

## ACKO ALL IN ONE SECURE POLICY

## PROSPECTUS

## INTRODUCTION

“Acko All in one Secure Policy” covers Retail Customer as well as Group Administrators as per the guidelines on Group Insurance policies by IRDAI. This product is structured as a comprehensive package policy, offering consolidated insurance coverage across multiple lines of business, including Motor, Fire, Health, Liability and Other Miscellaneous. It is designed in accordance with applicable regulatory guidelines to ensure compliance while facilitating unified risk protection under a single policy framework.

## Coverage:

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	Name of the Covers
<b>I.</b>	<b>Motor Related Covers</b>
1	Key Replacement Cover
2	Garage Cash
3	Loss of Income Due to Damage of Vehicle
<b>II.</b>	<b>Home and Business Related Covers</b>
4	Home Building and Home Content Cover
5	Business shutdown
6	Loss of Income
<b>III.</b>	<b>Cyber Protection Related Covers</b>
7	Digital theft of Funds
8	Identity Theft
9	Fraudulent Charge on Loss of Card
10	ATM Assault and Robbery
11	Loss of Wallet coverage
<b>IV.</b>	<b>Health and Travel Related Covers</b>
12	Personal Accident
13	Hospicash Benefit Due to Self-Hospitalization
14	Critical Illness
15	EMI Protection
16	Trip Cancellation
<b>V.</b>	<b>Asset Protect Related Covers</b>
17	Theft & Burglary
18	Robbery
19	Damage
	19.1. Comprehensive Accidental Damage
	19.2. Accidental Screen Only Damage
20	Breakdown
<b>VI.</b>	<b>Add-on covers</b>
21	Terrorism cover
22	Temporary Resettlement Expenses Cover
23	Personal Liability Cover
24	Brokerage Expenses
25	Delay in Salary Payment
26	Rescinding of Offer Letter
27	Breakdown Assistance Services

## **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.

### **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.

### **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.

## **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
<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 of any article or thing outside Your Home, or of any article or thing attached from the outside of the outer walls or the roof of Your Home, unless securely mounted.

## 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.

## 6. Loss of Income

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

- 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.
- 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.

### **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.

#### **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”.

## 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.

## 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.
- 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.
  - 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.
  - 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;
  - 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;

- c. 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;
- d. 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.
- e. 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:

- a. 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
- b. 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;
- c. 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:

- a. 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.
- b. 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.
- c. Only one fixed lumpsum allowance amount is payable of Hospitalization, regardless of number of the Illnesses contracted/Injuries sustained.

#### 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.

## 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.

## 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.

## **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.

## 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.

## **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)

### 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.

## 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

For detailed coverage, kindly refer to the policy wordings.

### GENERAL EXCLUSIONS:

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.

For specific exclusion, kindly refer to the policy wordings.

### 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></ul>

	<ul style="list-style-type: none"> <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

- 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.
- You can give notice to any of Our offices or call-centres.
- You must state in this notice
  - the Policy Number,
  - Your name,
  - details of report to the police that You made,
  - details of report to any Authority that You made,
  - details of the Insured Event,
  - a brief statement of the loss,
  - particulars of any other insurance of Your Home Building or any of Your Home Contents,
  - details of loss or damage under any Optional Cover or Add-ons,
  - submit photographs of loss or physical damage, wherever possible.

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

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

#### 3. Immediate notice to Authorities

- 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.
- 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

- Claim form:
  - 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.
  - 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.
- 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

- You must prove that the Insured Event has occurred, and the extent of physical loss or damage You have suffered with full details.
- 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/qi](http://www.acko.com/qi) 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> </ul>



	<ul style="list-style-type: none"> <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)</li> </ul>

	and KYC (recent ID/address proof and photograph) details of the Insured Person. <ul style="list-style-type: none"> <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
- iii. Cumulative Bonus (if applicable)
- iv. Restored Sum Insured (if applicable)
- v. 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> </ul>

	<ul style="list-style-type: none"> <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> <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 .

- d. 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.
- e. 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.
- f. 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.

## General 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:**
- 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.
  - 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:
- 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;
  - Keep possession of any such Insured Asset/Insured Asset/Insured Property and examine, sort, arrange, remove or otherwise deal with the same; and,
  - 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.

## 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.