

ACKO PROPERTY PROTECT POLICY

CLAIM FORM

NOTE: The submission of this Claim Form is not to be taken as an admission of liability by Acko General Insurance Ltd.

Please complete this form in CAPITAL LETTERS completely and sign the same. Please do not leave any column unanswered. Mention "N/A", if not applicable.

To be completed by Insured Person / Claimant

I. DETAILS OF INSURED:

Policy No: _____
Insured Name: _____
Address: _____
City: _____ State: _____ Pin Code: _____
Telephone number: _____ Mobile: _____ Office: _____
Email (Optional): _____

II. DETAILS OF THE INSURED IN RESPECT OF WHOM CLAIM IS MADE:

Name of claimant: _____
Address: _____
City: _____ State: _____ Pin Code: _____
Telephone number: _____ Mobile: _____ Office: _____
Email (Optional): _____
Policy/Certificate No: _____
Date of Incident: DD/MM/YYYY Time: HH:MM hrs
Place of Incident: _____
Details of Incident: _____

Whether reported to Police: Yes No
(If Yes, Name, Address and Contact of Police Station): _____

First Information Report (FIR) No: _____
FIR Date: DD/MM/YYYY

III. DETAILS OF WITNESSES

Was there any witness to the Incident: Yes No (If Yes, complete the following)
Name of claimant: _____
Address: _____
City: _____ State: _____ Pin Code: _____
Telephone number: _____ Mobile: _____ Office: _____

Note: Please attach all original witness statements if already obtained

IV. DETAILS OF BENEFITS CLAIMED:

Section	Name of the Covers	Claim made (Yes/No)	Claim Amount (If known)
i.	Property Damage		
1	Building/Content/Stock		
2	Business Shutdown		
ii.	Cash Protect		
1	Cash In-Transit		
2	Cash In-Transit		
iii.	Cyber Protection Related Covers		
1	Digital theft of Funds		
2	Identity Theft		
3	Fraudulent Charge on Loss of Card		
4	ATM Assault and Robbery		
5	Loss of Wallet coverage		
iv	Asset Consequential and Ancillary Loss Covers		
1	Key Replacement Cover		
2	Asset Downtime Allowance		
3	Loss of Income due to damage of Asset		
v.	Health Related Covers		
1	Personal Accident		
2	Hospicash Benefit		
3	Critical Illness		
4	EMI Protection		
5	Missed Bill Cover		
vi.	Asset Protect Related Covers		
1	Theft		
2	Burglary & Robber		
3	Damage		
	3.1. Comprehensive Accidental Damage		
	3.2. Accidental Screen Only Damage		
4	Breakdown		
vii.	Optional covers		
1	Personal Liability Cover		
2	Assistance Services		

V. DOCUMENTS REQUIRED FOR SUBMISSION OF CLAIM:

For Section i. Property Damage

Cover Name	Documents
Common documents	<ul style="list-style-type: none"> Duly filled claim form

	<ul style="list-style-type: none"> • Photographs (if required by insurer) • Any other document (if required)
Business Shutdown	<ul style="list-style-type: none"> • Repair Estimates or Bills of business premise • Shop License / Registration Certificate • Proof of Business Interruption like, Bank statement showing drop in revenue, GST returns, Sales ledgers, Accountant's certificate (if asked) • Fire Department Report (if applicable) • Municipal/Local Authority Certificate (if applicable)
Terrorism	<ul style="list-style-type: none"> • According the Terrorism clause attached

For Section ii. Cash Protect

Cover Name	Documents
Common documents	<ul style="list-style-type: none"> • Duly filled and signed claim form • FIR / police complaint copy • Detailed loss statement and claim estimate • Cash records (books, registers, or logs) • Any other supporting documents as required
Cash In-Transit	<ul style="list-style-type: none"> • Proof of transit (route, time, personnel details) • Authorization proof of employee carrying cash • Records of cash carried in transit • Evidence of incident (if available)
Cash In-Safe	<ul style="list-style-type: none"> • Cash records maintained separately from safe/vault • Proof of safe/strong room security and access controls • Evidence of burglary/robbery/hold-up • Records verifying amount of cash stored

Section III. Cyber related cover

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

For Section iv- Asset Consequential and Ancillary Loss Covers sections

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

Section v. Health Related cover

- 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)

Section vi. Asset Protection related cover

Name of cover	Documents required
Theft, Burglary & Robbery	<ul style="list-style-type: none"> Duly filled and signed Claim Form (attested by an Acko official wherever necessary) Original Policy (Wherever applicable) Invoice of the Equipment/Proof of ownership, care or custody (Wherever applicable) FIR or Police Complaint Report
Comprehensive Accidental Damage or Accidental Screen Only Damage Breakdown	<ul style="list-style-type: none"> Duly filled and signed Claim Form (attested by an Acko official wherever necessary) Original Policy (Wherever applicable) Invoice of the Equipment/Proof of ownership, care or custody (Wherever applicable) Duly filled and signed Claim Form (attested by an Acko official wherever necessary) Original Policy (Wherever applicable) Invoice of the Equipment/Proof of ownership, care or custody (Wherever applicable) Manufacturer Warranty Certificate (if not submitted during the issuance of policy wherever necessary) Proof of non-settlement of defects/breakdown by the OEM (optional) 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)

Section vii. Necessary claim documents for all the optional cover

Cover Name	Documents
Common Documents	<ul style="list-style-type: none"> Duly filled claim form Provide regulatory requirements as amended from time to time, bank details (to enable direct credit of claim amount in Bank account) and KYC (recent ID/address proof and photograph) details of the Insured Person.

