

ACKO PROPERTY PROTECT POLICY

PROSPECTUS

(UIN: IRDAN157RPMS0014V01202627)

Important Notice to Prospective Policyholders

This Prospectus provides a summary of the Policy and is not a substitute for the detailed Policy Wordings. In case of any difference or clarification, the Policy Wordings will prevail. You are advised to read the Policy Wordings carefully.

1. Product Overview

1.1 Nature of the Product

The Acko Property Protect Policy is a modular package insurance product designed for retail/individual customers and group / commercial customers. It brings together multiple categories of risk protection under a single policy framework, providing flexibility to the insured to select the coverage modules relevant to their specific needs.

The Policy is divided into seven Sections, comprising six Base Sections and one Optional Covers Section.

The Base Covers can be selected on a pick-and-choose basis. However, at least one Base Cover must be selected to opt for any cover under the Optional Covers Section

1.2 Who Can Buy This Policy?

- Individual/retail/Group/Commercial customers seeking comprehensive protection for their property, health and assets
- Business owners — shops, offices, warehouses requiring property and liability protection
- Loan account holders seeking EMI and financial protection covers

1.3 Policy Territory

The Policy applies to insured events occurring within India, unless specifically extended. All payments are made in Indian Rupees.

2. COVERAGE DETAILS

2.1. Section 1 — Property Damage

Covers direct physical loss, damage or destruction to insured property (Building, Contents including portable electronic devices, furniture, fixtures and fittings, and/or Stock) and Business Shutdown, as opted by customer and mentioned in the Policy Schedule / Certificate of Insurance, caused by selected insured events.

Insured Events Available (selectable — minimum 1 required):

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

Sr. No.	Column A	Column B
1	<p>Fire, Lightening, 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>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 devices travelling at sonic or supersonic speeds. • caused by vehicle, animal or aircraft belonging to or owned by Insured or their employee while acting in the course of employment

		<ul style="list-style-type: none"> 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.
2	Bush Fire, Forest Fire, Jungle Fire and Smoke	<ul style="list-style-type: none"> 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.
3	Riot, Strike and Malicious Damage (RSMD) Loss or damage caused by riot, strike, labour disturbances, civil commotion or malicious acts, excluding acts of terrorism.	<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 temporary or permanent dispossession of any Building by unlawful occupation by any person.
4	Storm, Typhoon, Flood and Inundation (STFI) Loss or damage caused by storm, cyclone, typhoon, hurricane, tornado, flood or inundation.	
5	Earthquake Physical loss or damage, or destruction caused to Insured Property by Earthquake, Volcanic Eruption or other convulsion of nature.	
6	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
7	Subsidence of the land on which Your Premises stand, Landslide, Rockslide	<p>Caused by:</p> <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.
8	Missile Testing Operation	loss, destruction or damage caused by pressure waves
9	Bursting or overflowing of water tanks, apparatus and pipes,	
10	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.
11	Theft after an Insured Event (Within 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.

Covers Options under Property Damage:

- 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 of Removal of Debris
- Costs compelled by Municipal Regulations (For Building only):

What is the Basis of Sum Insured under this section – Property Damage?

1. **For Building, Furniture, Fixture and Fittings and any other contents:** Reinstatement Value
2. **For Stocks:**
 - a. **For raw material:** landed cost at Your Premises.
 - b. **For stock in process:** input cost of stock at the time of loss.
 - c. **For finished stock:** the manufacturing cost of the Finished Stock or the Contract Price of goods sold but not delivered and more precisely defined below.

Contract Price is in respect only of goods sold but not delivered, for which You are responsible and with regard to which under the conditions of the sale, the sale contract is cancelled by reason of any Damage insured under this Policy either wholly or to the extent of the Damage. The Company's liability shall be based on the Contract Price.

3. Bullion or unset precious stones, any curios or works of art or obsolete machinery and the like are to be covered on Agreed Value basis subject to a valuation certificate being submitted and found acceptable by Us.

2.2. Section 2 — Cash Protect

I. Cash In-Transit: Indemnity against loss of cash (coins and/or notes) arising from burglary, robbery or theft while cash is in custody of the insured or authorised employees during transit within business hours, up to Sum Insured.

