

Customer Information Sheet

This document provides only key information about your policy. Please refer to the policy document for detailed terms and conditions. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.

SI No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Product Name	Acko Property Protect Policy	
2	Unique Identification Number (UIN) allotted by IRDAI	IRDAN157RPMS0014V01202627	
3	Structure	<p>Indemnity Based Sections:</p> <p>In Section I:</p> <ul style="list-style-type: none"> Property Damage (Building/Content/Stock (as opted by customer)) Business Shutdown Cover Options <ul style="list-style-type: none"> Additions, alterations or extensions (Excluding Stocks): Stocks at many locations on floater basis: Temporary Removal of Stocks Cover for Specific Contents Start-up Expenses Professional Fees Cost for Removal of Debris Cost Compelled by Municipal Regulation <p>In Section II:</p> <ul style="list-style-type: none"> Cash In-Transit Cash In-Safe <p>In Section III:</p> <ul style="list-style-type: none"> Digital theft of Funds Identity Theft Fraudulent Charge on Loss of Card ATM Assault and Robbery Lost Wallet coverage <p>In Section IV:</p> <ul style="list-style-type: none"> Key Replacement Cover Asset Downtime Allowance <p>In Section V:</p> <ul style="list-style-type: none"> Missed Bill Cover <p>Section VII</p> <ul style="list-style-type: none"> Personal Liability Cover Assistance Services 	

		<p>Fixed Benefit Base sections</p> <p>In Section IV:</p> <ul style="list-style-type: none"> Loss of Income Due to Damage of Asset <p>In Section V:</p> <ul style="list-style-type: none"> Personal Accident Hospicash Benefit Critical Illness EMI Protection <p>Section VI</p> <ul style="list-style-type: none"> Theft Burglary & Robbery Damage Breakdown 					
4	Interests Insured	Individual Customer and Group Customers.					
5	Sum Insured	As per Policy Schedule					
6	Policy Coverage	<p><u>Section 1. Property Damage</u></p> <p>We give insurance cover for physical loss or damage, or destruction caused to Insured Property by the following unforeseen event(s) as opted by Insured and is/are occurring during the Policy Period.</p> <p>The events covered are given in Column A and those not covered in respect of these events are given in Column B.</p> <table border="1"> <thead> <tr> <th>COLUMN A</th> <th>COLUMN B</th> </tr> </thead> <tbody> <tr> <td> <p>We cover physical loss or damage, or destruction caused to the Insured Property by</p> <p>Fire, Lightning, Explosion and Aircraft Damage (FLEXA) Loss or damage caused by fire, lightning, explosion or implosion, aircraft damage (including articles dropped therefrom), or impact damage (excluding impact by the Insured's own vehicles or machinery).</p> </td> <td> <p>We do not cover any loss or damage, or destruction caused to the Insured Property caused by:</p> <ul style="list-style-type: none"> It's undergoing any heating or drying process, or burning of Insured Property by order of any Public Authority. caused by pressure waves caused by aircraft or other aerial or space </td> </tr> </tbody> </table>	COLUMN A	COLUMN B	<p>We cover physical loss or damage, or destruction caused to the Insured Property by</p> <p>Fire, Lightning, Explosion and Aircraft Damage (FLEXA) Loss or damage caused by fire, lightning, explosion or implosion, aircraft damage (including articles dropped therefrom), or impact damage (excluding impact by the Insured's own vehicles or machinery).</p>	<p>We do not cover any loss or damage, or destruction caused to the Insured Property caused by:</p> <ul style="list-style-type: none"> It's undergoing any heating or drying process, or burning of Insured Property by order of any Public Authority. caused by pressure waves caused by aircraft or other aerial or space 	4.i
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			<p>devices travelling at sonic or supersonic speeds.</p> <ul style="list-style-type: none"> caused by vehicle, animal or aircraft belonging to or owned by Insured or their employee while acting in the course of employment caused to boilers, economizers or other vessels, machinery or apparatus in which steam is generated, or their contents, resulting from their own explosion or implosion, or caused by centrifugal forces. 	
		Bush Fire, Forest Fire, Jungle Fire and Smoke	-	
			-	
		<p>Riot, Strike and Malicious Damage (RSMD) Loss or damage caused by riot, strike, labour disturbances, civil commotion or malicious acts, excluding acts of terrorism.</p>	<ul style="list-style-type: none"> total or partial cessation of work or the retardation or interruption or cessation of any process or operations or omissions of any kind, temporary or permanent dispossession, confiscation, commandeering, requisition or destruction by order of the government or any lawful authority, or 	

