during the Policy Period/Cover Period, We will pay a fixed amount equal to the Insured Person's ongoing EMI or percentage of EMI which is due towards outstanding amount of Loan up to the Sum Insured as mentioned in the Policy Schedule/Certificate of Insurance on a monthly basis for an additional number of months equal to the number mentioned against this cover (Loss of Income) of Insured Person in the Policy Schedule/Certificate of Insurance.

### Specific conditions

- i. Both are salaried employees and in regular employment for at least 6 consecutive months with the respective Employer and not on probation on the date of occurrence of covered events as mentioned in this cover.
- ii. Initial waiting period of 90 days shall be applicable from the date of commencement of the Policy Period/Cover Period during which no claim shall be payable under this cover.
- iii. We will pay on expiration of the waiting period from the date the employee (Insured Person/Both) suffered loss of income due to loss of employment arising out of covered events as mentioned in this cover provided the Insured Person remains unemployed at the end of this waiting period.
- iv. The Insured Person has been regularly paying EMI for last 3 months prior to being rendered unemployed due to termination, dismissal, permanent suspension, retrenchment or redundancy from his/her employment.
- v. Payment will cease from the time the Insured Person is re-employed or otherwise as specifically mentioned in the Policy Schedule/Certificate of Insurance.
- vi. In case of Concurrent Loss of Income:
  - Date of loss of employment of Your Spouse should be within 3 months of Your date of loss of employment and both are simultaneously unemployed up to 3 months.
  - This Benefit will be payable only up to the number of months as specified in the Policy Schedule/Certificate of Insurance and shall commence after completion of simultaneous unemployment period of 3 months as specified in condition above.
  - Payment will cease from the time that any one of Both is re-employed or lapsation of the number of months as specifically mentioned in the Policy Schedule/Certificate of Insurance.

### Specific Exclusion:

Acko will not be liable for the following losses and expenses stated below:

1. In the event of termination, dismissal, suspension or retrenchment of the Insured Person (or his/her spouse) being attributed to any dishonesty/mis-declaration or fraud on the part of the Insured Person (or his/her spouse) or his/her willful violation of any rules of the Employer or laws for the time being in force or any disciplinary action against the Insured Person (or his/her spouse) by his/her the Employer.
2. Any loss of income which is voluntary in nature.
3. Any claim relating to unemployment from a job which is casual, temporary, seasonal or contractual in nature or the Insured Person (or his/her spouse) not on the direct rolls of the Employer.
4. Any unemployment due to resignation, retirement whether voluntary or otherwise.
5. Unemployment at the time of commencement of the Policy Period/Cover Period or arising within the first 90 days of commencement of the Policy Period/Cover Period.
6. Temporary dismissal or suspension of the Insured Person (or his/her spouse) from the employment by respective Employer.
7. Any unemployment from a job under which no regular monthly salary is provided to the Insured Person (or his/her spouse).
8. Any unemployment due to non-confirmation of employment after or during such period under which the Insured Person (or his/her spouse) was under probation.

### **Section III. Cyber Protection related Covers**

#### **7. Digital Theft of Funds**

If You opted for this cover, Acko will indemnify you for any direct financial loss that you sustain and is not compensated for by the issuing bank, financial institution or mobile wallet company, caused:

- a. As a result of a theft of funds due to unauthorized access to your bank account, credit or debit card or mobile wallet(s) by a third party, leading to theft of funds. This may occur wholly or partially through your personal device or smart home device or otherwise by digital or electronic means, and/or.
- b. As a consequence of you being a victim of phishing or email spoofing, Theft and Burglary provided that:
  - i. You report the theft to the issuing bank, financial institution or mobile wallet company within 7 days of discovery of the theft of funds or you lodge a report with National Cyber Crime Reporting Portal detailing the theft of funds within 7 days of discovery, and
  - ii. You provide evidence that your bank, financial institution or the mobile wallet company is not fully reimbursing you and you have made all reasonable efforts to obtain reimbursement.

We will also indemnify you for unrecovered losses after you have exhausted recovery options from your bank, wallet company, or financial institution for any reasonable and necessary costs you incur for prosecution of a criminal case against the third party responsible for theft of funds, phishing or email spoofing.

In cases where expressly mentioned in your Policy Schedule / Certificate of Insurance, we will also cover for any penalties imposed by bank(s) or financial institution(s) for non-maintenance of minimum balance or missed loan EMIs; provided that the account balance before such financial loss was above the required threshold and it fell short directly as a result of the covered incident.

We will not cover for Financial Loss from any transactions involving physical money / cash / currency or currency equivalent, including withdrawal of money from Automated Teller Machine (A.T.M).

#### **8. Identity Theft**

If You opted for this cover, Acko will indemnify you against the following losses resulting from Identity Theft:

- a. Any direct financial losses including, provided that:
  - i. You have reported to us and the local police within 7 days of discovery of the identity theft, and
  - ii. You can provide confirmation from your employer that the lost wages are not otherwise being compensated or reimbursed elsewhere.
- b. Reasonable and necessary costs incurred by you for credit monitoring and identity theft monitoring services.
- c. Reasonable and necessary costs incurred by you for prosecution of a criminal case against a third party for committing identity theft against you.
- d. Reasonable fees, costs and expenses for psychological counselling or treatment related to identity theft subject to the applicable sub-limit stated in the Policy Schedule / Certificate of Insurance.

We will not cover for Financial Loss as a result of physical loss/ theft of card, phone, laptop or any other digital device/ payment authorization instrument.

## 9. Fraudulent Charge on Loss of Card

If You opted for this cover, Acko will reimburse the unauthorized charges up to the Sum Insured as mentioned in the Policy Schedule/Certificate of Insurance that You are responsible for on Your Lost credit/debit card, up to the timeline defined in the Policy Schedule/Certificate of Insurance to Your first reporting the event to Your debit/credit card issuer(s) and upto 7 days post reporting of the event to Your debit/credit card issuer.

### Specific exclusions

Acko shall not be liable to make any payment for any claim under this cover, directly or indirectly, caused by, based upon, arising out of, or in any way attributable to any of the following:

- Charges made on Your lost credit/debit card more than 1 month prior to Your first reporting the event to Your credit/debit card issuer(s) and 7 days post reporting of the event to Your credit/debit card issuer.
- Charges made on Your credit/debit card if Your credit/debit card has not been lost.
- Cash advances made with Your lost credit/debit card.
- Charges incurred by a resident of Your household, or by a person entrusted with Your credit/debit card.

### Specific conditions

- We will only pay for unauthorized charges for which You are responsible under the terms and conditions of Your credit/debit card.
- The loss of credit/debit card must be Discovered during the Policy Period.
- You must report the loss of Your credit/debit card to the issuer(s) within hours specified in the Policy Schedule/ Certificate of Insurance after discovering Your lost or stolen credit/debit card.
- You must comply with all terms and conditions by which Your credit/debit card is issued.
- This Benefit under this cover is available only once in a policy period.

## 10. Atm Assault and Robbery

If You have opted for this cover, Acko will reimburse You for the following up to the Sum Insured as specified in the Policy Schedule/Certificate of Insurance if the event specified occurs within the Policy Period:

1. **ATM Robbery** – We will reimburse You for the money You withdrew from any ATM around the world using Your Credit/Debit card if You lose such Money in a Robbery event that occurs within the timeline mentioned in the Policy Schedule/Certificate of Insurance of the withdrawal of the money.
2. **Bodily Injury** – We will reimburse You for reasonable emergency first aid charges for bodily injury during a Robbery that is covered in (1) of this clause “ATM Robbery”.

### Specific exclusions

Acko shall not be liable to make any payment for any claim under this cover, directly or indirectly, caused by, based upon, arising out of, or in any way attributable to any of the following:

- Damages and/or liabilities to any third parties.
- Any damages or losses to anything other than the Money You withdrew from Your Bank account through ATM.
- Losses and/or liabilities that happened before or after the ATM robbery.
- Charges for emergency first aid to anyone other than You.

### Specific conditions

- You must provide an official police report that indicates that the incident happened within the covered time frame of 15 minutes after the withdrawal of the Money by You and within the Policy Period in order for us to pay the claim; unless You are legally incapable of doing so.
- Claim will be payable only once in the policy period.

## 11. Lost Wallet Coverage

If You opted for this cover, Acko will reimburse You for the following, up to the sums specified below and always limited to the Sum Insured as specified in the Policy schedule/Certificate of Insurance when Your wallet is lost or stolen during the Policy Period:

1. Replacement costs for the Lost or stolen wallet not exceeding amount mentioned in your Policy Scheule/Certificate of Insurance.
2. Application fees for applying for new Personal papers and/or Payment cards.
3. Money and/or cheque(s) up to amount of Rs 500 provided that there is valid claim under 1 and 2 above.

### Specific Meaning

Following meaning applicable to this cover only:

- **Replacement cost** means the amount it would cost to replace an item by a new item of similar specifications.
- **Personal Papers** means identification documents issued by Your country, state including but not limited to Your driver's license and passport.
- **Transportation tickets** means the tickets purchased for bus, subway or other type of public or private transportation.
- **Unauthorized charges** means those charges which are incurred on the payment card after the physical loss of the payment card and without the knowledge or consent of the payment card holder as per provisions, terms and conditions of payment card issuer.

### Specific exclusions

Acko shall not be liable to make any payment for any claim under this cover, directly or indirectly, caused by, based upon, arising out of, or in any way attributable to any of the following:

- Transportation tickets, or other similar items that were in the lost or stolen wallet other than Your Personal papers and Payment cards.
- Losses that are caused by any events other than lost or stolen, such as fire, water, normal wear and tear, manufacturing defects, vermin, insects, cleaning or repairs, or similar events.
- Damage caused to Your wallet and items inside due to Accident.
- Any fraudulent/Unauthorized charges on the Lost or stolen Payment cards.
- Any Identity Theft related costs that are caused by Lost or stolen Personal papers or Payment cards.

### Specific conditions

- You must provide an official police report that indicates the incident happened within the covered time frame in order for us to pay the claim; unless You are legally incapable of doing so.
- Claim will be payable only once in the policy period.

### Exclusions Applicable to Cyber related covers (7 –11)

Acko shall not be liable for any claims under the Policy, directly or indirectly, caused by, arising from or in any way attributable to any of the following, except where provided to the contrary under any covers in the Policy or specified as such in the Policy Schedule/Certificate of Insurance:

- a. Insured events or circumstances that could reasonably lead to an insured event which are known by you prior to the inception of this policy.
- b. Any action or omission of you or any misbehavior of you which is intentional, malicious, dishonest, deliberate or reckless.
- c. Any action or omission in your capacity as an employee, self-employed person or in any professional or business capacity.
- d. War or cyber operation (whether declared or not). Discharge of a nuclear weapon will be deemed to arise from war even if accidental. Notwithstanding our burden of proof, which shall remain unchanged by this exclusion clause, for determining attribution of a cyber operation to a sovereign state, you and we will consider any available, objectively reasonable evidence. This may include formal or official attribution by the government of the sovereign state in which the computer systems affected by the cyber operation are physically located to another sovereign state or those acting at its direction or under its control.
- e. Failure, interruption, degradation or outage of infrastructure (e.g. any communication equipment, air conditioning, power supply installations, standalone generators, frequency inverter units, transformers and any other facilities that are used to maintain the functioning of electronic facilities that support computer systems and data) or related services of the following third party providers that are not under your control: telecommunication (including the internet), internet service (including



internet service providers responsible for the provision of services, hardware and technical equipment for accessing and use/operation of the internet; domain name system service providers; other internet and external network service providers responsible for internet exchanges; network providers; and cable network, satellite and radio communication network operators), satellite, cable, electricity, gas or water providers.

- f. Loss of or damage to tangible property and any consequential losses resulting therefrom, including the loss of use of tangible property. (This exclusion shall not apply to Cover "Lost of Wallet Coverage").
- g. Investment or trading losses including but not limited to inability to sell, transfer or otherwise dispose of securities, market fluctuations, economic sanctions or cyberattacks resulting in financial loss. H
- h. Bodily injury, psychological harm, trauma, illness or death. This exclusion shall not apply to anxiety or mental stress as set forth in Cover "Identity Theft" and Cover "ATM Assault and Robbery")
- i. Misappropriation, theft, infringement or disclosure of any intellectual property (such as patents, trademarks, copyrights). However, theft, infringement, misuse or abuse of patents will always remain excluded.
- j. Third party claims made by one insured against another insured.
- k. Contractual liability which exceeds legal liability which would otherwise arise.
- l. Any costs of betterment of your personal device or your smart home devices to the insured event, unless unavoidable.
- m. Any losses or liabilities connected with any types of purchase or sale transactions or other dealing in securities, commodities, derivatives, foreign or Federal Funds, currencies, foreign exchange, currency swap and the like.
- n. Any loss of or damage to cryptocurrencies (e.g. Bitcoin, Ethereum, Ripple, IOTA).
- o. Any activity that qualifies under Gambling, Betting and Skill-based Gaming.
- p. Any liability covered under any other underlying insurance policy which can be considered primary.
- q. Any actual or alleged loss caused by any civil or foreign war, invasion, strike, riot, rebellion, civil commotion, or arising from detention, confiscation or distribution by customs, police or other public authorities.
- r. Any Insured committing or attempting to commit a breach of law with criminal intent.

#### **Section IV. Health and Travel related Covers**

##### **12. Personal Accident**

If You have opted for this cover, the following Benefits shall trigger in the event of the Insured Person suffering an Injury due to an Accident. Claims under this coverage category will be admissible subject to the fulfilment of the following conditions with respect to the Insured Person's Injury:

- i. The date of Accident is within the Policy Period as specified in the Policy Schedule / Certificate of Insurance
- ii. Hospitalization is certified as Medically Necessary by the treating Medical Practitioner

##### **12.1. 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.

If a claim is accepted under this Benefit in respect of an Insured Person and the amount due under this Benefit and claims already admitted under Benefit 12.1.(Accidental Death Benefit), Benefit 12.2(Permanent Total Disability), Benefit 12.3 (Permanent Partial Disability) in respect of the Insured Person will cumulatively exceed the Common Death or Disability Sum Insured, then Our maximum, total and cumulative liability under any and all such claims will be limited to the Common Death or Disability Sum Insured.

On the acceptance of a claim under this Benefit and payment being made under any applicable Cover Options, all cover under this Section shall immediately and automatically cease in respect of that Insured Person.