II. Cash In-Safe: Indemnity against loss of cash from a locked Safe and/or Strong Room at the insured premises, caused by burglary, robbery or hold-up, up to Sum Insured. Liability is limited to actual cash lost as evidenced by proper records maintained separately from the safe.

2.3. Section 3 — Cyber Protection Related Covers

Cover	What is Covered
Digital Theft of Funds	Unauthorized electronic transfer of money/assets from insured's accounts
Identity Theft	Financial losses arising from unauthorized use of the insured's identity
Fraudulent Card Charge	Losses from fraudulent use of lost/stolen credit, debit, prepaid or gift cards within the coverage period
ATM Assault & Robbery	Cash lost and medical expenses incurred following assault/robbery at or near an ATM
Lost Wallet Coverage	Replacement costs for lost cards, IDs, and emergency cash advance following wallet loss

2.4. Section 4 — Asset Consequential and Ancillary Loss Covers

- **Key Replacement Cover:** Covers cost of replacing lost or stolen asset keys and lock re-coding
- **Asset Downtime Allowance:** Daily cash benefit for each day the insured asset is under repair in a authorised service center following an accident
- **Loss of Income Due to Damage of Asset:** Compensation for loss of livelihood income if the insured asset used for earning income is damaged

2.5. Section 5 — Health Related Covers

- I. **Personal Accident — Lump sum benefits payable on:**
 - a. Accidental Death
 - b. Permanent Total Disablement (PTD)
 - c. Permanent Partial Disablement (PPD)
 - d. Child Education Cover
- II. **HospiCash Benefit:** Fixed daily cash benefit for each day of hospitalisation due to illness or accident, above the deductible waiting period.
- III. **Critical Illness:** Lump-sum benefit on first diagnosis of a covered critical illness (15 CIs in base group up to 36 CIs in comprehensive group), subject to a 90-day survival period post-diagnosis. Illnesses covered include:
 - Cancer of Specified Severity, Kidney Failure requiring Regular Dialysis, Multiple Sclerosis, Major Organ/Bone Marrow Transplant
 - Open Heart Surgery / CABG, Permanent Paralysis of Limbs, Myocardial Infarction, Stroke, Benign Brain Tumour
 - Parkinson's Disease, Coma, End Stage Liver/Lung Failure, Alzheimer's Disease, Aorta Graft Surgery
 - Major Burns, Loss of Hearing, Speech, or Vision, Motor Neurone Disease (available in higher groups)
 - Up to 36 critical illnesses available in comprehensive group
- IV. **EMI Protection:** Pays monthly EMI instalments for a specified period if the insured is unable to repay the loan due to an insured event (hospitalisation / accident)
- V. **Missed Bill Cover:** Compensates specified utility and subscription bill amounts missed due to hospitalisation.

2.6. Section 6 — Asset Protection Related Covers

- **Theft** Loss of insured assets through theft
- **Burglary & Robbery:** Loss of insured property/asset through burglary & robbery
- **Comprehensive Accidental Damage:** Physical/liquid damage to insured appliance due to external, involuntary, unforeseeable cause
- **Accidental Screen Only Damage:** Screen damage (cellular device, TV, tablet, laptop) due to external accidental cause
- **Breakdown:** Mechanical/electrical breakdown of insured appliance (beyond manufacturer/seller warranty coverage)

2.7. Section 7 — Optional Covers

- **Personal Liability:** Covers legal liability to third parties arising from accidental bodily injury or property damage caused by the insured
- **Assistance Services:** We shall provide the following assistance services The services offered may include, but are not limited to the following:
 - 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

3. General Exclusions (Applicable to All Sections)

The following are NOT covered under this Policy across all sections:

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 from combustion of nuclear fuel, or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component that is part of it.
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.
11. Any consequential or indirect losses or expenses related to any Insured Event.
12. Any tests and treatment relating to infertility and in vitro fertilization.
13. Any Injury / Illness occurring whilst engaging in any Adventure Sports, either as an instructor/ trainer, or as a participant.