			<ul style="list-style-type: none"> temporary or permanent dispossession of any Building by unlawful occupation by any person. 	
		Storm, Typhoon, Flood and Inundation (STFI) Loss or damage caused by storm, cyclone, typhoon, hurricane, tornado, flood or inundation.	-	
		Earthquake Physical loss or damage, or destruction caused to Insured Property by Earthquake, Volcanic Eruption or other convulsion of nature.	-	
		Terrorism Physical loss or damage, or destruction caused to Insured Property by the Act of Terrorism occurring during the Policy Period	Coverage and exclusions under this will be as per Terrorism clause Annexure	
		Subsidence of the land on which Your Premises stand, Landslide, Rockslide	Caused by: <ul style="list-style-type: none"> normal cracking, settlement or bedding down of new structures, the settlement or movement of made-up ground, coastal or river erosion, defective design or workmanship or use of defective materials, or demolition, construction, structural alterations or repair 	

			of any property, or ground works or excavations.	
		Missile Testing Operation	loss, destruction or damage caused by pressure waves	
		Bursting or overflowing of water tanks, apparatus and pipes,	-	
		Leakage from automatic sprinkler installations	<ul style="list-style-type: none"> • repairs or alterations in the Building in which Your Business is located, • repairs, removal or extension of any sprinkler installation, or • defects in the construction known to You. 	
		Theft after an Insured Event (With in 7 days): physical loss or damage, or destruction caused to Insured Property by Theft within 7 days from the occurrence of and proximately caused by any of the Insured Events	We do not cover for loss or damage, or destruction due to theft of any article or anything located outside Your Premises, or of any article or anything attached from the outside of the outer walls or the roof of Your Premises, unless securely mounted.	