##### **12.2 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

For the purpose of this Benefit:

1. **Limb** means a hand at or above the wrist or a foot above the ankle;
2. **Physical separation of one hand or foot** means separation at or above wrist and/or at or above ankle, respectively.

This Benefit will be payable provided that:

- a. The Permanent Total Disability continues for a period of at least 180 days from the commencement of the Permanent Total Disability, and the Disability Certificate issued by the treating Medical Practitioner at the expiry of the 180 days confirms that there is no reasonable medical hope of improvement.
- b. If the Insured Person suffers Injuries resulting in more than one of the Permanent Total Disabilities specified in the table above, then Our maximum, total and cumulative liability under this Benefit shall be limited to the Sum Insured specified against this Benefit in the Policy Schedule / Certificate of Insurance.
- c. If a claim is accepted under this Benefit in respect of an Insured Person and the amount due under this Benefit and claims already admitted under Benefit 12.1 (Accidental Death Benefit), Benefit 12.2 (Permanent Total Disability), Benefit 12.3 (Permanent Partial Disability) in respect of the Insured Person will cumulatively exceed the Common Death or Disability Sum Insured then Our maximum, total and cumulative liability under any and all such claims will be limited to the Common Death or Disability Sum Insured.
- d. If We have admitted a claim for Permanent Total Disability in accordance with this Benefit, then We shall not be liable to make any payment under the Policy on the death of the Insured Person, if the Insured Person subsequently dies;
- e. On the acceptance of a claim under this Benefit, all cover under this Policy shall immediately and automatically cease in respect of that Insured Person after the payment of any other applicable Cover Options.

#### 12.3 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%

This Benefit will be payable provided that:

- The Permanent Partial Disability continues for a period of at least 180 days from the commencement of the Permanent Partial Disability and the Disability Certificate issued by the treating Medical Practitioner at the expiry of the 180 days confirms that there is no reasonable medical hope of improvement;
- If the Insured Person suffers a loss that is not of the nature of Permanent Partial Disability specified in the table above, then the independent medical advisors will determine the degree and percentage of such disability;
- We will not make any payment under this Benefit if We have already paid or accepted any claims under the Policy in respect of the Insured Person and the total amount paid or payable under the claims is cumulatively greater than or equal to the Sum Insured for that Insured Person;
- If a claim is accepted under this Benefit in respect of an Insured Person and the amount due under this benefit and claims already admitted under Benefit 12.1 (Accidental Death Benefit), Benefit 12.2 (Permanent Total Disability), Benefit 12.3 (Permanent Partial Disability) in respect of the Insured Person will cumulatively exceed the Common Death or Disability Sum Insured then Our maximum, total and cumulative liability under any and all such claims will be limited to the Common Death or Disability Sum Insured.
- On the acceptance of a claim under this Benefit, the Insured Person's insurance cover under this Policy shall continue, subject to the availability of the Sum Insured and the Common Death or Disability Sum Insured.

#### 12.4. 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.

For the purpose of this Benefit:

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

This Benefit will be payable provided that:

- We have accepted a claim under the Benefit 12.1 (Accidental Death Benefit) or Benefit 12.2 (Permanent Total Disability) in respect of that Insured Person
- The amount payable under this Benefit will be in addition to the amount payable under the Benefit 12.1 (Accidental Death Benefit) or any other applicable Benefits;
- We shall not be liable to accept a claim under this Benefit in respect of more than 2 Dependent Children of the Insured Person.

#### 13. HospiCash Benefit Due to Self Hospitalization

If You have opted for this cover, and 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 fixed lump sum amount specified against this Benefit in the Policy Schedule / Certificate of Insurance, for each continuous and completed period of 24 hours of Hospitalisation.

This benefit will be payable provided that:

- Our liability to make any payment under this benefit shall commence only after a continuous and completed 24 hours of Hospitalization of the Insured Person for each claim.
- This Benefit shall not be payable in respect of the Insured Person for more than the maximum number of days specified in the Policy Schedule / Certificate of Insurance for each Policy Period.
- Only one fixed lumpsum allowance amount is payable of Hospitalization, regardless of number of the Illnesses contracted/Injuries sustained.

#### Exclusions Applicable to Health related covers (12 –13)

Acko shall not be liable to make any payment for any claim under this cover, directly or indirectly, caused by, based upon, arising out of, or in any way attributable to any of the following:

- Any Pre-existing disease, Injury or disability, or any complication arising from it
- Diagnosis from the attending Physician who will be
  - (a) Insured Person himself / herself or
  - (b) Close Member of the Family who is covered in this Policy.
- Any claim of Insured Person arising from:
  - a. suicide or attempted suicide
  - b. wilful self-inflicted illness or Injury except Injury in self-defense or to save life.
- Injury/Accident suffered by Insured Person being under the influence of intoxicating liquor or drugs or other intoxicants except where the Insured Person is not directly responsible for the Injury / Accident though under influence of intoxication.
- Participation in an actual or attempted felony, riot, crime, misdemeanor (excluding traffic violations) or civil commotion.
- Insured Person is operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft, or Scheduled Airlines or is engaging in aviation or ballooning.
- War or any act of war, invasion, act of foreign enemy, civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons / materials, chemical and biological weapons and ionising radiation.
- Arising or resulting from the Insured Person committing any breach of law with criminal intent.
- Serving in any branch of the military or armed forces of any country, whether in peace or war, and in such an event We, upon written notification by You, shall return the pro rata Premium for any such period of service.
- Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, burning nuclear fuel.
- The radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment.
- The Insured Person's participation in any Professional Sports or Adventure Sports.
- Infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other kind of Disease.
- Insured Person's actual or wilful participation in an illegal act or any violation or attempted violation of the law or Insured Person's resistance to arrest.
- Any loss resulting from, contributed or aggravated or prolonged by childbirth or from pregnancy.
- Any loss or expense of whatsoever nature caused by, resulting from or in connection with any Act of Terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

#### 14. Critical Illness

If You opted for this cover, the following Benefits shall trigger in the event that the Insured Person is diagnosed to be suffering from a Critical Illness specified below . Claims under this coverage category will be admissible subject to the fulfilment of the following conditions with respect to the Insured Person's diagnosis:

- i. The Insured Person is First Diagnosed to be suffering from the Critical Illness during the Coverage Period
- ii. Such Critical Illness also first occurs or first manifests itself during the Coverage Period as a first incidence;
- iii. The Insured Person is specified to be covered with respect to such Critical Illness or Surgical Procedure, as stated in the Policy Schedule / Certificate of Insurance.
- iv. First Diagnosis of the Critical Illness should have occurred during the Insured Person's life-time, i.e, no payment under any Benefit shall be made if such First Diagnosis of the Critical Illness is made post-mortem.
- v. All the test reports and medical reports required to support the diagnosis of the Critical Illness or the Surgical Procedure, the stage and form of such Critical Illness, and for Us to make a claims assessment, including any claim documentation required under Section 3 of the Policy, should be available before the death of the Insured Person and in a form suitable for sharing with Us.

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, and provided that:

- a) The Insured Person survives the applicable Survival Period as specified in the Policy Schedule / Certificate of Insurance.
- b) The Critical Illness contracted has not arisen within the applicable Waiting Period specified in the Policy Schedule / Certificate of Insurance against this Benefit (or against any Critical Illness), from the Risk Commencement Date.

### Specific Definition

- I. Critical Illness:** The Critical Illnesses defined below shall be covered under the Critical Illness Benefit in the below combination, as may be specified in the Schedule or Certificate of Insurance:

#### 1. Cancer of Specified Severity

I) A malignant tumor characterized by the uncontrolled growth & spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

II) The following are excluded -

- i) All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3;
- ii) Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- iii) Malignant melanoma that has not caused invasion beyond the epidermis;
- iv) All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0;
- v) All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- vi) Chronic lymphocytic leukaemia less than RAI stage 3;
- vii) Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification;
- viii) All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

#### 2. Myocardial Infarction (First Heart Attack of specific severity)

I) The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

- i) A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
- ii) New characteristic electrocardiogram changes
- iii) Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

II) The following are excluded:

- i) Other acute Coronary Syndromes
- ii) Any type of angina pectoris
- iii) A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

#### 3. Open Chest CABG

I) The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

II) The following are excluded:

- i) Angioplasty and/or any other intra-arterial procedures.

#### 4. Open Heart Replacement or Repair of Heart Valves



I) The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a Specialist Medical Practitioner. Catheter based techniques including but not limited to, balloon valvotomy / valvuloplasty are excluded.

#### **5. Kidney Failure Requiring Regular Dialysis**

I) End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a Specialist Medical Practitioner.

#### **6. Stroke Resulting in Permanent Symptoms**

I) Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a Specialist Medical Practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

II) The following are excluded:

- i) Transient ischemic attacks (TIA)
- ii) Traumatic injury of the brain
- iii) Vascular disease affecting only the eye or optic nerve or vestibular functions.

#### **7. Major Organ/Bone Marrow Transplant**

I) The actual undergoing of a transplant of:

- i) One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- ii) Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a Specialist Medical Practitioner.

II) The following are excluded:

- i) Other stem-cell transplants
- ii) Where only islets of langerhans are transplanted

#### **8. Permanent Paralysis of Limbs**

I) Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A Specialist Medical Practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

#### **9. Multiple Sclerosis with Persisting Symptoms**

I) The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

- i) investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
- ii) there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

II) Neurological damage due to SLE is excluded.

#### **10. Coma of Specified Severity**

I) A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

- i) no response to external stimuli continuously for at least 96 hours;
- ii) life support measures are necessary to sustain life; and
- iii) permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

II) The condition has to be confirmed by a Specialist Medical Practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

#### **11. Motor Neuron Disease with Permanent Symptoms**

I) Motor neuron disease diagnosed by a Specialist Medical Practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

## 12. Blindness

- I) Total, permanent and irreversible loss of all vision in both eyes as a result of illness or Accident.
- II) The Blindness is evidenced by
  - i) corrected visual acuity being 3/60 or less in both eyes or;
  - ii) the field of vision being less than 10 degrees in both eyes.
- III) The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

## 13. Third Degree Burns

- I) There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm and the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

## 14. Parkinson's Disease

- I) The unequivocal diagnosis of progressive, degenerative idiopathic Parkinson's disease by a Neurologist acceptable to Us.
- II) The diagnosis must be supported by all of the following conditions:
  - i) the disease cannot be controlled with medication;
  - ii) signs of progressive impairment; and
  - iii) inability of the Insured Person to perform at least 3 of the 6 activities of daily living as listed below (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons) for a continuous period of at least 6 months:
- III) Activities of daily living:
  - i) Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
  - ii) Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other Surgical Appliances;
  - iii) Transferring: The ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;
  - iv) Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
  - v) Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
  - vi) Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence
- IV) Parkinson's disease secondary to drug and/or alcohol abuse is excluded.

## 15. Benign Brain Tumor

- I) Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.
- II) This brain tumor must result in at least one of the following and must be confirmed by the relevant medical Specialist.
  - i) Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
  - ii) Undergone surgical resection or radiation therapy to treat the brain tumor.
- III) The following conditions are excluded:
  - Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

## 16. Alzheimer's Disease

- I) Alzheimer's disease is a progressive degenerative illness of the brain, characterised by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes. It affects the brain, causing symptoms like memory loss, confusion, communication problems, and general impairment of mental function, which gradually worsens leading to changes in personality.
- II) Deterioration or loss of intellectual capacity, as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease, resulting in progressive significant reduction in mental and social functioning, requiring the continuous supervision of the Insured Person. The diagnosis must be supported by the clinical confirmation of a specialist Medical Practitioner (Neurologist) and supported by Our appointed Medical Practitioner, evidenced by findings in cognitive and neuro radiological tests

(e.g. CT scan, MRI, PET scan of the Brain). The disease must result in a permanent inability to perform three or more Activities with Loss of Independent Living or must require the need of supervision and permanent presence of care staff due to the disease. This must be medically documented for a period of at least 90 days.

III) The following conditions are however not covered:

- i) non-organic diseases such as neurosis and psychiatric illnesses;
- ii) alcohol related brain damage; and
- iii) any other type of irreversible organic disorder/dementia.

### **17. Aorta Graft Surgery**

- I) The actual undergoing of major Surgery to repair or correct aneurysm, narrowing, obstruction or dissection of the Aorta through surgical opening of the chest or abdomen. For the purpose of this cover the definition of "Aorta" shall mean the thoracic and abdominal aorta but not its branches.
- II) The Insured Person understands and agrees that We will not cover:
  - Surgery performed using only minimally invasive or intra arterial techniques.
  - Angioplasty and all other intra arterial, catheter based techniques, "keyhole" or laser procedures
- III) The Aorta is the main artery carrying blood from the heart. Aortic Graft Surgery benefit covers Surgery to the Aorta wherein part of it is removed and replaced with a graft.

### **18. Deafness**

- I. Total and irreversible loss of hearing in both ears as a result of illness or Accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) Specialist. Total means "the loss of hearing to the extent that the loss is greater than 90decibels across all frequencies of hearing" in both ears.

### **19. Loss of Limbs**

- I. The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

### **20. Loss of Speech**

- I. Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) Specialist.
- II. All psychiatric related causes are excluded.

### **21. Aplastic Anaemia**

- I) Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following: i) Blood product transfusion; ii) Marrow stimulating agents; iii) Immunosuppressive agents; or iv) Bone marrow transplantation.
- II) The diagnosis must be confirmed by a haematologist using relevant laboratory investigations including Bone Marrow Biopsy resulting in bone marrow cellularity of less than 25% which is evidenced by any two of the following: i) Absolute neutrophil count of 500/mm<sup>3</sup> or less ii) Platelets count less than 20,000/mm<sup>3</sup> or less iii) Absolute Reticulocyte count of 20,000/mm<sup>3</sup> or less.
- III) Temporary or reversible Aplastic Anaemia is excluded.
- IV) In this condition, the bone marrow fails to produce sufficient blood cells or clotting agents.

### **22. End Stage Liver Failure**

- I) Permanent and irreversible failure of liver function that has resulted in all three of the following:
  - i) Permanent jaundice; and
  - ii) Ascites; and
  - iii) Hepatic encephalopathy.
- II) Liver failure secondary to alcohol or drug abuse is excluded.