4. General Terms and Conditions

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

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

such acts, deeds and things shall be or become necessary or required before or after the Insured's indemnification by Us.

6. **Exclusions:** We shall not be liable to make any payment under this Policy in connection with or in respect of any expenses whatsoever incurred by any Insured in connection with or in respect of the exclusions which are specifically stated in each Insuring Clause or the General Exclusions Section of the Policy.
7. **Assignment** (wherever applicable): The Policy and the cover under any Insuring Clauses, which are applicable and in force, can be assigned or transferred only in accordance with applicable law.
8. **Reasonable Care:** The Insured shall take all reasonable care to safeguard the Insured Asset/Insured property/Insured person/Insured asset against accident, accidental death, bodily injury, loss or damage. The Insured shall at his own expense take all reasonable precautions and comply with all reasonable recommendations provided by Us to prevent loss, damage or liability and comply with statutory requirements.
9. **Maintenance of Records:** The Insured shall maintain all records and books of accounts reasonably required in an accurate manner.
10. **Statutory Compliance:** The Insured shall comply with all statutory and other regulations.
11. **Material information** to be disclosed includes every matter that You are aware of, or could reasonably be expected to know, that relates to questions in the Proposal Form/personal statement and which is relevant to Us in order to accept the risk of insurance. You must exercise the same duty to disclose those matters to Us before the Renewal, extension, variation, endorsement of the contract We may, adjust the scope of cover and / or premium, if necessary, accordingly
12. **Alterations in the Policy:** This Policy constitutes the complete contract of insurance. No change or alteration will be effective or valid unless approved in writing which will be evidenced by a written endorsement, signed and stamped by Us.
13. **Renewal:** This Policy will automatically terminate at the end of the Insured's Policy Period, stated in the Schedule. The Policy may be renewed by mutual consent and in such event the premium should be paid to Us on or before the date of expiry of the Policy. We shall not be bound to accept any premium for renewal. The renewal notice is generated 30 days in advance from the due date of renewal.
14. **Geography & Currency:** This Policy applies to events or occurrences taking place within India. 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**
 - By the Policyholder:** 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.
 - i) If the Policy Period is up to 1 year, then We will refund the proportionate premium for the unexpired Policy Period, provided no claim has been made during the Policy Period.
 - ii) If the Policy Period exceeds 1 year, then We will refund the premium for the unexpired Policy Period, but only in respect of those Policy Years where risk coverage has not yet commenced
 - By the Insurer:** The insurer may cancel the policy only on the ground of established fraud, with a minimum 7 days' written notice to the retail policyholder.

5. Policy Period

Standard policy period is one (1) year unless otherwise specified in the Policy Schedule/Certificate of Insurance. Short-term policies may be issued for specific covers as permitted under IRDAI guidelines.

6. Claims Procedure

i. General Claim Intimation

- Notify Acko immediately (within timelines):
 - Email: hello@acko.com
 - Website: www.acko.com/gi
 - Phone: 1800 266 2256

- Submit claim form and documents within stipulated timelines.
- Provide Bank details and KYC (OVD proof of Identity and proof of address).
- Additional documents may be requested as necessary.

ii. Property Damage – Section 1

Action:

- Inform Acko within specified timelines.
- Acko may conduct **physical/digital inspection** to assess damage (e.g., Business Shutdown).
- FIR wherever required.
- Submit claim form and documents on time.

Documents:

- **Common:** Claim form, photographs (if required), other documents
- **Business Shutdown:**
 - Repair estimates/bills
 - Shop license/registration
 - Proof of business interruption (bank statements, GST returns, sales ledger, CA certificate if required)
 - Fire/Municipal authority reports (if applicable)

iii. Cash Protect – Section 2

Action:

- Notify Acko in writing within 24 hours of any event giving rise (or likely to give rise) to a claim.
- Lodge a police complaint/FIR within 24 hours for loss of money and submit a copy to Acko, including details of the incident or circumstances.
- Within 7 days, submit a detailed written statement of the loss, estimated claim amount, and all supporting documents. For potential claims, provide written grounds for such belief.
- Provide all required information, assistance, and documents promptly to Acko and its representatives.
- Take reasonable steps to identify perpetrators and recover the lost money.
- Take reasonable steps to secure premises and money to prevent recurrence of burglary, robbery, or similar events