		<p>For the purpose of this Section, coverage under this Policy shall be extended, at the option of the Insured, to any one or more of the following property categories, as opted by insured and expressly specified in the Policy Schedule/Certificate of Insurance:</p> <ul style="list-style-type: none"> i. Building only cover: If Insured has opted for this option, premium is paid and specified in the Policy Schedule/ certificate of Insurance than We will indemnify the Insured against direct physical loss of, damage to, or destruction of the insured building structure including fixtures and fittings permanently attached thereto, as mentioned in the policy schedule/certificate of insurance. ii. Contents: If Insured has opted for this option, premium is paid and specified in the Policy Schedule/ certificate of Insurance than We will indemnify the Insured against direct physical loss of, damage to, or destruction of the contents within the insured premises, including but not limited to furniture, fixtures, equipment or Portable Electronic Devices. iii. Stock: If Insured has opted for this option, premium is paid and specified in the Policy Schedule/ certificate of Insurance than We will indemnify the Insured against direct physical loss of, damage to, or destruction of the stock-in-trade, including raw materials, finished goods and goods in process. iv. Business Shutdown: If Insured has opted for this option, premium is paid and specified in the Policy Schedule/ certificate of Insurance than We will indemnify Insured for the Sum Insured as mentioned in the Policy Schedule/Certificate of Insurance for physical loss or damage, or destruction caused to Insured’s shops/business by the Insured events opted by Insured 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. <p>The Sum Insured will be payable as per the waiting period defined in the Policy Schedule/Certificate of Insurance.</p> <p><u>Section 2. Cash Protect</u></p>	<p>4.ii</p>
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		<p><u>I. Cash In-Transit</u></p> <p>If Insured has opted for this cover, premium is paid and mentioned in the Policy Schedule/Certificate of Insurance then We will indemnify the Insured against loss of cash in coins and/or notes arising from burglary, robbery or theft whilst such cash is in the custody of the Insured or duly authorised employees and in the course of transit during business hours or office hours, up to the Sum Insured mentioned in the Policy Schedule/Certificate of Insurance.</p> <p>For the purposes of this cover, “transit” shall mean the conveyance of money between specified locations by the Insured or duly authorised employees.</p> <p>Specific Conditions Applicable to I. Cash In-Transit</p> <ul style="list-style-type: none"> • You must maintain proper records of all cash carried in transit. • The insurance company can inspect these records anytime. • Take all reasonable steps to safeguard the Money, any means by which the Cash is in Transit. <p><u>II. Cash In-safe</u></p> <p>If Insured has opted for this cover, premium is paid and mentioned in the Policy Schedule/Certificate of Insurance then We will indemnify the Insured against the loss of Cash from a Safe and/or Strong Room in the premises mentioned in the Policy Schedule/Certificate of Insurance caused by Burglary or Robbery or hold-up, upto the Sum Insured mentioned in the Policy Schedule/Certificate of Insurance.</p> <p>The liability of the Company shall be limited to the actual amount of cash lost or damaged, as evidenced by proper records which are available and/or stored in a secure location separate from the safe or vault in which such cash were stored.</p> <p>Specific Conditions Applicable to II. Cash In-Safe</p> <ul style="list-style-type: none"> • You must maintain proper records of all cash In-safe. • The insurance company can inspect these records anytime. 	4.iii
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		<ul style="list-style-type: none"> • Take all reasonable steps to safeguard the Money, any means by which the Cash is In-Safe. <p><u>Section 3. Cyber Protection Related Covers</u></p> <p><u>I. Digital Theft of Funds</u></p> <p>If Insured has opted for this cover, premium is paid and mentioned in the policy schedule, We will indemnify You upto the sum insured as mentioned in the policy schedule for any direct financial loss that You sustain and is not compensated for by the issuing bank, financial institution or mobile wallet company or similar to that caused:</p> <ol style="list-style-type: none"> 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 device or otherwise by digital or electronic means, and/or. As a consequence of You being a victim of phishing or email spoofing, Theft and Burglary provided that: <ol style="list-style-type: none"> 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 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. <p>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.</p> <p>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</p>	