### **23. End Stage Lung Failure**

- I) End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:
  - i) FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
  - ii) Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and

- iii) Arterial blood gas analysis with partial oxygen pressures of 55mmHg or less ( $\text{PaO}_2 < 55\text{mm Hg}$ ); and
- iv) Dyspnea at rest

#### **24. Primary (Idiopathic) Pulmonary Hypertension**

- I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or Specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.
- II. The NYHA Classification of Cardiac Impairment are as follows:
  - i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
  - ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
- III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

#### **25. Bacterial Meningitis**

- I) Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks resulting in permanent inability to perform three or more Activities for Loss of Independent Living.
- II) This diagnosis must be confirmed by:
  - i) The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
  - ii) A consultant neurologist certifying the diagnosis of bacterial meningitis. Bacterial Meningitis in the presence of HIV infection is excluded.

#### **26. Apallic Syndrome or Persistent Vegetative State (PVS)**

- I) Apallic Syndrome or Persistent vegetative state (PVS) or unresponsive wakefulness syndrome (UWS) is a universal necrosis of the brain cortex with the brainstem remaining intact. The patient should be in a vegetative state for a minimum of four weeks in order to be classified as UWS, PVS, Apallic Syndrome.
- II) The diagnosis must be confirmed by a Neurologist acceptable to Us and the condition must be documented for at least one month.
- III) In this condition, the patient with severe brain damage progresses who was in coma, progresses to a wakeful conscious state, but not in a state of true awareness.

#### **27. Coronary Angioplasty (PTCA)**

- I) Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50% of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG).
- II) Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.
- III) Diagnostic angiography or investigation procedures without angioplasty / stent insertion are excluded. The maximum benefit pay-out for Coronary Angioplasty is restricted to the Sum Insured or INR 10,00,000, whichever is lesser.

#### **28. Encephalitis**

- I) Severe inflammation of the brain tissue due to infectious agents like viruses or bacteria which results in significant and permanent neurological deficits for a minimum period of 30 days, certified by a specialist Medical Practitioner (Neurologist).
- II) The permanent deficit should result in permanent inability to perform three or more Activities for Loss of Independent Living.
- III) Exclusions:
  - i) Encephalitis in the presence of HIV infection is excluded.

#### **29. Fulminant Hepatitis**

- I) A sub-massive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:

- i) Rapid decreasing of liver size;
  - ii) Necrosis involving entire lobules, leaving only a collapsed reticular framework;
  - iii) Rapid deterioration of liver function tests;
  - iv) Deepening jaundice; and
  - v) Hepatic encephalopathy.
- II) Acute Hepatitis infection or carrier status alone does not meet the diagnostic criteria.

### 30. Chronic Relapsing Pancreatitis

An unequivocal diagnosis of Chronic Relapsing Pancreatitis, made by a Registered Doctor who is a specialist in gastroenterology and confirmed as a continuing inflammatory disease of the pancreas characterised by relapses in the form of sub lethal attacks of acute pancreatitis, irreversible morphological change and typically causing pain and/or permanent impairment of function. The condition must be confirmed by elevated levels of pancreatic function tests including serum amylase, serum lipase, and radiographic and imaging evidence. Relapsing Pancreatitis caused directly or indirectly, wholly or partly, by alcohol is excluded.

### 31. Major Head Trauma

- i) Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.
- ii) The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology
- iii) Activities of Daily Living are:
  - i) Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
  - ii) Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
  - iii) Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa; iv) Mobility: the ability to move indoors from room to room on level surfaces;
  - v) Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
  - vi) Feeding: the ability to feed oneself once food has been prepared and made available.
- iv) The following are excluded: i) Spinal cord injury;

### 32. Medullary Cystic Disease

A progressive hereditary disease of the kidneys characterised by the presence of cysts in the medulla, tubular atrophy and interstitial fibrosis with the clinical manifestations of anaemia, polyuria and renal loss of sodium, progressing to chronic renal failure. The diagnosis must be supported by renal biopsy.

### 33. Muscular Dystrophy

- I) A group of hereditary degenerative diseases of muscle characterised by progressive and permanent weakness and atrophy of certain muscle groups. The diagnosis of muscular dystrophy must be unequivocal and made by a Neurologist acceptable to Us, with confirmation of at least 3 of the following 4 conditions:
  - i) Family history of muscular dystrophy;
  - ii) Clinical presentation including absence of sensory disturbance, normal cerebrospinal fluid and mild tendon reflex reduction;
  - iii) Characteristic electromyogram; or
  - iv) Clinical suspicion confirmed by muscle biopsy.
- II) The condition must result in the inability of the Insured Person to perform at least 3 of the 6 activities of daily living as listed below (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons) for a continuous period of at least 6 months.

### 34. Poliomyelitis

- I) The unequivocal diagnosis of infection with the polio virus must be established by a Consultant Neurologist. The infection must result in irreversible paralysis as evidenced by impaired motor function or respiratory weakness. Expected permanence and irreversibility of the paralysis must be confirmed by a Consultant Neurologist after at least 6 months since the beginning of the event.



**II) Exclusions:**

- i) Cases not involving irreversible paralysis will not be eligible for a claim
- ii) Other causes of paralysis such as Guillain-Barré Syndrome are specifically excluded.

**35. Systemic Lupus Erythematosus**

- I) A multi-system, multifactorial, autoimmune disorder characterised by the development of autoantibodies directed against various self-antigens. Systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V lupus nephritis, established by renal biopsy, and in accordance with the World Health Organization (WHO) classification). The final diagnosis must be confirmed by a registered Medical Practitioner specialising in Rheumatology and Immunology acceptable to Us, Other forms, discoid lupus, and those forms with only haematological and joint involvement are however not covered:

The WHO lupus classification is as follows:

- i) Class I: Minimal change – Negative, normal urine.
- ii) Class II: Mesangial – Moderate proteinuria, active sediment.
- iii) Class III: Focal Segmental – Proteinuria, active sediment.
- iv) Class IV: Diffuse – Acute nephritis with active sediment and/or nephritic syndrome.
- v) Class V: Membranous – Nephrotic Syndrome or severe proteinuria.

**36. Brain Surgery**

- I) The actual undergoing of surgery to the brain under general anesthesia during which a craniotomy is performed.

**II) Exclusion:**

- i) Burr hole surgery / brain surgery on account of an accident.

**Specific Conditions****a) Critical Illness Waiting Period**

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.

The number of days for the purpose of the Waiting Period are calculated from the Risk Commencement Date to the actual final diagnosis which confirms the Critical Illness, or date on which the Surgical Procedure is done, whichever is earlier.

As an illustration, in case an Insured Person is diagnosed with a Critical Illness during the Waiting Period, he/she will not get paid if it is a Critical Illness as set out in the Policy as the First Diagnosis of the Critical Illness is within the opted number of days. However, if an Insured Person is diagnosed with heart blockage during the Waiting Period but undergoes "Coronary Artery Bypass Graft" after the completion of the Waiting Period, the claim for Critical Illness will be paid for Coronary Artery Bypass Graft as the Surgical Procedure was carried out after the completion of the Waiting Period.

**b) Survival Period for Critical Illness**

The cover 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.

**15. EMI Protection**

If You opted for this cover, in case 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.

**Amortization Chart** means a complete table of periodic loan payments, showing the amount of principal loan amount and the amount of interest that comprise each payment or EMI, as the case may be, until the Loan is paid off at the end of its term.

This Insuring Clause will be payable provided that:

- a. Any payments that are overdue and unpaid by the Insured prior to the occurrence of the event giving rise to a claim under this Insuring Clause will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured.
- b. The Benefit will not apply to any voluntary and uninsurable events, which are caused by or with the knowledge of the Insured Person, or which are against public policy, criminal or fraudulent under applicable law.
- c. The treatment required by the Insured Person is for Medically Necessary Treatment and is commenced and continued on the written advice of the treating Medical Practitioner.
- d. For the purpose of claim settlement against any cover under this Policy, the Amortization Chart prepared by the bank/financial institution as on the date of Loan disbursement or commencement of the Coverage Period (whichever is later) shall be considered wherever applicable.
- e. Any additional amounts falling due as a penalty or charge by way of a default in repayment will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured.

## 16. Trip Cancellation

If You have opted for this cover, Acko shall indemnify the Insured for the financial loss incurred by the insured arising out of cancellation of the trip for which loan is availed by the Insured following unexpected events, upto before the departure of the Trip solely attributable to and/or arising out of:

- Sickness or injury of the Insured or immediate family member which requires medical attention /consultation resulting in hospitalization for a minimum of 48 hours.
- Death or imminent death from an unforeseen illness or injury of your immediate family member.
- Natural Calamities of which you were not aware at the time of purchase of the policy at your place of residence or your departure city or one of Your destination(s) as per your itinerary.
- A Terrorist attack which occurs in your place of residence or your departure city, or in a city which is a scheduled destination for your Covered Trip provided that the act of Terrorism occurs within 15 days prior to your departure.
- In case of loss of passport due to theft/robbery/burglary etc. and reissue of new passport has not happened prior to travel date (Applicable only to international travel).

Subject to the maximum liability of the Company as specified in Policy Schedule/Certificate of Insurance, Acko shall pay to the Insured:

- The payments made for accommodation and travel in advance by You which are non-recoverable after initiation of cancellation of the same.
- Official cancellation charges of accommodation and travel tickets paid in advance of a proposed journey, if any The Sum Insured will be payable as per the waiting period defined in the policy certificate.

## Specific Exclusions

- Any change of plans or dis-inclination on your part or that of any other passenger to travel.
- Lack in the number of persons required to commence any tour, conference, accommodation or travel arrangement or the negligence of the wholesaler or the operator.
- The failure of your travel agent to pass on the monies to operators or to deliver promised services
- Any claim for a medical condition if any of the following applied when you purchased or renewed your Policy or when you booked your trip (whichever is later) or You, your immediate family or travelling companion had received advice, medication or treatment for any serious, chronic or recurring illness, injury or disease in the last 12 months unless the condition was disclosed to and accepted by us.
- Any cancellation due to Hospitalization resulting from pre-existing disease, Childbirth, Pregnancy or related medical complications to You, Your immediate family or travelling companion.
- Any claim where you were aware of the fact that the perils listed in the above section existed prior to the purchase of the policy.
- Failure to start the journey due to rejection of VISA in case of international travel only.
- If your trip is cancelled due to Natural Calamity not declared by the appropriate government authority.
- Cancellation of the trip either wholly or in part done at the instance of the common carrier/ Public Carrier or by the travel agent, Air transport Authority or any government body.
- Strike, Civil unrest, labour disputes and other similar events which existed or of which advance warning had been given prior to the date on which Trip was booked.

**Section V. Asset Protection related Covers**

Claims made in respect of an Insured Asset for any of the below covers applicable to the Insured Asset shall be subject to the availability of the Sum Insured against such covers or corresponding covers, and applicable Sub-limits, Co-payment, Depreciation, Salvage, Deductibles/Excess and other conditions specified in the Policy schedule/Certificate of insurance against the cover claimed under, and subject always to the terms, conditions and exclusions of this Policy.

**17. Theft and Burglary**

If You opted for this cover, In the event of any Theft and Burglary of an Insured Asset occurring during the Policy Period, then We will pay the Insured as per the applicable settlement option specified in specific conditions (related to claim settlement), up to the Sum Insured or fixed benefit specified in the Policy Schedule/Certificate.

This cover will be payable provided that the Insured provides Us with a certified copy of the police report filed, and an Invoice for proof of ownership, or care, custody and control of the Insured Asset.

**18. Robbery**

If You opted for this cover, In the event of any Robbery of an Insured Asset occurring during the Policy Period, then We will pay the Insured as per the applicable settlement option specified conditions (related to claim settlement), up to the Sum Insured or fixed benefit specified in the Policy schedule/Certificate of insurance.

This cover will be payable provided that the Insured provides Us with a certified copy of the police report filed, and an Invoice for proof of ownership, or care, custody and control of the Insured Asset.

**19. Damage****19.1. Comprehensive Accidental Damage**

If You opted for this cover, In the event of any Physical Damage or Liquid Damage to an Insured Asset due solely and directly to any external, involuntary and unforeseeable cause arising during the Policy Period, then We will pay the Insured as per the applicable settlement option specified conditions (related to claim settlement), up to the Sum Insured or fixed benefit specified in the Policy Schedule/Certificate of Insurance.

**19.2. Accidental Screen Only Damage**

If You opted for this cover, In the event of the Screen Damage to an Insured Asset, such as cellular device, television set, tablet computer, laptop, or similar categories of equipment, due solely and directly to any external, involuntary and unforeseeable cause arising during the Policy Period, then We will pay the Insured as per the applicable settlement option specified conditions (related to claim settlement), up to the Sum Insured or fixed benefit specified in the Policy Schedule/Certificate of Insurance.

**Exclusions Applicable to Asset Protection related covers (17 –19)**

We shall not be liable to make any payment for any claim under all covers of this Section in respect of an Insured Asset, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

- a. Any Insured Asset not mentioned in your Policy Schedule/Certificate of Insurance.
- b. Any loss or damage caused by any defects existing at the time of commencement of the cover of the Insured Asset under the Policy within the knowledge of the Insured, or his representatives.
- c. Any loss of data stored in the Insured Asset, or costs related to re-creation of such stored data.
- d. Any loss or damage as a direct consequence of wear and tear or of gradual deterioration due to atmospheric conditions.
- e. Any service provider charges incurred or any other consequential damage or financial loss incurred from the use of the Insured Asset following a Theft, Robbery or Burglary.
- f. Any loss or damage to any consumable items, attachments or accessories related to the Insured Asset, such as any SIM card, memory card, software (including programs, data and user settings), modem, scanner, printer, earphones, adapter or charger.
- g. Any unexplained or mysterious disappearance of the Insured Asset, where the details of the incident are not available or specified as Theft, Burglary or Robbery.
- h. Any loss or damage to any Insured Asset put up for rental or hire purposes, unless expressly covered in the Policy Schedule/Certificate of Insurance.