	<ul style="list-style-type: none">• Any other document (if required)
Personal Liability Cover	<ul style="list-style-type: none">• FIR or Police Complaint (especially in case of injury or significant property damage)• Written compensation claim or demand from third party.• Identity and Address Proof• Legal Notice or Court Summons• Legal fee proof

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

VI. DETAILS OF BANK ACCOUNT FOR CLAIM PAYMENT:

Please furnish the details below along with copy of cancelled cheque.
Bank Name: _____
Bank Branch: _____
Bank Account Number: _____
IFSC Code: _____ MICR Code: _____

VII. DECLARATION:

I hereby declare that the information furnished in this claim form is true, complete and accurate to the best of my knowledge and belief. If I have made any false or untrue statement, or I have suppressed or concealed any material fact with respect to questions asked in relation to this claim, my right to claim any benefits under the Policy shall be forfeited.

I also consent and authorize Acko General Insurance Ltd, to seek necessary documents from the Service Provider who has serviced on the person against whom this claim is made.

Date: DD/MM/YYYY _____ Signature of Claimant: _____
Place: _____

VIII. DIRECT FUND TRANSFER / EFT MANDATE FORM:

(Submission of documents or bank details or any other information does not in any way, shape or form, imply or express or suggest admission of liability by the company.)

A) Would you like to opt for Electronic Fund Transfer as mode of payment? Yes No

B) If Yes, kindly provide the below mentioned details:

Payee Name (as per bank records): _____
Payee Account No.: _____
Type of Account: _____
Name of the Bank: _____ Branch Name: _____
Address of the Bank: _____
IFSC Code of the Bank: _____ MICR Code No. of the Bank: _____
Permanent Account Number (PAN) of Payee: _____

1. Please attach an ORIGINAL BLANK CANCELLED CHEQUE signed by the Payee.
2. Please attach a PAN CARD copy of Payee.

Terms and conditions for payment through RTGS/NEFT

1. The details provided by the Customers in the Mandate Form shall be considered as final and Acko General Insurance Ltd. shall not be responsible for cross verification of any of the details provided therein.
2. The RTGS / NEFT facility shall be effective for the respective Customer(s) within 15 days of the receipt of the Mandate Form by Acko General Insurance Ltd. and or within such period as may be reasonably required by Acko General Insurance Ltd. to activate the RTGS / NEFT facility.
3. The customer agrees that under the RTGS / NEFT facility, there may be a risk of non-payment in the Account of Customer on the day of the credit of Payments due to change in the applicable regulations pertaining to RTGS / NEFT facility or due to any other reasons without any fault / inaction / failure on part of Acko General Insurance or any factor beyond the control of Acko General Insurance Limited.
4. The customer agrees to indemnify, without delay or demur, Acko General Insurance Ltd. and its agents and keep Acko General Insurance Ltd. and its agent indemnified harmless at all times from and against any and all claims, damages, losses, costs, and expenses (including attorney's fees) which Acko General Insurance Ltd. may suffer or incur, directly or indirectly, arising from or in connection with, amongst other things, either of the aforesaid reasons stated in above clauses.
5. Acko General Insurance Ltd. may sub-contract and employ agents to carry out any of its obligations under the RTGS / NEFT facility. The Customer may discontinue or terminate the use of RTGS / NEFT facility by giving a minimum of 15 days prior written notice to Acko General Insurance Ltd. The date of notice for Acko will be the date of receipt of such notice by Acko. The notice of such termination should be given to Acko only at its corporate address and be addressed at 2nd Floor, #36/5, Hustlehub One East, Somasandrapalya 27th Main Rd, Sector 2, HSR Layout, Bengaluru, Karnataka, 560102.
6. A confirmation of the receipt of termination notice given by the Customer will be acknowledged through a confirmation letter by Acko General Insurance Ltd. In no case can the Customer construe his termination notice as effective unless a confirmation has been provided by Acko to the Customer stating the date of receipt of such communication by the Customer.
7. The Customer agrees that transaction(s) through RTGS / NEFT facility may attract inward RTGS / NEFT charges, which if levied by the Customer's bank, shall be borne by the Customer.
8. Acko has the absolute discretion to amend or supplement any Terms and Conditions stated herein at any time and will endeavour to give prior notice of Ten days for such changes wherever feasible for the terms and conditions to be applicable. By using the new services, or at the completion of such period, whichever is earlier, the customers shall be deemed to have accepted the changes terms and conditions.
9. Submission of documents or bank details or any other information does not in any way, shape or form, imply or express or suggest admission of liability by the company.
10. Notices under these terms and conditions may be given in writing by delivering them by hand or e-mail or on Acko General Insurance Ltd. website www.acko.com/gi or by sending them by post to the last address of the Customer.
11. These terms and conditions will be governed by the laws of India and any legal action or proceedings arising out of these Terms and Conditions shall be initiated in the courts or tribunals at Mumbai in India

Date: DD/MM/YYYY
Place

Signature of Claimant: _____