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		<p>was above the required threshold and it fell short directly as a result of the covered incident.</p> <p>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).</p> <p>I. <u>Identity Theft</u></p> <p>If Insured has opted for this cover, premium is paid and mentioned in the Policy Schedule/Certificate of Insurance, We will indemnify You against the following losses resulting from Identity Theft upto the sum insured as mentioned in the policy schedule/certificate of insurance:</p> <ol style="list-style-type: none"> a. Any direct financial losses including, provided that: <ol style="list-style-type: none"> 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. <p>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.</p> <p>III. <u>Fraudulent Charge on Loss of Card</u></p> <p>If Insured has opted for this cover, paid the premium, and mentioned in the Policy Schedule/Certificate of Insurance, We will reimburse the unauthorized charges made on your lost credit or debit card.</p> <p>This reimbursement will be up to the Sum Insured</p>	<p>4.iv</p>
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		<p>as mentioned in the Policy Schedule/Certificate of Insurance and will cover charges that Insured is responsible for, from the time period mentioned in the Policy Schedule/ Certificate of Insurance up to when Insured first report the loss to the card issuer, and for up to 7 days after reporting the incident.</p> <p>IV. <u>ATM Assault and Robbery</u> If Insured has opted for this cover, premium is paid and mentioned in the Policy Schedule/Certificate of Insurance, We will reimburse Insured for the following up to the Sum Insured as mentioned in the Policy Schedule/Certificate of Insurance if the event specified occurs within the Policy Period as mentioned in the Policy Schedule/Certificate of Insurance:</p> <p>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.</p> <p>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”.</p> <p>V. <u>Lost Wallet Coverage</u> If Insured has opted for this cover, premium is paid and mentioned in the policy schedule/certificate of insurance We will reimburse You for any one or all of the following(as mentioned in the policy schedule/certificate of insurance), up to the limit specified below and always limited to the Sum Insured as mentioned in the Policy schedule/Certificate of Insurance when Your wallet is lost or stolen during the Policy Period.</p> <p>1. Replacement costs for the Lost or stolen wallet not exceeding amount mentioned in your Policy Scheule/Certificate of Insurance.</p> <p>2. Application fees for applying for new Personal papers and/or Payment cards.</p> <p>3. Money and/or cheque(s) up to amount of Rs 500 provided that there is valid claim under 1 and 2 above.</p>	
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		<p><u>Section 4. Asset Consequential and Ancillary Loss Covers</u></p> <p><u>I. Key Replacement Cover</u> If Insured has opted for this cover, premium is Paid and mentioned in the policy schedule/certificate of insurance We will reimburse the insured, subject to the terms and limits specified in the Policy Schedule/Certificate for the cost incurred towards replacing the Insured Assets’s key if the key is lost, stolen or damaged, or repairing the lock-set, if the lock-set or key is damaged.</p> <p><u>Specific Conditions Applicable to I. Key Replacement Cover</u> The cover provided is subject to the following conditions:</p> <ul style="list-style-type: none"> • A claim resulting from burglary or theft is supported by a First Information Report (FIR) with the Police. • The replaced keys/ lock/ lockset should be of same nature and kind as the one for which the claim is being made. • Any loss or damage to the keys/ lock/ lockset is reported to Acko within 30 days of such loss or damage • Replacement of key(s) only would be done only for broken or damaged keys. In case of theft of key(s), entire set comprising of key, lock and lockset would be replaced. <p><u>II. Asset Downtime Allowance</u> If Insured has opted for this cover, premium is Paid and mentioned in the policy schedule/certificate of insurance , In case Your Insured asset is under repair in authorized service center due to accidental damage to the asset, We 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 asset.</p> <p><u>Specific Conditions Applicable to II. Asset Downtime Allowance</u></p> <ul style="list-style-type: none"> • The repair must be carried out in the network/authorised Service Center. • The asset must be in the authorised service center for a minimum no. of days mentioned in the Policy Schedule/Certificate of Insurance. 	
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		<ul style="list-style-type: none"> ● The insured should have a valid driving license, if vehicle is damaged as an asset. <p>II. <u>Loss of Income Due to Damage of Asset</u></p> <p>If Insured has opted for this cover, premium is Paid and mentioned in the policy schedule/certificate of insurance, We will pay a fixed amount as mentioned in the policy schedule/certificate of insurance based on the type/class of asset, in the event of Insured Person suffers a loss of income due to damage to the Insured asset arising from the covered Perils listed below and is under repair for at least number of days as mentioned in the Policy Schedule/Certificate of Insurance or in the event of theft, if the asset is not recovered within 90 days from the date of theft.</p> <p>Covered Perils:</p> <p>Following is the list of perils listed through which asset may be damaged:</p> <ol style="list-style-type: none"> i. by fire explosion self-ignition or lightning, ii. by burglary housebreaking or theft, iii. by riot and strike, iv. by earthquake (fire and shock damage), v. by flood typhoon hurricane storm tempest inundation cyclone hailstorm frost, vi. by accidental external means, vii. by landslide or rockslide. <p><u>Section 5. Health Related Covers</u></p> <p>I. <u>Personal Accident</u></p> <p>If Insured has opted for this cover, Premium is paid and mentioned in the Policy Schedule/Certificate of Insurance then the following Benefits shall be payable in the event of the Insured Person sustaining an Injury due to an Accident.</p> <p>Claims under this coverage shall be admissible subject to the fulfilment of the following conditions:</p> <ol style="list-style-type: none"> i. The date of Accident occurs during the Policy Period as specified in the Policy Schedule Certificate of Insurance; and ii. The hospitalization is certified as Medically Necessary by the treating Medical Practitioner. iii. If a claim is accepted, the total amount payable under Accidental Death, Permanent Total Disability, and Permanent Partial Disability, for the same Insured Person, shall not exceed the 	