- i. Any loss or damage to the Insured Asset covered under this Policy and falling under the terms of any maintenance agreement or warranty provided by the OEM or seller.
- j. Any loss or damage for which the manufacturer or seller of the Insured Asset or any other third party is responsible either by law or under contract.
- k. Willful act or willful negligence of the Insured or his/her representative.
- l. Aesthetic defects, including but not limited to dents, scratches on painted, polished or enameled surfaces, and broken plastic on ports and antennae.
- m. Any loss or damage to any Insured Asset put up for rental or hire purposes.
- n. Any change in ownership of the Insured Asset, or use for any purpose not intended.
- o. Any repairs performed outside India.
- p. Participation in any naval, military or air force operations, engaging in manual labour, mining, tunnelling or any work involving electrical installation with high tension supply, engaging in any Hazardous Activities, testing of any kind, or anything attributable to aerial photography, ammunition, explosives, firearms or flight duty, except as a fare-paying passenger.

## 20. Breakdown

If You opted for this cover, In the event of any Breakdown of an Insured Asset, during the Policy Period, We will pay the Insured as per the applicable settlement option specified conditions (related to claim settlement), up to the Sum Insured or fixed benefit specified in the Policy Schedule/Certificate of Insurance and within the start and end date of the Policy Period specified in the Schedule/Certificate.

This cover will be payable provided that:

- a. Cover is valid only on Insured Asset which are repaired within India.
- b. Such breakdown/defects of the Insured Asset are covered within the Manufacturer's Warranty/Seller's Warranty, if any.

## Specific Exclusions

We shall not be liable to make any payment for any claim under all covers of this Section in respect of an Insured Asset, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

- a. Any Insured Asset not mentioned in your Policy Schedule/Certificate of Insurance.
- b. Any costs explicitly covered by any other OEMs, sellers, suppliers, insurance, or repairer, under contract or law other than the Insured.
- c. Any events or occurrence that is expressly specified to be excluded from the scope of this Policy in the Policy Schedule/Certificate of Insurance.
- d. Any non-operating and cosmetic damage to the Insured Asset, such as damage to aesthetics, paintwork, finish, dents or scratches.
- e. Accessories used in or with the Insured Asset, such as any SIM card, memory card, software (including programs, data and user settings), modem, scanner, printer, headphones, earphones, remote controllers, adapter or charger.
- f. Replacement of any consumable item or accessory, including but are not limited to any plugs, fuses, light bulbs, light covers, cables, filters, attachments, belts, toner, ribbons, drums, tapes or software and add-on options incorporated as a part of the Insured Asset.
- g. Normal wear and tear of items not integral to the functioning of the Insured Asset - Routine maintenance, cleaning, lubrication, adjustments or alignments, overhaul, modification and descaling.
- h. Any consequential or incidental loss or Injury to a person, or loss or damage to any other item or property, or any incidental, contingent, special or any direct or indirect loss and consequential damages including but not limiting to losses incurred due to any delay in rendering service related to this Policy.
- i. Any loss or damage caused by way of any unauthorized repair, Theft, Burglary, Robbery and incidents involving or attributable to any earthquake, storm and or hurricane, any abuse or misuse of such Insured Asset, effects of or relating to sand, dust, water, failure to take reasonable care, fire, flood, lightning, malicious damage, impact, corrosion, battery leakage, acts of God, animal or insect infestation or intrusion.
- j. Any loss or damage resulting from a failure to follow the OEM's instructions in relation to power outages, surges or dips, or any improper voltage or current supplied to the Insured Asset.
- k. Reception or transmission problems resulting from external causes.
- l. Any batteries and related power accessories, internal or external to the Insured Asset.
- m. Breakdowns caused by computer virus, malware, cyber threats, or realignments to the Insured Asset.
- n. Any recalls or modifications to the Insured Asset.
- o. Any costs arising from incorrect installation, modification or maintenance.
- p. Any costs incurred if no fault or defect is found with the Insured Asset.

- q. Any costs or loss arising from inability to use the Insured Asset.
- r. Damage / failure caused before or during any delivery of the Insured Asset.
- s. Any loss or damage deemed contrary to public policy, or which is uninsurable under Indian law.
- t. Any loss or damage to any Insured Asset put up for rental or hire purposes.
- u. Any change in ownership of the Insured Asset, or use for any purpose not intended.
- v. Any repairs performed outside India.
- w. Participation in any naval, military or air force operations, engaging in manual labour, mining, tunnelling or any work involving electrical installation with high tension supply, engaging in any Hazardous Activities, testing of any kind, or anything attributable to aerial photography, ammunition, explosives, firearms or flight duty, except as a fare-paying passenger.

### Conditions Applicable to Asset Protection related covers (17 –20)

#### **1. Basis of Settlement & Assessment of Claims:**

Insofar as it relates to the

- i. Beyond Economic Repair, or loss due to Theft, Burglary or Robbery or
- ii. any other damage or Breakdown to the Insured Asset with regard to which an Insured or claimant shall make a claim under this Policy, the basis upon which We shall pay the Insured and settle any claim made under the Policy shall be as per any one or a combination of the following settlement options, and specified as such in Schedule/Certificate:
  - In case of Beyond Economic Repair, or loss due to Theft, Burglary or Robbery of the Insured Asset, the following options for claim settlement shall be available to the Insured, as opted for in the Schedule:
    - a. Provision of a Replacement New Equipment
    - b. Provision of a Replacement Refurbished Equipment
    - c. Fixed amount as per the details specified in the Policy Schedule/Certificate of Insurance.
  - In case of any other damage or breakdown, not resulting in Beyond Economic Repair of the Insured Asset, the following options for claim settlement shall be available to the Insured, as opted for in the Schedule:
    - a) Cashless repair of the Insured Asset by Us or any Service Centres authorised by Us.
    - b) Reimbursement of the reasonable costs necessarily incurred in repairing the damaged Insured Asset to its condition at any Service Centre as existing immediately prior to such damage.
    - c) Fixed amount as per the details specified in the Policy Schedule/Certificate of Insurance.
    - d) Provision of a Replacement New Equipment
    - e) Provision of a Replacement Refurbished Equipment

All of the settlement options above shall be subject always to the availability of the Sum Insured against such cover, and applicable Sub-limits, Co-payment, Salvage, Deductibles/Excess and any other limit specified in the Policy Schedule/Certificate of Insurance against the cover(s) claimed under.

Further, all settlements made under the Policy shall be subject to the following specific conditions, where applicable to the settlement options opted for:

- a. **Ownership of Salvage:** In all cases where a repair or replacement of Insured Asset is necessitated, the original Insured Asset and/or its components thereof which are replaced, or any resulting Salvage shall become Our property, and We shall not be liable to return such Insured Asset to the Insured.
- b. **Right against Repair or Replacement:** If the cost of repair or replacement of the Insured Asset exceeds the Market Value of the lost or damaged Insured Asset immediately prior to the occurrence of the insured event, then We will pay the Insured such Market Value to the extent of the Sum Insured.
- c. **Obsolescence:** If a necessary part or component is no longer manufactured, has become obsolete or is not available for the repair of the damaged Insured Asset, we will reimburse a reasonable cost of repair for such part or component and return such Insured Asset. In such cases, we may also replace the Insured Asset instead, in Our sole and absolute discretion.
- d. **Records:** For any covers pertaining to the Insured Asset covered under this Policy (or categories of such Insured Asset) and specified as such in the Policy Schedule/Certificate



of Insurance, it is a Condition Precedent to Our liability that the Insured shall record the full particulars of each Insured Asset.

- e. **Improvements/alterations:** We shall not make any payment for the cost of any enhancements, alterations, additions and/or improvements made during the course of any replacement or repair.
- f. **Sum Insured:** Under no circumstances will Our liability to make payment exceed the Sum Insured under any applicable cover, as specified in the Policy Schedule/Certificate of Insurance to the Policy.

### **Section VI. Add- on Covers**

This section will be subject to an additional premium over and above the base covers. It cannot be taken on a standalone basis. At least one cover from Sections I to V must be selected mandatorily in order to opt for add-on covers.

#### **21. Terrorism Cover**

If You opted for this Add-on cover, Acko will provide coverage for physical loss or damage, or destruction caused to Insured property by the Act of Terrorism occurring during the Policy Period.

Coverage, exclusions and excess under this section will be as per Terrorism clause attached in the Annexure to the policy wordings.

This cover will be subject to:

- It can only be opted if insured has opted for **Section II.4 “Home Building and Home Content Cover”** in this policy in that case “Exclusion no. 13 of 4.2.4 will stand deleted.
- All the terms and conditions of **Section II.4 “Home Building and Home Content Cover”** will be applicable.

#### **22. Temporary Resettlement Expenses Cover**

If You opted for this Add-on cover, it is hereby agreed and declared that, following the operation of an insured events covered under Home building and Home contents resulting in an admissible loss, the insurance under this Policy upto the amount mentioned in the policy schedule/certificate of insurance shall reimburse for temporary resettlement expenses incurred by the Insured if his/her home building is deemed uninhabitable as a result of a covered peril.

For this cover, temporary resettlement expense should include following:

- i. Boarding and Lodging cost
- ii. Storage/procurement costs for household items
- iii. Movers and Packers cost to alternate accommodation

This cover will be subject to:

- It can only be opted if insured has opted for **Section II.4 “Home Building and Home Content Cover”** in this policy.
- All the terms and conditions of **Section II.4 “Home Building and Home Content Cover”** will be applicable.

#### **23. Personal Liability**

If You opted for this Add-on cover, Acko will cover the compensation and Litigation Expenses (incurred with Our prior written consent) upto the amount mentioned in the Policy Schedule/Certificate of Insurance during the Policy Period which You may become legally liable to pay on account of accidental Death or bodily Injury to any third party or accidental damage to physical property owned by anyone other than You and/or Your Family as a result of physical loss or damage or destruction to Your Insured Property.

This cover will be subject to:

- It can only be opted if insured has opted for **Section II.4 “Home Building and Home Content Cover”** in this policy.
- All the terms and conditions of **Section II.4 “Home Building and Home Content Cover”** will be applicable.

#### **24. Brokerage Expenses**

If You opted for this Add-on cover, Acko Covers actual brokerage expense up to the amount mentioned in the Policy schedule/Certificate of Insurance, incurred for searching alternative accommodation in case your home becomes uninhabitable due to occurrence of Insured Events covered under Home Building and Home Contents.

This cover will be subject to:

- It can only be opted if insured has opted for **Section II.4 “Home Building and Home Content Cover”** in this policy.
- All the terms and conditions of **Section II.4 “Home Building and Home Content Cover”** will be applicable.
- The maximum amount payable will be equivalent to one month's rent of the insured's home.

## 25. Delay In Salary Payment

If You opted for this Add-on cover, Acko will cover penalty and/or additional interest levied by a financier in the event the Insured Person has defaulted monthly EMI payment on the due date as a result of delay in receipt /credit of salary for that particular month by the employer.

This cover will be subject to:

- Salary payment must be delayed for the minimum number of days mentioned in the Policy schedule/Certificate of Insurance from the due date.
- The insured must be a full-time salaried employee with a valid employment contract.
- The employer must have had a track record of regular salary payments prior to the incident.
- Coverage is applicable only if the employer is registered and regulated in India.
- Claim must be supported by:
  - a. Employment proof and last 3 salary slips
  - b. Employer confirmation or legal notice
  - c. Bank statement showing salary non-receipt
  - d. FIR or Insolvency proceedings (if applicable)

### Specific Exclusions

- Resignation, suspension, or termination of the employee
- Labour strikes, lockouts, or internal company disputes
- Any non-verifiable or cash-based employment
- Salary deductions authorized under law or contract
- Employer delay due to fund mismanagement (unless insolvency is declared)

## 26. Rescinding of Offer Letter

If You opted for this Add-on cover, In case an Insured Person's employment offer letter is rescinded by the Prospective employer and the Insured Person is rendered un-employed, We will pay a fixed amount equal to the Insured Person's ongoing EMI or percentage of EMI as mention in your Policy schedule/Certificate of Insurance which is due towards outstanding amount of Loan.

This cover will be subject to:

- The Insured Person must have received a written and unconditional offer letter from a recognized employer specifying the role, remuneration, and confirmed date of joining.
- A formal written communication from the employer withdrawing the offer must be provided. The withdrawal must occur prior to the date of joining mentioned in the offer letter.
- The benefit is payable only if the Insured Person has an active loan account with EMIs due.
- The benefit is payable only once during the policy period.
- Insured person should be unemployed and not have any other source of income.

### Specific Exclusions

- The offer was rescinded due to misrepresentation, fraud, or adverse background check findings related to the Insured Person.
- The Insured Person voluntarily declined the offer or accepted an alternative employment opportunity.
- The rescission was communicated prior to the policy inception date.
- Employment with a non-registered, unverified, or informal employer.

## 27. Breakdown Assistance Services

If You opted for this Add-on cover, Acko will provide assistance services in the event of a breakdown of the insured asset or property. The services offered may include, but are not limited to, the following:

- Vehicle health check-up and related diagnostic or maintenance services
- Health check-up or diagnostic services for Insured Asset or home contents
- Wellness programs, including annual health check-ups

### Specific Conditions

- This cover only provides service and does not include the actual cost of parts.
- Detailed list of assistance services will be as specified in the policy schedule / certificate of insurance.
- The insured must schedule the service through Acko's approved platform or service provider.
- Services are subject to geographical availability and vendor participation in the area.
- Any event where services have been availed of without the prior consent of Acko will not be considered.
- Any services availed in this cover will not give rise to claim under the policy.

### 3. GENERAL EXCLUSIONS APPLICABLE TO THE POLICY

We shall not be liable to make any payment for any claim under this 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:

1. Any breach of the law by the Insured Person with a criminal intent.
2. War, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainment of citizens of whatever nation, riots or civil commotion.
3. Any Injury sustained while performing duty in army, navy, air force, paramilitary force, police or any other such institution, except to the extent it is expressly covered under any Benefit.
4. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from nuclear weapon materials or from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission.
5. Usage, consumption or abuse of alcohol and/or narcotic substances.
6. Participation (aggravation) in any kind of strike, processions, riots etc whether peaceful or violent.
7. Any act of self-destruction or self-inflicted injury, attempted suicide or suicide.
8. Any Injury / Illness occurring whilst working in underground mines or explosives magazines, or involving electrical installation with high tension supply, or as jockeys or circus personnel.
9. Any sexually transmitted diseases. Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex syndrome (ARCS) and all diseases caused by and/ or related to the HIV.
10. Any consequential or indirect losses or expenses related to any Insured Event.
11. Any tests and treatment relating to infertility and in vitro fertilization.
12. Any Injury / Illness occurring whilst engaging in any Adventure Sports, either as an instructor/ trainer, or as a participant.