Common Documents:

- 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

A. Cash In-Transit

Additional Documents:

- Proof of transit (route, time, personnel details)
- Authorization proof of employee carrying cash
- Records of cash carried in transit
- Evidence of incident (if available)

B. Cash In-Safe

Additional Documents:

- 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

iv. Cyber protection Related Covers – Section 3**Actions:**

- Immediate intimation to Acko.
- FIR/cyber complaint (ATM assault, wallet loss, fraud).
- Minimize loss; do not tamper with affected systems/accounts.
- Preserve evidence and cooperate in investigation.
- No admission/liability without Acko's consent.
- Submit documents within **15 days** (delay condoned if justified).

Documents:

- **Common:** Claim form, KYC, Bank details, other docs
- **Digital Theft / Identity Theft:** FIR/complaint acknowledgement
- **Fraudulent Card Use:** Card blocking proof (within 24 hrs), statements, bank declaration, FIR
- **ATM Assault/Robbery:** FIR with time/location, medical bills
- **Loss of Wallet:** Purchase proof, replacement receipts, reissue fees

I. Asset Consequential and Ancillary Loss Covers - Section 4

- Inform Acko within specified timelines.
- FIR required for **Key Replacement Cover**.
- Asset inspection (physical/digital) may be conducted.
- Submit claim form and documents on time.

Documents:

- **Common:** Claim form, RC, DL, photos, other required docs
 - **Key Replacement:** FIR, replacement receipts
- Asset Downtime Allowance / Loss of Income:** Repair invoice, job card, downtime proof (+ income proof for loss of income).

II. Health Related Cover - Section 5**1. 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.

2. 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.

3. 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 points 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.

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 via Acko Application 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

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. Turnaround time for cashless final bill authorization is 3 hours

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). Turn around time for preauthorization of cashless facility is 1 hour

(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:** (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.

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.

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.

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.

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.

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 15 days from the date of receipt of last necessary document.

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 15 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.

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.

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 and treatment must be taken within India.
- 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.

III. Asset Protection related cover - Section 6

Actions:

- Notify Acko and file FIR (for theft/burglary).
- Prevent further damage; preserve evidence.
- Cooperate in investigation; no liability admission.
- Submit documents within **15 days** (delay condonable).

Documents:

- **Theft/Burglary/Robbery:** Claim form, policy, invoice, FIR, other documents
- **Accidental Damage/Breakdown:** Claim form, policy, invoice, warranty (if applicable), OEM proof (optional), other documents

IV. Necessary claim documents for all the Optional cover - Section 7

Actions:

- Notify Acko and submit documents within timelines.

Documents:

- **Common:** Claim form, KYC, Bank Details
- **Terrorism:** As per terrorism clause
- **Personal Liability:** FIR, third-party claim, ID proof, legal notice, legal fee proof, other documents

V. Claims Payment (All Sections)

- Subject to sum insured, sub-limits, deductibles, co-pay.
- Payment timelines:
 - **15 days** after all documents
 - **7 days** after settlement acceptance
- Survey (if required): report within 15 days; decision within 7 days.
- Interest @ **2% above bank rate** for delays.
- Settlement as per policy terms.

5. GRIEVANCE REDRESSAL

Queries

- **Helpline:** 1800 266 2256
- **Email:** hello@acko.com

Grievances

- Toll-free: 1800 210 4990 (10 AM – 7 PM, all days)
- Email: grievance@acko.com.

Acknowledgement within 24 hours; final resolution within 14 days.

Senior Citizens Support (For Health Related)

- Phone: 080-62370023
- Email: grievance.healthseniorcitizen@acko.com

Acknowledgement within 24 hours; final resolution within 14 days. You can also email grievance@acko.com.

Escalation – Chief Grievance Officer

- Email: gro@acko.com
- Address: ACKO General Insurance Limited, 36/5 Hustlehub One East, Somasandrapalya, 27th Main Road, Sector 2, HSR Layout, Bengaluru, Karnataka – 560102

CGO responds within 7 days.