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		<p>Common Death or Disability Sum Insured. Our total liability shall be limited accordingly.</p> <p>A. <u>Accidental Death Benefit</u> If an Insured Person sustains an Injury due to an Accident that occurs during the Policy Period and such Injury solely and directly results in the death of insured person within 365 days from the date of the Accident, We shall pay the Sum Insured as mentioned in policy schedule/certificate of insurance. 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.</p> <p>B. <u>Permanent Total Disability</u> If an Insured Person sustains an Injury due to an Accident that occurs during the Policy Period, and such 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:</p> <table border="1" data-bbox="553 1150 1313 1915"> <thead> <tr> <th data-bbox="553 1150 1313 1182">Nature of Permanent Total Disability</th> </tr> </thead> <tbody> <tr> <td data-bbox="553 1182 1313 1213">Total and irrecoverable loss of sight in both eyes</td> </tr> <tr> <td data-bbox="553 1213 1313 1245">Loss by physical separation or total and permanent loss of use of both hands or both feet</td> </tr> <tr> <td data-bbox="553 1245 1313 1276">Loss by physical separation or total and permanent loss of use of one hand and one foot</td> </tr> <tr> <td data-bbox="553 1276 1313 1308">Total and irrecoverable loss of sight in one eye and loss of a Limb</td> </tr> <tr> <td data-bbox="553 1308 1313 1339">Total and irrecoverable loss of hearing in both ears and loss of one Limb/ loss of sight in one eye</td> </tr> <tr> <td data-bbox="553 1339 1313 1371">Total and irrecoverable loss of hearing in both ears and loss of speech</td> </tr> <tr> <td data-bbox="553 1371 1313 1402">Total and irrecoverable loss of speech and loss of one Limb/ loss of sight in one eye</td> </tr> <tr> <td data-bbox="553 1402 1313 1434">Permanent, total and absolute disability (not falling under any one the above) which results in the</td> </tr> <tr> <td data-bbox="553 1434 1313 1465">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</td> </tr> </tbody> </table>	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	
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		<p>For the purpose of this Benefit:</p> <ol style="list-style-type: none"> 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. <p>C. Permanent Partial Disability</p> <p>If an Insured Person sustains an Injury due to an Accident that occurs during the Policy Period, and such 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:</p> <table border="1" data-bbox="548 772 1313 1919"> <thead> <tr> <th data-bbox="548 772 987 884">Nature of Permanent Partial Disability</th> <th data-bbox="987 772 1313 884">Percentage of the Sum Insured payable</th> </tr> </thead> <tbody> <tr> <td data-bbox="548 884 987 974">i. Total and irrecoverable loss of sight in one eye</td> <td data-bbox="987 884 1313 974">50%</td> </tr> <tr> <td data-bbox="548 974 987 1037">ii. Loss of one hand or one foot</td> <td data-bbox="987 974 1313 1037">50%</td> </tr> <tr> <td data-bbox="548 1037 987 1100">iii. Loss of all toes - any one foot</td> <td data-bbox="987 1037 1313 1100">10%</td> </tr> <tr> <td data-bbox="548 1100 987 1163">iv. Loss of toe great - any one foot</td> <td data-bbox="987 1100 1313 1163">5%</td> </tr> <tr> <td data-bbox="548 1163 987 1253">v. Loss of toes other than great, if more than one toe lost, each</td> <td data-bbox="987 1163 1313 1253">2%</td> </tr> <tr> <td data-bbox="548 1253 987 1344">vi. Total and irrecoverable loss of hearing in both ears</td> <td data-bbox="987 1253 1313 1344">50%</td> </tr> <tr> <td data-bbox="548 1344 987 1434">vii. Total and irrecoverable loss of hearing in one ear</td> <td data-bbox="987 1344 1313 1434">15%</td> </tr> <tr> <td data-bbox="548 1434 987 1539">viii. Total and irrecoverable loss of speech</td> <td data-bbox="987 1434 1313 1539">50%</td> </tr> <tr> <td data-bbox="548 1539 987 1629">ix. Loss of four fingers and thumb of one hand</td> <td data-bbox="987 1539 1313 1629">40%</td> </tr> <tr> <td data-bbox="548 1629 987 1692">x. Loss of four fingers</td> <td data-bbox="987 1629 1313 1692">35%</td> </tr> <tr> <td data-bbox="548 1692 987 1755">xi. Loss of thumb-both phalanges</td> <td data-bbox="987 1692 1313 1755">25%</td> </tr> <tr> <td data-bbox="548 1755 987 1818">xii. Loss of thumb-one phalanx</td> <td data-bbox="987 1755 1313 1818">10%</td> </tr> <tr> <td data-bbox="548 1818 987 1881">xiii. Loss of index finger-three phalanges</td> <td data-bbox="987 1818 1313 1881">10%</td> </tr> <tr> <td data-bbox="548 1881 987 1919">xiv. Loss of index</td> <td data-bbox="987 1881 1313 1919">8%</td> </tr> </tbody> </table>	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	8%	
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xiv. Loss of index	8%																																