### 4. GENERAL TERMS AND CONDITIONS

The Policy, including any Insuring Clauses, endorsements, exclusions, and amounts payable under it shall be subject to the following general conditions:

1. **Disclosure to information norm:** This Policy has been issued on the basis of the information provided in respect of the Insureds in the Proposal Form, personal statement and any other details submitted in relation to the Proposal Form/personal statement. The Policy shall be void and all premium paid hereon shall be forfeited to Us, in the event of misrepresentation, mis-description or non-disclosure of any material fact. If at the time of issuance of Policy or during continuation of the Policy, any material fact in the information provided to Us in the Proposal Form or otherwise, by You or the Insured, or anyone acting on behalf of You or an Insured is found to be incorrect, incomplete, suppressed or not disclosed, wilfully or otherwise, the Policy Schedule/Certificate of Insurance shall be void, and no benefit will be payable thereunder.
2. **Observance of Terms and Conditions:** The due observance and fulfilment of the terms, conditions and endorsement of this Policy in so far as they relate to anything to be done or complied with by the Insured and the truth of the statements and answers in the proposal shall be a Condition Precedent to Our liability to make any payment under this Policy
3. **Fraud:** If any claim is in any manner dishonest or fraudulent, or is supported by any dishonest or fraudulent means or devices, whether by You or any Insured or anyone acting on behalf of You or an Insured, then this Policy Schedule/Certificate of Insurance will be void and all benefits otherwise payable under it will be forfeited and the premium shall be forfeited for the balance period of the risk.
4. **Contribution:** If at the time of the occurrence of any loss or damage covered by this Policy there is any other insurance of any nature whatsoever covering the same loss, damage or liability, whether effected by the Insured or not, then We shall not be liable to pay or contribute more than Our rateable proportion of any loss or damage. Underinsurance will be applied on an overall basis taking into consideration the sum insured under all policies and comparing it with the value at risk.

5. **Subrogation:** The Insured and any claimant under this Policy shall at Our expense do or concur in doing or permit to be done all such acts, deeds and things that may be necessary or reasonably required by Us for the purpose of enforcing any rights and remedies or obtaining relief or indemnity from other parties to which We shall be or would become entitled or subrogated upon Us paying for or making good any loss or damage under this Policy whether such acts, deeds and things shall be or become necessary or required before or after the Insured's indemnification by Us.
6. **Exclusions:** We shall not be liable to make any payment under this Policy in connection with or in respect of any expenses whatsoever incurred by any Insured in connection with or in respect of the exclusions which are specifically stated in each Insuring Clause or the General Exclusions Section of the Policy.
7. **Assignment** (wherever applicable): The Policy and the cover under any Insuring Clauses, which are applicable and in force, can be assigned or transferred only in accordance with applicable law.
8. **Reasonable Care:** The Insured shall take all reasonable care to safeguard the Insured Asset/Insured property/Insured person/Insured asset against accident, accidental death, bodily injury, loss or damage. The Insured shall at his own expense take all reasonable precautions and comply with all reasonable recommendations provided by Us to prevent loss, damage or liability and comply with statutory requirements.
9. **Maintenance of Records:** The Insured shall maintain all records and books of accounts reasonably required in an accurate manner.
10. **Statutory Compliance:** The Insured shall comply with all statutory and other regulations.
11. **Material information** to be disclosed includes every matter that You are aware of, or could reasonably be expected to know, that relates to questions in the Proposal Form/personal statement and which is relevant to Us in order to accept the risk of insurance. You must exercise the same duty to disclose those matters to Us before the Renewal, extension, variation, endorsement of the contract We may, adjust the scope of cover and / or premium, if necessary, accordingly.
12. **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.
13. **Renewal:** This Policy will automatically terminate at the end of the Insured's Policy Period, stated in the Schedule. The Policy may be renewed by mutual consent and in such event the premium should be paid to Us on or before the date of expiry of the Policy. We shall not be bound to accept any premium for renewal. The renewal notice is generated 30 days in advance from the due date of renewal.
14. **Geography & Currency:** This Policy applies to events or occurrences taking place worldwide. All payments under this Policy will be made in Indian Rupees only.
15. **Governing Law & Dispute Resolution:** Any and all disputes or differences under or in relation to this Policy will be determined by the Indian Courts and subject to Indian law.
16. **Cancellation/Termination of the Policy:**
  - a. **Cancellation by Insured**
    - The policyholder can cancel the policy at any time during the term, by informing the insurer. In case the Policyholder cancels the policy, he/ she is not required to give reasons for cancellation.
    - The insurer shall –
      - refund proportion premium for unexpired policy period, if the term of the policy is upto one year and there is no claim(s) made during the policy period.
      - refund premium for the unexpired policy period, in respect of policy with the term more than one year and the risk coverage for such policy years has not commenced.
  - b. **Cancellation by Company:** The insurer can cancel the policy only on the grounds of established fraud, by giving minimum notice of 7 days to the retail policyholder.
17. **Notices & Communications:** Any notice or communication in relation to this Policy will be in writing and if it is to:
  - You or any Insured, then it will be sent to You at Your address specified in the Policy Schedule/Certificate of Insurance and You will act for all Insureds for these purposes.
  - Us, it will be delivered to Our address specified in the Policy Schedule/Certificate of Insurance. No insurance agents, insurance intermediaries or other person or entity is authorized to receive any notice or communication on Our behalf.
18. **Our Rights on the occurrence of loss or damage:** On the occurrence of any loss or damage have given rise to a claim under this Policy, or circumstances that may give rise to a claim, We or Our authorized representatives or surveyors may:

- i. Take possession of or require to be delivered to Us the Insured Asset/Insured Asset/Insured Property, to which the loss or damage has been caused;
- ii. Keep possession of any such Insured Asset/Insured Asset/Insured Property and examine, sort, arrange, remove or otherwise deal with the same; and,
- iii. Sell any such Insured Asset or dispose of the same for account of whom it may concern.

Further, the Insured shall on being required so to do by Us produce all books of accounts, receipts, documents relating to or containing entries relating to the loss or such circumstance in his possession and furnish copies of or extracts from such of them as may be required by Us so far as they relate to such claims or will in any way assist Us to ascertain in the correctness thereof or Our liability under the Policy.

The powers conferred by this condition shall be exercisable by Us at any time until notice in writing is given by the Insured that he makes no claim under the Policy, or if any claim is made until such claim is finally determined or withdrawn. We shall not by any act done in the exercise or purported exercise of its powers hereunder incur any liability to the Insured or diminish its rights to rely upon any of the conditions of this Policy in answer to any claim. If the Insured or any person on his behalf shall not comply with Our requirement or shall hinder or obstruct Us or Our representatives or surveyors in the exercise of the powers hereunder, all Insuring Clauses/benefits under the Policy shall be forfeited at Our sole option.

19. **Electronic Transactions (wherever applicable):** 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 centers, teleservice operations (whether voice, video, data or combination thereof) or through 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.

## 20. **Claim Procedure and Requirements**

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 specified in the Policy Schedule/Certificate of Insurance or through Our website.

### 1. **Section I. Motor Related Covers**

On the occurrence of any event or occurrence which may give rise to a claim under this Policy, the Insured shall:

- Notify Us on Our email ID: [hello@acko.com](mailto:hello@acko.com) or at Our website [www.acko.com/gi](http://www.acko.com/gi) or contact number: **1800 266 2256** immediately, but in any case, within the number of days as specified in Policy Schedule/Certificate of Insurance of such event;
- Lodge a complaint/FIR with the police regarding this incident, where the claim is made under cover “**Key Replacement Cover**”
- Acko may arrange a **physical surveyor or digital inspection** of the damaged vehicle or replaced components before claim approval. (For Garage cash and Loss of Income due to Damage of Vehicle).
- The claim forms and accompanying documents must be returned to us within the stipulated time of making the original claim.
- Provide regulatory requirements as amended from time to time, NEFT (to enable direct credit of claim amount in Bank account) and KYC (recent ID/address proof and photograph) details of the Insured Person;
- Necessary claim documents required are as follow:

Cover Name	Documents
Common documents	<ul style="list-style-type: none"> <li>• Duly filled claim form</li> <li>• Copy of vehicle RC and driver's license</li> <li>• Photographs (if required by insurer)</li> <li>• Any other document (if required)</li> </ul>
Key Replacement Cover	<ul style="list-style-type: none"> <li>• FIR copy</li> <li>• Receipts for replacing locks and/or keys</li> </ul>
Garage Cash	<ul style="list-style-type: none"> <li>• Repair invoice and job card</li> <li>• Proof of vehicle downtime</li> </ul>
Loss of Income due to damage of Vehicle	<ul style="list-style-type: none"> <li>• Repair invoice and job card</li> <li>• Proof of vehicle downtime</li> <li>• Income proof</li> </ul>



## **2. Section II. Home & Business related cover**

### **For Home Building and Content Cover**

If You suffer a loss because of an Insured Event, You must make a claim for Your financial loss at Your cost. The procedure for making a claim is given below. These include things that You must do, and that You must not do. It is important to comply with these to ensure that it does not prejudice Your claim in any manner.

#### **1. Immediate notice to Us**

- a. As soon as any physical loss or damage occurs to Your Home Building or Home Contents due to an Insured Event, You must immediately give notice to Us of the loss or damage. This is necessary for Us to survey/ investigate the loss or damage, as may be required.
- b. You can give notice to any of Our offices or call-centres.
- c. You must state in this notice
  - i. the Policy Number,
  - ii. Your name,
  - iii. details of report to the police that You made,
  - iv. details of report to any Authority that You made,
  - v. details of the Insured Event,
  - vi. a brief statement of the loss,
  - vii. particulars of any other insurance of Your Home Building or any of Your Home Contents,
  - viii. details of loss or damage under any Optional Cover or Add-ons,
  - ix. submit photographs of loss or physical damage, wherever possible.

#### **2. Steps to prevent loss and damage**

- a. You must take all reasonable steps to prevent further loss or damage to Your Home Building and Home Contents.
- b. Until We have inspected Your Home Building and Home Contents, and have given Our consent,
  - i. You must not sell, give away or dispose of any damaged items of any property for which You are making a claim;
  - ii. You must not wash or clean, or remove any damaged item or debris, except for any urgent necessity;
  - iii. You must not carry out repairs, unless such repairs are urgent and You cannot contact Us.

#### **3. Immediate notice to Authorities**

- a. As soon as any loss or damage occurs to the Insured Property, You must give immediate report to appropriate legal authorities. For example, You must report to the fire brigade of the local authority and the police if there is damage by fire/ explosion / implosion or lightning. In case of subsidence/landslide/rockslide, You must inform the District Administration. In the event of impact damage of any kind or Riot Strikes, Malicious damages and acts of terrorism, You must inform the police. If there is a theft within 7 (seven) days following an Insured Event You must inform the police.
- b. We may, but not necessarily, waive this condition if We are satisfied that by reason of extreme hardship it was not possible for You or any other person on Your behalf to give such report.

#### **4. Submit claim**

- a. Claim form:
  - i. You must submit Your claim in Our claim form at the earliest opportunity, but within 30 days from the date You first notice the loss or damage. The claim form is available in any of Our branches, and on Our web-site.
  - ii. You must state in Your claim the details of any other insurance policy that covers the damage or loss for which You have filed Your claim, whether You have purchased such other insurance, or someone else has purchased it for You.
- b. We shall not be liable for any loss or damage after the expiry of 12 months from the happening of the loss or damage unless the claim is the subject of pending action or arbitration. If We disclaim liability for a claim You have made and if the claim is not made a subject matter of a suit in a court of law within a period of 12 months from the date of disclaimer, the claim shall not be recoverable hereunder.

#### **5. Establish loss**

- a. You must prove that the Insured Event has occurred, and the extent of physical loss or damage You have suffered with full details.
- b. When We request,

- i. You must support Your claim for Home Building and/or Home Contents with plans, specification books, vouchers, invoices pertaining to costs incurred by You for reconstruction/replacement/repairs.
- ii. You must allow Us, Our officers, surveyors or representatives to inspect the loss or damage to Your Home Building and/or Home Contents, and to take measurements, samples, damaged items or parts, and photographs that are relevant.
- iii. You must give Us authority to see the relevant records and get information about the Event and Your loss from the police or any other authority.
- c. For Optional Cover of Personal Accident, Death Certificate and Post Mortem report (wherever necessary) shall be submitted.

#### **6. Fraudulent claim**

If You, or anyone on Your behalf, make a false or fraudulent claim, or support a claim with any false or fraudulent statement or documents:

- i. We will not pay,
- ii. We can cancel the Policy: in such a case, You will lose all benefits under this Policy and premium that You have paid, and
- iii. We can also inform the police, and start legal proceedings against You.

#### **7. Other insurance**

- a. If You have any other policy with Us or any other Insurance Company (taken by You or by anyone else for You) covering in whole or in part any claim that You have made under this Policy, You have a right to ask for settlement of Your claim under any of these policies.
- b. If You choose to claim under this Policy from Us, We will settle Your claim within the limits and the terms and conditions of this Policy.
- c. After We pay the amount under Your claim, We have the right to ask for contribution from the Insurers that have given You the other policies.
- d. We will ensure that Our actions do not impose any liability on You.

#### **8. Recovery action by Us**

- a. When We accept and pay Your claim under the Policy, We can start legal proceedings to recover the amount or property from the third party who has caused the loss or damage to Your Home Building or Home Contents. You must give authority to Us to take such action and exercise this right effectively, when We request You, whether before or after making payment of Your claim. You must give all information, cooperation, assistance and help for this purpose. You must not do anything which will prejudice Our right. We can do this
  - i. without seeking Your consent,
  - ii. in Your name, and
  - iii. whether or not Your loss has been fully compensated.
- b. Any amount We recover from such person will be applied first to the costs of the legal proceedings and recovery, then to the claim amount We have paid or must pay to You. We will pay You any balance.