If still unresolved

- Approach **IRDAI** through Bima Bharosa portal (<https://bimabharosa.irdai.gov.in/>) or toll-free numbers **1800 4254 732 / 155255** or email complaints@irdai.gov.in
- For more details, visit <https://irdai.gov.in/igms1>
- You may also approach the **Insurance Ombudsman (Jurisdiction Based)** for grievance redressal (details available at <https://cioins.co.in/Ombudsman>).

The details of the Insurance Ombudsman are available below:

Jurisdiction	Ombudsman Office Address & Contact Details
Gujarat, Dadra & Nagar Haveli, Daman and Diu	Ahmedabad Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD- 380001
	oio.ahmedabad@cioins.co.in
	079 - 25501201/02
Karnataka	Bengaluru Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru- 560078
	oio.bengaluru@cioins.co.in
	080 - 26652048 / 26652049
Madhya Pradesh, Chhattisgarh	Bhopal 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Arera Hills Bhopal- 462011
	oio.bhopal@cioins.co.in
	0755 - 2769201 / 2769202 / 2769203
Odisha	Bhubaneswar 62, Forest park, Bhubaneswar- 751009
	oio.bhubaneswar@cioins.co.in
	0674 - 2596461/ 2596455/ 2596429/ 2596003
Punjab, Haryana (excl Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh	Chandigarh
	Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh- 160017
	oio.chandigarh@cioins.co.in
Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry)	Chennai Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI- 600018.
	oio.chennai@cioins.co.in
	044 - 24333668 / 24333678
Delhi & following Distts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh	Delhi 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi-110002
	oio.delhi@cioins.co.in
	011 - 46013992/ 23213504/ 23232481

Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	Guwahati Jeevan Nivesh, 5th Floor, Near Pan Bazar, S.S. Road, Guwahati- 781001(Assam)
	oio.guwahati@cioins.co.in
	0361 - 2632204 / 2602205 / 2631307
Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry	Hyderabad 6-2-46, 1st floor, "Moin Court", Lane Opp. Hyundai Showroom, A. C. Guards, Lakdi-Ka-Pool, Hyderabad- 500004.
	oio.hyderabad@cioins.co.in
	040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325
Rajasthan	Jaipur Jeevan Nidhi- II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur-302005.
	oio.jaipur@cioins.co.in
	0141- 2740363
Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry	Kochi 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M. G. Road, Kochi- 682011.
	oio.ernakulam@cioins.co.in
	0484 – 2358759
West Bengal, Sikkim, Andaman & Nicobar Islands	Kolkata Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, Kolkata- 700072
	oio.kolkata@cioins.co.in
	033 - 22124339 / 22124341
Distts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar	Lucknow
	6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow- 226001.
	oio.lucknow@cioins.co.in
Metropolitan Region excl wards in Mumbai – i.e M/E, M/W, N , S and T covered under Office of Insurance Ombudsman Thane and excluding areas of Navi Mumbai	Mumbai 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai- 400054
	oio.mumbai@cioins.co.in
	022 - 69038800/27/29/31/32/33
State of Uttarakhand and the following Distts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur	Noida
	Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P- 201301.
	oio.noida@cioins.co.in
Bihar, Jharkhand	Patna 2nd Floor, Lalit Bhawan, Bailey Road, Patna- 800001.
	oio.patna@cioins.co.in
	0612-2547068
	Pune

State of Goa and State of Maharashtra excl areas of Navi Mumbai, Thane distt, Palghar Distt, Raigad distt & Mumbai Metropolitan Region	Jeevan Darshan Bldg., 3rd Floor, C.T.S. Nos. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune- 411030.
	oiopune@cioins.co.in
	020-24471175
Area of Navi Mumbai, Thane Distt, Raigad Distt, Palghar Distt and wards of Mumbai, M/East, M/West, N, S and T."	Thane 2nd Floor, Jeevan Chintamani Building, Vasant rao Naik Mahamarg, Thane (West)- 400604
	oiothane@cioins.co.in
	022-20812868/69