		<p>finger-two phalanges 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%</p>	
		<p>D. 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.</p> <p>For the purpose of this Benefit:</p> <ul style="list-style-type: none"> • Dependent Child means a child of the Insured Person who is less than Age 25 and does not have any independent source of income. <p>This Benefit will be payable provided that:</p> <ol style="list-style-type: none"> a. We have accepted a claim under the Benefit A.(Accidental Death Benefit) or Benefit B.(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 A.(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. <p>II. HospiCash Benefit If Insured has opted for this cover, Premium is paid, mentioned in the Policy Schedule/Certificate of Insurance and an Insured Person requires Hospitalization due to an Illness or Injury, sustained or contracted during the Coverage Period, then We will pay the fixed lump sum amount as mentioned in the Policy Schedule / Certificate of Insurance, for</p>	<p>4.vi</p>

		<p>each continuous and completed period of 24 hours of Hospitalisation for a maximum number of days as mentioned in Your Policy Schedule / Certificate of Insurance against this cover.</p> <p>This benefit will be payable provided that:</p> <ol style="list-style-type: none"> 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. Only one fixed lumpsum allowance amount is payable for Hospitalization, regardless of number of the Illnesses contracted/Injuries sustained. <p>III. Critical Illness</p> <p>If Insured has opted for this cover, Premium is paid and mentioned in the policy schedule/Certificate of Insurance then the following Benefits shall trigger if the Insured Person is diagnosed with the 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:</p> <ol style="list-style-type: none"> i. The Insured Person is First Diagnosed with Critical Illness during the Coverage Period ii. Such Critical Illness leading to the Surgical Procedure first occurs or manifests during the Coverage Period as a first incidence; iii. The Insured Person is covered for such Critical Illness or Surgical Procedure, as mentioned in the Policy Schedule / Certificate of Insurance. iv. First Diagnosis of the Critical Illness is made during life-time of the Insured Person, i.e., no Benefit shall be payable if 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 	
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		<p>and in a form suitable for sharing with Us.</p> <p>We shall pay the percentage of Sum Insured as 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:</p> <ol style="list-style-type: none"> a) The Insured Person survives the applicable Survival Period as mentioned in the Policy Schedule / Certificate of Insurance. b) The Critical Illness or Surgical Procedure does not occur within the applicable Waiting Period mentioned in the Policy Schedule / Certificate of Insurance against this Benefit (or against any Critical Illness), from the Risk Commencement Date. <p>IV. <u>EMI Protection</u></p> <p>If the Insured Person has opted for this cover, premium is paid and mentioned in the Policy Schedule / Certificate of Insurance, We will provide the Benefit in accordance with the terms, conditions and exclusions of this Policy.</p> <p>This Benefit becomes payable if the Insured Person is unable to pay the Equated Monthly Instalments (EMIs) of a Loan, as specified in the Policy Schedule / Certificate of Insurance, due to an Illness or Injury as mentioned in the policy schedule/ certificate of insurance, occurring during the Coverage Period.</p> <p>In such cases, We will pay the EMI amount(s) due on the outstanding Loan for the number of months specified in the Policy Schedule / Certificate of Insurance, subject to the maximum limit stated therein</p> <p>V. <u>Missed Bill Cover</u></p> <p>If insured has opted for this cover, premium is paid and mentioned in the policy schedule/certificate of Insurance, If an Insured Person defaults payment of a credit card bill or an essential utility bill such as water, electricity or gas, on or before the due date for making such payment due to an Illness or Injury, as specified in the Policy Schedule / Certificate of Insurance, suffered or contracted during the Coverage Period, then We will pay the amount specified in Policy Schedule / Certificate of Insurance towards the bill including penalty levied on the Insured Person for non-payment of such bill amount within the due date.</p>	<p>4.vii</p>
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		<p><u>Section 6. Asset Protection related Covers</u></p> <p>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.</p> <p>I. <u>Theft</u></p> <p>If Insured has opted for this cover, Premium is paid and mentioned in the Policy Schedule/Certificate of Insurance, In the event of any Theft of 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 as mentioned in the Policy Schedule/Certificate.</p> <p>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.</p> <p>II. <u>Burglary & Robbery</u></p> <p>If Insured has opted for this cover, Premium is paid and mentioned in the Policy Schedule / Certificate of Insurance, In the event of burglary & robbery of the Insured asset mentioned in the Policy Schedule, occurring during the Policy Period, in accordance with the claim settlement provisions, up to the sum insured or fixed benefit mentioned in the Policy Schedule/Certificate of insurance.</p> <p>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 property/asset.</p> <p>III. <u>Damage</u></p> <p>a. <u>Comprehensive Accidental Damage</u></p> <p>If insured has opted for this cover, Premium is paid and mentioned in the Policy Schedule/Certificate of Insurance, In the event</p>	
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		<p>of any Physical Damage or Liquid Damage to an Insured asset due solely and directly to any external, involuntary and unforeseeable cause 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.</p> <p>b. 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.</p> <p>IV. Breakdown If Insured has opted for this cover, Premium is paid and mentioned in the Policy Schedule / Certificate of Insurance, In the event of any Breakdown of an Insured asset as mentioned in the policy schedule/certificate of insurance, occurring 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 of Insurance. 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.</p> <p><u>Section 7. Optional Covers</u> 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 Optional covers.</p>	
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		<p>I. Personal Liability</p> <p>If Insured has opted for this optional cover, Premium is paid and mentioned in the policy schedule/Certificate of Insurance then We will cover the compensation and Litigation Expenses (incurred with Our prior written consent) upto the sum insured as 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.</p> <p>This cover will be subject to:</p> <ul style="list-style-type: none"> • It can only be opted if insured has opted for Section 1 Property Damage of this policy. • All the terms and conditions of Section 1 Property Damage will be applicable. <p>II. Assistance Services</p> <p>If Insured has opted for this optional cover, Premium is paid and mentioned in the policy schedule then We shall provide the following assistance services. The services offered may include, but are not limited to the following:</p> <ul style="list-style-type: none"> • Vehicle Performance check-up and related diagnostic or maintenance services • General check-up or diagnostic services for Insured Asset or contents • Wellness programs, including annual health check-ups <p>Specific Conditions</p> <ul style="list-style-type: none"> • This cover only provides service and does not include the actual cost of parts. • Detailed list of assistance services will be as specified in the policy schedule / certificate of insurance. • The insured must schedule the service through Acko's approved platform or service provider. • Services are subject to geographical availability and vendor participation in the area. • Any event where services have been availed of without the prior consent of Acko will not be considered. • Any services availed in this cover will not give rise to claim under the policy. 	
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7	Add-on Cover	Not Applicable	
8	Loss Participation	Please specify following as per Policy Schedule/Certificate of Insurance: Co-Payment: Sub-Limit: Deductible/Excess:	
9	Exclusions	<p>General Exclusions: We do not cover losses and expenses for any loss or damage or destruction of the Insured Property that is directly or indirectly as a result of or is caused by or arising from events, stated below:</p> <ol style="list-style-type: none"> 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. Your deliberate, wilful or intentional act or omission, or of anyone on Your behalf, or with Your connivance 6. Usage, consumption or abuse of alcohol and/or narcotic substances. 7. Participation (aggravation) in any kind of strike, processions, riots etc whether peaceful or violent. 8. Any act of self-destruction or self-inflicted injury, attempted suicide or suicide. 9. 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. 10. 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. 	5.General Exclusions applicable to the Policy