You can start legal proceedings against any person who has caused the loss or damage only with Our prior consent, and on conditions that We will impose. You must not compromise or settle any claim against such person without Our consent. If You recover any amount from such person, You must return to Us the amount We have paid for Your claim. We can take over the conduct of legal proceedings that You have started and continue the proceedings in Your name

#### **For Business Shutdown and Loss of Income Cover**

- Notify Us on Our email ID: [hello@acko.com](mailto:hello@acko.com) or at Our website [www.acko.com/gi](http://www.acko.com/gi) or contact number: **1800 266 2256** immediately, but in any case, within the number of days as specified in Policy Schedule/Certificate of Insurance of such event;
- Acko may arrange a **physical surveyor or digital inspection** verify the damage, assess loss, peril, and inspect the premises components before claim approval. (For Business shutdown cover).
- Acko may verify Employment history, Reason and timing of termination, Continuity of unemployment, EMI obligations
- The claim forms and accompanying documents must be returned to us within the stipulated time of making the original claim.
- Provide regulatory requirements as amended from time to time, NEFT (to enable direct credit of claim amount in Bank account) and KYC (recent ID/address proof and photograph) details of the Insured Person.

- The necessary claim documents required are as follow:

Cover Name	Documents
Common documents	<ul style="list-style-type: none"> <li>Duly filled claim form</li> <li>Photographs (if required by insurer)</li> <li>Any other document (if required)</li> </ul>
Business Shutdown	<ul style="list-style-type: none"> <li>Repair Estimates or Bills of business premise</li> <li>Shop License / Registration Certificate</li> <li>Proof of Business Interruption like, Bank statement showing drop in revenue, GST returns, Sales ledgers, Accountant's certificate (if asked)</li> <li>Fire Department Report (if applicable)</li> <li>Municipal/Local Authority Certificate (if applicable)</li> </ul>
Loss of Income	<ul style="list-style-type: none"> <li>Any documents stating reason for termination/retrenchment/dismissal/Redundancy;</li> <li>Last 3 months salary slips of the Insured Person.</li> <li>Proof of vehicle downtime Proof of loss of income/Non-employment - Form 26AS and Employee Provident Fund passbook copy of the Insured Person. T</li> <li>Termination letter and relieving letter from the Employer of the Insured Person;</li> <li>Appointment / confirmation letter issued by the Employer of the Insured Person;</li> <li>Contact details of human resource personnel - mobile, email id, address and name of Employer and HR personnel;</li> <li>Proof of the Insured Person's job profile/role becoming redundant.</li> <li>Current Loan account statement</li> <li> <b>For concurrent loss of income</b> <ul style="list-style-type: none"> <li>Marriage Certificate/Proof of marriage</li> <li>Last 3 months Salary Slips for Both 3. Proof of Loss of Income/Non-Reemployment - Form 26AS and Employee Provident Fund Passbook for Both</li> <li>Appointment/Confirmation letter from the employer at the time of Claim for Both</li> <li>Termination letter of employer for Both</li> <li>Salary Bank account statement for Both.</li> </ul> </li> </ul>

### 3. Section III. Cyber related cover

- Notify Us on Our email ID: [hello@acko.com](mailto:hello@acko.com) or at Our website [www.acko.com/gi](http://www.acko.com/gi) or contact number: **1800 266 2256** immediately, but in any case, within the number of days as specified in Policy Schedule/Certificate of Insurance of such event.
- Lodge a complaint/FIR with the cyber-crime department or police station (in case of ATM assault and Loss of wallet) regarding this incident, where the claim is made under Section
- Take all steps within his/her power to minimize the extent of loss or damage, and not do anything or tamper the affected Equipment/Account in such a manner which would in any way increase the extent of the loss or further diminish the value;
- Preserve the details of series of events and make them available for inspection by Our representative or surveyor;
- Give Us/Our representatives all reasonable assistance and co-operation in investigating the claim and provide any proof reasonably required to assess Our liability and quantum in respect of such claim.
- Not make any admission or commit to payment of any expenses or liability to any third party without obtaining Our written consent. You must assist us in investigating, defending and settling the third-party claim and assist any lawyer or other expert we appoint on your behalf to defend the third party claim;
- Provide Us with all necessary information and documentation in respect of the claim as indicated in the Schedule/Certificate within 15 days of Us requesting the same. If all essential information and

documentation are not received by Us within such time, then We may condone such delay on merits only where the delay has been proved to be for reasons beyond the claimant's control. For ease of reference, such necessary information and documentation shall include but not be limited to Our duly completed and signed claim form.

Cover Name	Documents
Common documents	<ul style="list-style-type: none"> <li>Duly filled claim form</li> <li>Provide regulatory requirements as amended from time to time, NEFT (to enable direct credit of claim amount in Bank account) and KYC (recent ID/address proof and photograph) details of the Insured Person.</li> <li>Any other document (if required)</li> </ul>
Digital Theft of Funds	<ul style="list-style-type: none"> <li>Copy of FIR filed with police authorities / cyber cell or complaint letter acknowledgement from the police,</li> </ul>
Identity Theft	<ul style="list-style-type: none"> <li>Copy of FIR filed with police authorities / cyber cell or complaint letter acknowledgement from the police.</li> </ul>
Fraudulent charges on Loss of card	<ul style="list-style-type: none"> <li>Proof of Disabling of Card facility at core banking Proof (to be done within 24 hours from the date of realization of loss)</li> <li>Card Statement/ Account Statement for last 6 months indicating Fraudulent Transactions/Unauthorized Use and loss liability.</li> <li>Card Copy / Declaration from the Bank/ financial institution</li> <li>Copy of FIR filed with police authorities / cyber cell or complaint letter acknowledgement from the police.</li> </ul>
ATM Assault & Robbery	<ul style="list-style-type: none"> <li>In case of ATM Robbery, FIR must indicate the exact time of ATM Robbery and distance from the ATM from which the money was withdrawn.</li> <li>Medical bills in case if bodily injury</li> </ul>
Loss of Wallet	<ul style="list-style-type: none"> <li>Original invoice/ proof of purchase of the lost wallet</li> <li>Receipt of cost incurred as replacement costs for the new wallet.</li> <li>Receipts for fee payable to the concerned authorities incurred to applying for / obtain new personal papers and/ or cards</li> </ul>

#### 4. Section IV. Health and travel Related cover

##### Claims Procedure

Processing of claims for Cashless Facility and/or for reimbursement and providing access to the Network Provider will be through Our TPA. Details of the TPA will be available on the health card issued by Us to the Insured Persons and on Our website.

A TPA will be used for accessing Network Providers and for facilitating claim processing.

The updated applicable list of Network Providers will also be available on the TPA's website. Details of applicable Network Providers may also be obtained from the TPA's call center. In advance of availing Cashless Facility from a Network Provider, the updated list may be checked to ensure that the Network Provider can provide Cashless Facility in respect of the Treatment required by the Insured Person.

We, in our sole discretion, reserve the right to modify, add or restrict any Network Provider for providing Cashless facilities under the Policy. Before availing a Cashless facility, the Policyholder / Insured Person is required to check the applicable/latest list of Network Providers on the TPA's or Our website or by calling the TPA's or Our call centre.

##### 1 Condition Precedent

The fulfilment of the terms and conditions of this Policy (including the realisation of premium by their respective due dates) in so far as they relate to anything to be done or complied with by You/Insured Person, including complying with the following steps, shall be Condition Precedent to Our liability under this Policy and admissibility of a claim.

Completed claim forms and the necessary processing documents must be furnished to Us within the stipulated timelines for all claims. Failure to furnish this documentation within the time required shall not

invalidate nor reduce any claim if You / Insured Person can satisfy Us that it was not reasonably possible for You/Insured Person to submit the required forms/documents within such time.

The due intimation, submission of documents and compliance with requirements as provided under the Claims Procedure set out under this Section by the Insured Person shall be essential failing which, We shall not be bound to accept a claim.

**2 Policyholder's / Insured Person's Duty at the time of Claim** On occurrence of an event which may lead to a claim under this Policy, the Insured Person shall:

- i. Forthwith intimate, file and submit the claim form and documents as prescribed in accordance with the procedure set out under Section 3, 4 and 5 as mentioned below.
- ii. If so, requested by Us, the Insured Person must submit himself / herself for a medical examination by Our nominated Medical Practitioner as often as We consider reasonable and necessary. The cost of such examination will be borne by Us.
- iii. Allow the Medical Practitioner or any of Our representatives to inspect the medical and Hospitalization records, investigate the facts and examine the Insured Person.
- iv. Assist and not hinder or prevent Our representatives in pursuance of their duties for ascertaining the admissibility of the claim, its circumstances and its quantum under the provisions of the Policy.

### **3 Claim Intimation**

Upon the discovery or occurrence of an Illness /Injury or any other contingency that may give rise to a claim under this Policy, then as a Condition Precedent to Our liability under the Policy, the Insured Person or the Nominee as the case may be must notify Us / Our TPA either at the call centre or in writing and shall undertake the following.

- i. In the case of Planned Hospitalization - The Insured Person will intimate such admission at least 3 days prior to the planned Date of Admission.
- ii. In the case of Emergency Hospitalization - The Insured Person will intimate such admission within 48 hours of such admission but not later than discharge from the Hospital.

Following details are to be provided to TPA/Us at the time of intimation of claim:

- i. Policy Numbers
- ii. Name of the Policyholder
- iii. Name of the Insured Person in whose relation the claim is being lodged
- iv. Nature of Illness / Injury / Critical Illness
- v. Name and address of the attending Medical Practitioner and Hospital
- vi. Date of Admission
- vii. Any other information that may be reasonably requested by Us

### **4 Cashless Process**

Cashless Facility for Hospitalization expenses shall be limited exclusively to Medical Expenses incurred for Treatment undertaken in a Network Provider.

For all cashless authorisations, Insured Person will, in any event, be required to settle all non-admissible expenses, expenses above specified Sub Limit (if applicable), Co-Payment and / or opted Deductible (Per claim / Aggregate / Group) (if applicable) directly with the Hospital.

### **Pre-Authorisation Process**



The Insured Person can avail Cashless Facility at the time of admission into any Network Provider by presenting the health card as provided by Us with this Policy along with a photo identification proof and address proof (voter ID card / driving license / passport / PAN card / any other identity proof as approved by Us).

**(a) For Planned Hospitalization:**

- i. The Insured Person shall at least 3 days prior to the Date of Admission to the Hospital approach the Network Provider for Hospitalization for undergoing medical Treatment.
- ii. The Network Provider will issue the request for authorisation letter for Hospitalization in the pre-authorisation form.
- iii. The Network Provider shall send the pre-authorisation form along with all the relevant details to the 24 (twenty-four) hour authorisation/ cashless department along with contact details of the treating Medical Practitioner and the Insured Person. Upon receiving the pre-authorisation form and all related medical information from the Network Provider, We will verify the eligibility of cover under the Policy.
- iv. Wherever the information provided in the request is sufficient to ascertain the authorisation and the claim is admissible, We shall issue the authorisation letter to the Network Provider. Wherever additional information or documents are required, We will call for the same from the Network Provider and upon satisfactory receipt of the last necessary documents, the authorisation will be issued.
- v. The authorisation letter will include details of sanctioned amount, diagnosis, and date of approval.
- vi. The authorisation letter shall be valid only for a period of 15 days from the date of issuance of authorisation.

**(b) In case of Emergency Hospitalization**

- i. The Insured Person may approach the Network Provider for Hospitalization for medical Treatment.
- ii. The Network Provider shall forward the request for authorisation to Us within 48 hours of admission to the Hospital as per the process under Section 4 (a) above.
- iii. It is agreed and understood that We may continue to discuss the Insured Person's condition with the treating Medical Practitioner till Our recommendations on eligibility of coverage for the Insured Person are finalised.
- iv. In the interim, the Network Provider may either consider treating the Insured Person by taking a token deposit or treating him as per their norms in the event of any situation which requires saving of life, limb, sight or any other medical Emergency.
- v. The Network Provider shall refund such deposit amount to the Insured Person less any token amount to take care of non-covered expenses once the pre-authorisation is issued.

**Enhancement to Pre-Authorised Amount:**

In the event that the cost of Hospitalization exceeds the authorised limit as mentioned in the authorisation letter:

- i. The Network Provider shall request Us for an enhancement of authorisation limit including details of the specific circumstances which have led to the need for increase in the previously authorised limit. We will verify the eligibility and evaluate the request for enhancement on the availability of further limits.
- ii. We shall accept or decline such request for enhancement of pre- authorised limit for enhancement.

In the event of any change in the diagnosis, plan of Treatment, cost of Treatment during Hospitalization to the Insured Person, the Network Provider shall obtain a fresh authorisation letter from Us in accordance with the process described under 4 (a) above.

**Discharge Process:**

At the time of discharge:

- i. The Network Provider may forward a final request for authorisation for any residual amount to Us along with the discharge summary and the detailed bill break up in accordance with the process described at 4 (a) above.
- ii. Upon receipt of the final authorisation letter from Us, the Insured Person may be discharged by the Network Provider. **Note:** (Applicable to 4(a) & 4(b): Cashless Facility for Hospitalization expenses shall be limited exclusively to Medical Expenses incurred for Treatment undertaken in a Network Provider for Illness or Injury, as the case may be which are specified to be covered under the applicable Benefits under the Policy. For all cashless authorisations, the Insured Person will, in any event, be required to settle all

non-admissible expenses, expenses above specified Sub Limits (if applicable), Co-Payments and / or opted Deductible (Per claim / Aggregate / Group) (if applicable), directly with the Hospital.

### **Submission of Claim Documents:**

The Network Provider will send the claim documents along with the invoice and discharge voucher, duly signed by the Insured Person directly to Us. The following claim documents should be submitted to Us within 15 days from the date of discharge of the Insured Person from the Hospital –

- i. Claim Form duly filled and signed
- ii. Original pre-authorisation request
- iii. Copy of pre-authorisation approval letter (s)
- iv. Copy of Photo ID of Insured Person verified by the Hospitals
- v. Original discharge/death summary
- vi. Operation theatre notes (if applicable)
- vii. Original Hospital main bill and break up bill
- viii. Original investigation reports, X Ray, MRI, CT Films, HPE
- ix. Medical Practitioner's reference slips for investigations/pharmacy
- x. Original pharmacy bills
- xi. MLC/FIR report/post mortem report (if applicable and conducted)

We may call for any additional documents as required based on the circumstances of the claim.

There can be instances where We may deny Cashless Facility for Hospitalization due to insufficient Sum Insured or insufficient information to determine admissibility in which case the Insured Person may be required to pay for the Treatment and submit the claim for reimbursement to Us which will be considered subject to the Policy terms and conditions.