		<p>11. Any consequential or indirect losses or expenses related to any Insured Event.</p> <p>12. Any tests and treatment relating to infertility and in vitro fertilization.</p> <p>13. Any Injury / Illness occurring whilst engaging in any Adventure Sports, either as an instructor/trainer, or as a participant.</p> <p><i>For specific exclusion, kindly refer to the policy wordings</i></p>	
10	Special Conditions and Warranties	As mentioned in the Policy Schedule/Certificate of Insurance	
11	Admissibility of Claim	<p>Admissibility of Claim:</p> <ul style="list-style-type: none"> • Immediately notify Us about the incident which can lead to claim under this Policy. • The Insured Person submit us the claim form and the document proof. • No admission of liability without the prior written consent of the Company. • Take all steps within Your power to minimize the extent of loss or damage; • Forward Us every letter, writ, summons in relation to Your claim as soon as You receive it. • Authorize Us to obtain records and other information. <p>Reporting of Loss Occurrence: Call our Helpline numbers 1800 266 2256 or Email us - hello@acko.com.</p> <p>Notice shall be given to the Company immediately upon the occurrence of any accidental loss or damage in the event of any claim. Thereafter You shall give all such information and assistance as the Company shall require.</p> <p>Procedure to be followed:</p> <p>a. Notify Us on Our email ID: hello@acko.com or at Our website www.acko.com/gi, or contact number: 1800 266 2256 immediately, but in any case, within the number of days as specified in Schedule/Certificate of such event;</p>	6.20