## **5 Claim Reimbursement Process**

### **(a) Collection of Claim Documents for indemnity-based covers**

- i. Wherever the Insured Person has opted for a reimbursement of Medical Expenses, he/she may submit the following documents for reimbursement of the claim to Our branch or head office at his/her own expense not later than 15 days from the date of discharge from the Hospital. The Insured Person can obtain a claim form from any of Our branch offices or download a copy from Our website [www.acko.com/gi](http://www.acko.com/gi).

List of necessary claim documents to be submitted for reimbursement are as following:

- i. Claim Form duly filled and signed
- ii. Copy of Photo ID of Insured Person verified by the Hospitals
- iii. Original discharge/death summary
- iv. Operation theatre notes (if applicable)
- v. Original Hospital main bill and break up bill
- vi. Original investigation reports, X Ray, MRI, CT Films, HPE
- vii. Medical Practitioner's reference slips for investigations/pharmacy
- viii. Original pharmacy bills
- ix. MLC/FIR report/postmortem report (if applicable and conducted)
- x. Any other information relevant to the Injury/Hospitalization/illness

We may call for any additional documents/information as required based on the circumstances of the claim wherever the claim is under further investigation or available documents do not provide clarity.

In case there is a delay in submission of claim documents as specified in 5 (a) above, then in addition to the documents mentioned in 5(a) above, the Insured Person will also be required to provide Us the reason for such delay in writing. We will condone the delay on merit for delayed claims where the delay has been proved to be for reasons beyond the claimant's control.

## 6 Scrutiny of Claim Documents

- i. We shall scrutinise the claim form and the accompanying documents. Any deficiency in the documents shall be intimated to the Insured Person / Network Provider as the case may be.
- ii. If the deficiency in the necessary claim documents is not met or are partially met in 10 working days of the first intimation, We shall remind the Insured Person/Network Provider of the same every 10 (ten) days thereafter.
- iii. We will send a maximum of 3 (three) reminders.
- iv. We may, at Our sole discretion, decide to deduct the amount of claim for which deficiency is intimated to the Insured Person and settle the claim if we observe that such a claim is otherwise valid under the Policy.
- v. In case a reimbursement claim is received when a pre-authorisation letter has been issued, before approving such a claim, a check will be made with the Network Provider whether the pre-authorisation has been utilised as well as whether the Insured Person has settled all the dues with the Network Provider. Once such check and declaration is received from the Network Provider, the case will be processed.

## 7 Claim Assessment

We will pay the fixed or indemnity amount as specified in the applicable Benefit or Benefit Option in accordance with the terms of this Policy.

We will assess all admissible claims under the Policy in the following progressive order –

- i. If any Sub-Limit on Medical Expenses are applicable as specified in the Policy Schedule / Certificate of Insurance, Our liability to make payment shall be limited to the extent of the applicable Sub Limit for that Medical Expense.
- ii. Opted Deductible (Per claim / Aggregate / Group), if any, shall be applicable on the amount payable by Us after applying the above.
- iii. Co-Payments if any, shall be applicable on the amount payable by Us after applying the above.

The claim amount assessed under the Policy will be deducted from the following amounts in the following progressive order (after applying Sub Limit, where applicable):

- i. Opted Deductible (Group / Per claim / Aggregate), & Co-Payments (if opted)
- ii. Sum Insured
- ii. Cumulative Bonus (if applicable)
- iii. Restored Sum Insured (if applicable)
- iv. Additional Buffer (if applicable)

### Claim Assessment for fixed benefits:

We will pay fixed benefit amounts as specified in the Policy Schedule / Certificate of Insurance in accordance with the terms of this Policy. We are not liable to make any reimbursements of Medical Expenses or pay any other amounts not specified in the Policy.

## 8 Claims Investigation

We shall make the payment of admissible claim (as per terms and conditions of the Policy) OR communicate Our rejection/non admissibility of claim under the Policy within 15 days of submission of all necessary documents and information and any other additional information required for the settlement of the claim.

All claims which in Our view require an investigation, will be investigated and settled in accordance with the applicable regulatory guidelines, including the IRDAI(Protection of Policyholders' Interests, Operations

and Allied Matters of Insurers) Regulations, 2024. Where the circumstances of a claim warrant an investigation in Our opinion, We 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, We shall settle or reject the claim, as may be the case, within 30 days from the date of receipt of last necessary document.

### 9 Settlement and Repudiation of a claim

We shall settle the claim within 15 days from the date of receipt of last necessary document in accordance with the provisions of the Master Circular on Protection of Policyholders' Interests, 2024. In the case of delay in the payment of a claim We shall be liable to pay interest the date of intimation till the date of actual payment at a rate 2% above the bank rate.

However, where the circumstances of a claim warrant an investigation in Our opinion, We 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, We shall settle the claim within 30 days from the date of receipt of last necessary document.

In case of delay beyond stipulated timeline We shall be liable to pay interest at a rate 2% above the bank rate from the date of intimation till the date of actual payment.

### 10 Representation against Rejection

Where a rejection is communicated by Us, the Insured Person may, if so desired, within 15 days from the date of receipt of the claim's decision represents to Us for reconsideration of the decision.

### 11 Claim Payment Terms

- i. We shall have no liability to make payment of a claim under the Policy in respect of an Insured Person once the Sum Insured for that Insured Person is exhausted.
- ii. All claims will be payable in India and in Indian rupees.
- iii. We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person could have reasonably minimised the costs incurred, or that is brought about or contributed to by the Insured Person by failing to follow the directions, Medical Advice or guidance provided by a Medical Practitioner.
- iv. The Sum Insured opted under the Policy shall be reduced by the amount payable / paid under the Policy terms and conditions and any Benefit Options applicable under the Policy and only the balance shall be available as the Sum Insured for the unexpired Coverage Period or Policy Year, as the case may be.
- v. If the Insured Person suffers a relapse within 45 days from the date of discharge from the Hospital for which a claim has been made, then such relapse shall be deemed to be part of the same claim and all the limits for "Any one illness" under this Policy shall be applied as if they were under a single claim.

**For Cashless claims,** the payment shall be made to the Network Provider whose discharge would be complete and final.

**For Reimbursement claims,** the payment shall be made to the Insured Person. In the unfortunate event of the Insured Person's death, We will pay the Nominee (as named in the Policy Schedule / Certificate of Insurance) and in case of no Nominee, to the legal heir who holds a succession certificate or indemnity bond to that effect, whichever is available and whose discharge shall be treated as full and final discharge of Our liability under the Policy.

### 5. Section V. Asset Protection related cover

On the occurrence of any event or occurrence which may give rise to a claim under this Policy, the Insured shall:

- a) Notify Us on Our email ID: [hello@acko.com](mailto:hello@acko.com) or at Our website ([www.acko.com](http://www.acko.com)), or contact number: 1800 266 2256 immediately, but in any case, within the number of days as specified in Schedule/Certificate of such event;

- b) Lodge a complaint/FIR with the police regarding this incident, where the claim is made under cover Theft and Burglary.
- c) Take all steps within his/her power to minimize the extent of loss or damage, and not do anything or tamper the affected Insured Asset in such a manner which would in any way increase the extent of the loss or further diminish the value.
- d) Preserve the parts of any Insured Asset affected and make them available for inspection by Our representative or surveyor.
- e) Give Us/Our representatives all reasonable assistance and co-operation in investigating the claim and provide any proof reasonably required to assess Our liability and quantum in respect of such claim.
- f) Not make any admission or commit to payment of any expenses or liability to any third party without obtaining Our written consent.
- g) Provide Us with all necessary information and documentation in respect of the claim as indicated in the Schedule/Certificate within 15 days of Us requesting for the same. If all essential information and documentation are not received by Us within such time, then We will condone such delay on merits only where the delay has been proved to be for reasons beyond the claimant's control. For ease of reference, such necessary information and documentation shall include, but not be limited to Our duly completed and signed claim form, and the below:

Name of cover	Documents required
Theft and Burglary Or Robbery	<ul style="list-style-type: none"> <li>Duly filled and signed Claim Form (attested by an Acko official wherever necessary)</li> <li>Original Policy (Wherever applicable)</li> <li>Invoice of the Equipment/Proof of ownership, care or custody (Wherever applicable)</li> <li>FIR or Police Complaint Report</li> </ul>
Comprehensive Accidental Damage or Accidental Screen Only Damage Breakdown	<ul style="list-style-type: none"> <li>Duly filled and signed Claim Form (attested by an Acko official wherever necessary)</li> <li>Original Policy (Wherever applicable)</li> <li>Invoice of the Equipment/Proof of ownership, care or custody (Wherever applicable)</li> <li>Duly filled and signed Claim Form (attested by an Acko official wherever necessary)</li> <li>Original Policy (Wherever applicable)</li> <li>Invoice of the Equipment/Proof of ownership, care or custody (Wherever applicable)</li> <li>Manufacturer Warranty Certificate (if not submitted during the issuance of policy wherever necessary)</li> <li>Proof of non-settlement of defects/breakdown by the OEM (optional)</li> <li>The import and/or sale of such Insured Asset is evidenced by an Invoice or a certificate/card issued by such wholesaler or retailer or Service Contractor (optional)</li> </ul>

\*Any other details (if required) which are not mentioned here might be asked by Acko.

#### Section VI. Necessary claim documents for all the add-on cover

- Notify Us on Our email ID: [hello@acko.com](mailto:hello@acko.com) or at Our website [www.acko.com/gi](http://www.acko.com/gi) or contact number: **1800 266 2256** immediately, but in any case, within the number of days as specified in Policy Schedule/Certificate of Insurance of such event;
- The claim forms and accompanying documents must be returned to us within the stipulated time of making the original claim.

Cover Name	Documents
Common Documents	<ul style="list-style-type: none"> <li>Duly filled claim form</li> <li>Provide regulatory requirements as amended from time to time, NEFT (to enable direct credit of claim amount in Bank account) and KYC (recent ID/address proof and photograph) details of the Insured Person.</li> <li>Any other document (if required)</li> </ul>
Terrorism	<ul style="list-style-type: none"> <li>According the Terrorism clause attached</li> </ul>
Temporary Resettlement Expenses Cover	<ul style="list-style-type: none"> <li>Photographs (if required by insurer)</li> <li>Certificate of Uninhabitability</li> </ul>



	<ul style="list-style-type: none"> <li>• Boarding and Lodging receipt</li> <li>• Invoices for storage of furniture or valuables</li> <li>• Bills for essential household procurement</li> <li>• Loss Assessment Report by surveyor (if required)</li> <li>• Invoice from packers and movers with GST details</li> </ul>
Personal Liability Cover	<ul style="list-style-type: none"> <li>• FIR or Police Complaint (especially in case of injury or significant property damage)</li> <li>• Written compensation claim or demand from third party.</li> <li>• Identity and Address Proof</li> <li>• Legal Notice or Court Summons</li> <li>• Legal fee proof</li> </ul>
Brokerage Expenses	<ul style="list-style-type: none"> <li>• Broker ID card</li> <li>• Verified Brokerage Bill</li> </ul>
Delay in Salary Payment:	<ul style="list-style-type: none"> <li>• Employment Proof (Appointment Letter or Employment Contract)</li> <li>• Last 3 Salary Slips preceding the delayed salary month</li> <li>• Employer Confirmation or letter confirming salary delay</li> <li>• Bank Statement showing non-credit of salary for the claimed month</li> <li>• Loan statement / EMI schedule showing EMI due</li> </ul>
Rescinding of Offer Letter	<ul style="list-style-type: none"> <li>• Copy of the original offer letter from the prospective employer</li> <li>• Formal withdrawal letter or email from the employer rescinding the offer</li> <li>• Loan statement / EMI schedule showing EMI due</li> <li>• Self-declaration confirming current unemployment status</li> </ul>

#### Claims Payment (Applicable to all the section)

- Claims made in respect of an Insured under any of the Insuring Clauses applicable to the Insured shall be subject to the availability of the Sum Insured, and applicable Sub-limits, Co-payment, and Deductibles specified in the Policy Schedule/Certificate of Insurance against the Insuring Clause(s).
- We shall make the payment of claim that has been admitted as payable by Us under the Policy within 15 days of submission of all necessary documents and information and any other additional information required for the settlement of the claim.
- All claims will be investigated (as required) and settled in accordance with the applicable regulatory guidelines, including the IRDAI(Protection of Policyholders' Interests, Operations and Allied Matters of Insurers) Regulations, 2024 .
- In case survey report is required, the surveyor shall submit the survey report to Us within fifteen days of allocation. We shall decide on the claim within seven days of receipt of the survey report or after expiry of fifteen days from allocation of the claim to the surveyor whichever is earlier.
- Upon acceptance of an offer of settlement by You, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by Us.  
In the event the claim is not settled within 15 days of the stipulated time, We shall be liable to pay interest at a rate, which is 2% above the bank rate from the date of intimation till the date of actual payment.
- The manner of settlement of any Claims made under this Policy will be as per the settlement option specified in the Policy Schedule/Certificate of Insurance, in accordance with the respective claim settlement process.

#### 5. GRIEVANCE REDRESSAL

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](mailto: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).