		<p>b. 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).</p> <p>c. 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.</p> <p>d. 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 .</p> <p>e. 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.</p> <p>f. 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.</p> <p>g. 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.</p> <p>For any section wise claim admissibility please refer to Policy wordings</p> <p>Reasonable Care: The Insured shall take all the necessary steps to ensure that the Property Insured is protected against any kinds of damage or loss and shall properly maintain the Property Insured.</p> <p>Situations where your Claim might get Rejected: Due to exclusions mentioned in the Policy Wordings. Please refer exclusions provided in the Policy Wordings.</p>	
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		<p>Sample Claim Calculation Process (Section V.I.A – Accidental Death Benefit)</p> <p>Sum insured Opted - Rs 500,000</p> <p>Deductible/ Excess – Nil</p> <p>This being benefit policy, SI will be paid in case of claim – INR 500,000</p> <p>Total Admissible claim amount as per Policy terms and Condition – INR 500,000</p> <p>Claim payable under the policy – INR 500,000</p> <p>(Please Note: Above mentioned calculation is for sample purpose, it may vary on claim-to-claim basis, coverage basis, nature of claim and as per the terms and conditions mentioned in the policy schedule)</p> <p>Claim process will be as per section opted by You and mentioned in the Policy Schedule.</p>	
12	Policy Servicing- Claim Intimation and Processing	<p>Company Officials: Acko General Insurance Limited, 2nd floor, #36/5, Hustlehub One East, 27th Main Rd, Sector 2, HSR Layout, Bengaluru, Karnataka - 560102</p> <ul style="list-style-type: none"> • Our website: http://www.acko.com/gi • Email: hello@acko.com • Toll Free: 1800 266 2256 	
13	Grievance Redressal and Policyholders Protection	<p>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</p> <p>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).</p> <p>Senior Citizens Support: Phone: 080-62370023 Email: grievance.healthseniorcitizen@acko.com</p> <p>Complaints will be acknowledged within 24 hours of receipt. A final resolution will be provided within 14 days from receipt of the complaint you can also write to grievance@acko.com. Your complaint will be acknowledged by us within 24 working hours.</p> <p>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</p> <p>Grievance Redressal Officer:</p>	7. Grievance Redressal

		<p>Email: gro@acko.com Postal Address: Acko General Insurance Limited 36/5 Hustlehub One East, Somasandrapalya, 27th Main Road Sector 2, HSR Layout, Karnataka Bangalore – 560102</p> <p>The Grievance Redressal 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 by registering a complaint online on the Bima Bharosa platform (https://bimabharosa.irdai.gov.in/).</p> <p>Insurance Ombudsman for Redressal, whose details are given below: General Manager Consumer Affairs Department- Grievance Redressal Cell Website: https://cioins.co.in/Ombudsman If your complaint remains unresolved within 30 days of lodging it with us, you may approach the Insurance Ombudsman at: https://cioins.co.in/Complaint</p>	
14	Obligation of the Policy Holder	<ul style="list-style-type: none"> • To disclose all information correctly sought correctly by insurer at the time of filling the proposal form. • In case of any change/ modification/ addition to the already declared information the same shall be brought to the notice of the insurer immediately. • Non- disclosure of material information may affect the claim settlement. 	

Declaration by the Policy Holder;

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

Place:

Date:
Policyholder)

(Signature of the