You can also write to [grievance@acko.com](mailto: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](mailto:gro@acko.com)

Postal Address: Acko General Insurance Limited 36/5 Hustlehub One East, Somasandrapalya, 27<sup>th</sup> 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. Where the grievance is not resolved, the insured may, subject to vested jurisdiction, approach the Insurance Ombudsman for the redressal of grievance. The details of the Insurance Ombudsman are available below:

Sl. No	Office of Insurance Ombudsman	Address	Email	Landline NOs.
1	AHMEDABAD	Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001.	oio.ahmedabad@cioins.co.in	079 - 25501201/02
2	BENGALURU	Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078.	oio.bengaluru@cioins.co.in	080 - 26652048 / 26652049
3	BHOPAL	1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Arera Hills Bhopal – 462 011.	oio.bhopal@cioins.co.in	0755 - 2769201 / 2769202 / 2769203
4	BHUBANESWAR	62, Forest park, Bhubaneswar – 751 009.	oio.bhubaneswar@cioins.co.in	0674 - 2596461 / 2596455/2596429 / 2596003
5	CHANDIGARH	Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017.	oio.chandigarh@cioins.co.in	0172-2706468
6	CHENNAI	Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet CHENNAI – 600 018.	oio.chennai@cioins.co.in	044 - 24333668 / 24333678
7	DELHI	2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002.	oio.delhi@cioins.co.in	011 - 46013992/232135 04/23232481
8	GUWAHATI	Jeevan Nivesh, 5th Floor, Near Pan Bazar , S.S. Road, Guwahati – 781001(ASSAM).	oio.guwahati@cioins.co.in	0361 - 2632204 / 2602205 / 2631307
9	HYDERABAD	6-2-46, 1st floor, "Moin Court", Lane Opp. Hyundai Showroom, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004.	oio.hyderabad@cioins.co.in	040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325
10	JAIPUR	Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005.	oio.jaipur@cioins.co.in	0141- 2740363
11	KOCHI	10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G.Road, Kochi - 682 011.	oio.ernakulam@cioins.co.in	0484 - 2358759
12	KOLKATA	Hindustan Bldg. Annexe, 7th Floor,	oio.kolkata@cioins.co.in	033 - 22124339 / 22124341

		4, C.R. Avenue, KOLKATA - 700 072.		
<b>13</b>	LUCKNOW	6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001.	oio.lucknow@cioins.co.in	0522 - 4002082 / 3500613
<b>14</b>	MUMBAI	3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054.	oio.mumbai@cioins.co.in	022 - 69038800/27/29/3 1/32/33
<b>15</b>	NOIDA	Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301.	oio.noida@cioins.co.in	0120-2514252 / 2514253
<b>16</b>	PATNA	2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001.	oio.patna@cioins.co.in	0612-2547068
<b>17</b>	PUNE	Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030.	oio.pune@cioins.co.in	020-24471175
<b>18</b>	THANE	2nd Floor, Jeevan Chintamani Building, Vasantrao Naik Mahamarg, Thane (West)- 400604	oio.thane@cioins.co.in	022-20812868/69

The updated details of Insurance Ombudsman offices are also available at the IRDAI's website at [www.irdai.gov.in](http://www.irdai.gov.in) , or on the website of Council for Insurance Ombudsmen at [www.cioins.co.in](http://www.cioins.co.in) or on the Our website at [www.acko.com/gi](http://www.acko.com/gi)

## ANNEXURE TO THE POLICY

### **1. Agreed Bank Clause (Applicable to II.4. Home Building and Home Content Cover)**

If You have mortgaged, hypothecated or created any security over Your Home or any of its Contents in favour of a Bank, and the Bank has an interest in the Policy, the name of such Bank will also be shown in the Policy Schedule under the title 'Agreed Bank Clause'. If You choose to add the name of such Bank at any time during the Policy Period, this will be shown as an Endorsement. Under this Clause You agree as follows:

- i. We shall pay to the Bank the entire amount that We are liable to pay under this Policy. Such Bank will receive it for its own demand, and as agent for any other person interested in the amount.
- ii. When We pay the amount to the Bank, Our liability under this Policy will be discharged, and will be binding on all of You and all persons named as the insured.
- iii. Any notice or communication We make to the Bank under the provisions of this Policy shall be sufficient notice or communication to You.
- iv. Any settlement or compromise that We make with the Bank will be binding on You and all persons named as the insured. However, such settlement or compromise will not affect the rights of the Bank to recover any amount from You or any other person.
- v. If You make any change in the use of Your Home or sell or transfer the Insured Property, such actions will not prejudice the interest of the Bank under the Policy and this clause, unless the condition has been broken by the Bank or its employees.
- vi. If You commit any act or omission that will increase the risk, the insurance cover will not be invalidated. However, the Bank shall notify Us of any change or ownership, or alterations and increase in risks as soon they become known to the Bank, and shall pay additional premium from the time of such change.
- vii. When We pay the amount to the Bank, We will become legally and automatically subrogated to all rights of the Bank to the extent of such payment. This will not impair or prejudice the rights of the Bank to recover any amount from You or any other person. N.B: The Bank shall mean the first named Financial Institution/Bank named in the policy.

### **2. Terrorism Clause (Applicable to Terrorism cover)**

Subject otherwise to the terms, exclusions, provisions and conditions contained in the Policy and in consideration of the payment by the Insured to the Company of additional premium as stated in the Original Policy Schedule, it is hereby agreed and declared that notwithstanding anything stated in the 'Terrorism Risk Exclusion' of this Policy to the contrary, this Policy is extended to cover physical loss or physical damage occurring during the period of this Policy caused by an act of sabotage and/or terrorism to the location/s mentioned in the schedule subject to the exclusions, limits and excess described hereinafter.

For the purpose of this cover, an act of terrorism means an act or series of acts, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), or unlawful associations, recognized under Unlawful Activities (Prevention) Act, 1967 (as amended from time to time) or any other related and applicable national or state legislation formulated to combat unlawful and terrorist activities in the nation for the time being in force, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public or any section of the public in fear for such purposes.

For the purpose of this cover, an act of sabotage means a subversive act or series of such acts committed for political, religious or ideological purposes including the intention to influence any government and/or to put the public in fear for such purposes.

This cover also includes loss, damage, cost or expense directly caused by, resulting from or in connection with any action taken in suppressing, controlling, preventing or minimizing the consequences of an act of sabotage and/or terrorism by the duly empowered government or Military Authority.

Provided that if the Insured is eligible for indemnity under any government compensation plan or other similar scheme in respect of the damage described above, this Policy shall be excess of any recovery due from such plan or scheme.

For the purpose of the aforesaid inclusion clause, "Military Authority" shall mean armed forces, paramilitary forces, police or any other authority constituted by the government for maintaining law and order.

### **Losses Excluded**

1. loss by seizure or legal or illegal occupation;
2. loss or damage caused by:
  - (i) voluntary abandonment or vacation,
  - (ii) confiscation, commandeering, nationalisation, requisition, detention, embargo, quarantine, or any result of any order of public or government authority, which deprives the Insured of the use or value of its property;
3. loss or damage arising from acts of contraband or illegal transportation or illegal trade;
4. loss or damage directly or indirectly arising from or in consequence of the seepage and or discharge of pollutants or contaminants, which pollutants and contaminants shall include but not be limited to any solid, liquid, gaseous or thermal irritant, contaminant or toxic or hazardous substance or any substance the presence, existence or release of which endangers or threatens to endanger the health, safety or welfare of persons or the environment;
5. loss or damage arising directly or indirectly from or in consequence of chemical or biological emission, release, discharge, dispersal or escape or chemical or biological exposure of any kind;
6. loss or damage arising directly or indirectly from or in consequence of asbestos emission, release, discharge, dispersal or escape or asbestos exposure of any kind.
7. any fine, levy, duty, interest or penalty or cost or compensation/damages and/or other assessment which is incurred by the Insured or which is imposed by any court, government agency, public or civil authority or any other person;
8. loss or damage by electronic means including but not limited to computer hacking or the introduction of any form of computer virus or corrupting or unauthorised instructions or code or the use of any electromagnetic weapon. This exclusion shall not operate to exclude losses (which would otherwise be covered under this Policy) arising from the use of any computer, computer system or computer software programme or any other electronic system in the launch and/or guidance system and/or firing mechanism of any weapon or missile;
9. loss or damage caused by vandals or other persons acting maliciously or by way of protest or strikes, labour unrest or riots;
10. loss or increased cost occasioned by any public or government or local or civil authority's enforcement of any ordinance or law regulating the reconstruction, repair or demolition of any property insured hereunder;
11. any consequential loss or damage, loss of use, delay or loss of markets, loss of income, depreciation, reduction in functionality, or increased cost of working;
12. loss or damage caused by factors including but not limited to cessation, fluctuation or variation in, or insufficiency of, water, gas or electricity supplies and telecommunications or any type of service;
13. loss or increased cost as a result of threat or hoax;
14. loss or damage caused by or arising out of burglary, house - breaking, looting, theft, larceny or any such attempt or any omission of any kind of any person (whether or not such act is committed in the course of a disturbance of public peace) in any action taken in respect of an act of sabotage and/or terrorism;
15. loss or damage caused by mysterious disappearance or unexplained loss;
16. loss or damage directly or indirectly caused by mould, mildew, fungus, spores or other micro-organism of any type, nature or description, including but not limited to any substance whose presence poses an actual or potential threat to human health;
17. total or partial cessation of work or the retardation or interruption or cessation of any process or operations or omissions of any kind;
18. Any loss due to fines or damages for breach of contract, or penalties of whatever nature;
19. Any infidelity, fraudulent, dishonest or criminal act by any director, officer or trustee of the



- Insured whether acting alone or in collusion with others;
20. Any debt, insolvency or commercial failure, whether to provide bond or security or otherwise, or any other financial cause of any party or person whatsoever.
  21. loss or damage caused by Civil Commotion, Insurrection, Revolution or Rebellion, Mutiny and/or Coup d'Etat and Civil War except as may be insured specifically under any Political Violence Extension to this cover;
  22. Third party liability howsoever arising except as may be insured specifically under any Third-Party Liability Extension to this cover.

**Limit of Indemnity**

The limit of indemnity under this cover shall not exceed the Total Sum Insured given in the Policy Schedule or INR 20,000,000,000 per compound/location whichever is lower.

In respect of sabotage and/or terrorism cover for dwellings, limit of indemnity shall not exceed Total Sum Insured as mentioned in the Policy Schedule or INR 4,000,000,000 per compound/location whichever is lower.

In respect of several locations being covered under a single policy on a floater basis, the maximum aggregate loss suffered from all the locations mentioned in the Policy schedule shall not exceed Total Sum Insured as mentioned in the Policy Schedule or INR 20,000,000,000/- whichever is lower

In respect of several insurance policies within the same compound/location with one or different insurers, the maximum aggregate loss payable per compound/location by any one or all insurers, shall be INR 20,000,000,000. If the actual aggregate loss suffered at one compound/location is more than INR 20,000,000,000, the amounts payable towards individual policies shall be reduced in proportion to the sum insured of the policies.

**Excess\***

Shops & Residential Risks: 1% of the claim amount for each and every claim subject to Minimum of INR 10,000 and Maximum of INR 500,000

Non-Industrial Risks: 1% of the claim amount for each and every claim subject to Minimum of INR 25,000 and Maximum of INR 1,000,000

Industrial Risks: 5% of the claim amount for each and every claim subject to Minimum of INR 100,000 and Maximum of INR 25,00,000

\*Whichever is applicable

**Add On Covers**

It is further declared and agreed that the limit of indemnity including the claim on add on cover(s) shall not exceed total sum insured plus separate sublimit opted for add on cover(s) or INR 20,000,000,000 whichever is lower. In respect of several insurance policies within the same compound/location, the maximum aggregate loss payable per compound/location by any one or all insurers shall be INR 20,000,000,000.

In respect of sabotage and/or terrorism cover for long term dwellings, limit of indemnity including the claim on add on cover(s) shall not exceed total sum insured plus separate sublimit opted for add on cover(s) or INR 4,000,000,000/- whichever is lower. In respect of several insurance policies within the same compound/location, the maximum aggregate loss payable per compound/location by any one or all insurers shall be INR 4,000,000,000/-

**Mid Term Cover**

In case the coverage under this endorsement is granted during the currency of the policy, no claims will be payable for loss or damage to property caused by an act of sabotage and/or terrorism occurring during the first 15 (fifteen) days from the date of granting such cover. There should be no known or recorded/reported losses from ground up including threats/hoaxes from date of inception of policy to the date of granting such cover.

**Sanction, Limitation and Exclusion Clause**

No (re)insurer shall be deemed to provide cover and no (re)insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that (re)insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

### Cancellation Clause

Notwithstanding the cancellation provisions relating to the basic insurance policy on which this endorsement is issued, there shall be no refund of premium allowed for cancellation of the Sabotage and/or Terrorism risk insurance during the period of insurance except where such cancellation is done along with the cancellation of the basic insurance. Where a policy is cancelled and rewritten mid-term purely for the purpose of coinciding with the accounting year of the insured, pro-rate refund of the cancelled policy premium will be allowed.

If the cancellation is for any other purpose, refund of premium will only be allowed after charging short term scale rates.

Note: The definitions, terms and conditions of main Policy save as modified or endorsed herein shall apply.

### 3. Critical Illness

The Critical Illnesses specified below shall be covered under the Critical Illness Benefit in the below combination, as may be specified in the Schedule or Certificate of Insurance:

S.NO	CRITICAL ILLNESS	GROUP			
		15 CI's	18 CI's	25 CI's	36 CI's
1	Cancer of Specified Severity	√	√	√	√
2	Kidney Failure Requiring Regular Dialysis	√	√	√	√
3	Multiple Sclerosis with Persisting Symptoms	√	√	√	√
4	Major Organ / Bone Marrow Transplant	√	√	√	√
5	Open Heart Replacement or Repair of Heart Valves	√	√	√	√
6	Open Chest CABG	√	√	√	√
7	Permanent Paralysis of Limbs	√	√	√	√
8	Myocardial Infarction (First Heart Attack – of Specific Severity)	√	√	√	√
9	Stroke Resulting in Permanent Symptoms	√	√	√	√
10	Benign Brain Tumor	√	√	√	√
11	Parkinson's Disease	√	√	√	√
12	Coma of Specified Severity	√	√	√	√
13	End Stage Liver Failure	√	√	√	√
14	Alzheimer's Disease	√	√	√	√
15	Aorta Graft Surgery	√	√	√	√
16	Major Burns	x	√	√	√
17	Loss of Hearing (Deafness)	x	√	√	√
18	Loss of Speech	x	√	√	√
19	Loss of Vision (Blindness)	x	x	√	√
20	Motor Neurone Disease with Permanent Symptoms	x	x	√	√
21	Loss of Limbs	x	x	√	√
22	Aplastic Anaemia	x	x	√	√
23	End Stage Lung Failure	x	x	√	√

24	Primary (Idiopathic) Pulmonary Hypertension	x	x	√	√
25	Bacterial Meningitis	x	x	√	√
26	Apallic Syndrome or Persistent Vegetative State (PVS)	x	x	x	√
27	Coronary Angioplasty (PTCA)[1]	x	x	x	√
28	Encephalitis	x	x	x	√
29	Fulminant Hepatitis	x	x	x	√
30	Chronic Relapsing Pancreatitis	x	x	x	√
31	Major Head Trauma	x	x	x	√
32	Medullary Cystic Disease	x	x	x	√
33	Muscular Dystrophy	x	x	x	√
34	Poliomyelitis	x	x	x	√
35	Systemic Lupus Erythematosus	x	x	x	√
36	Brain Surgery	x	x	x	√