

## **CUSTOMER INFORMATION SHEET**

(Description is illustrative and not exhaustive)

This document provides key information about your policy. You are also advised to go through your policy document.

SI. No.	Title	Description	Policy Clause Number
1	Name of Insurance Product	Acko Event Based Personal Accident Policy	
2	Policy Number	XXXXX	
3	Type of Insurance Product	Benefit	
4	Sum Insured (Basis)	Individual	
		(Amount will be mentioned here)	
5	Policy Coverage		
Note	that the actual policy cov	verage will be as per the CIS issued after the policy iss	uance.
		Base Covers:	
		Medical Expenses Reimbursement	Section 3
		occurs during the Coverage Period and that Injury solely and directly requires the Insured Person to be Hospitalized or under Day Care Treatment, then We will reimburse the costs incurred on Medical Expenses up to the limit specified.  We will also indemnify medical expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during each Policy Year up to the limit of sum insured.	
6	Exclusions	Standard Exclusion	Section 4
		a. Any Pre-Existing Disease or any Injury or disability arising out of a Pre-Existing Disease or any complication arising therefrom. b. Suicide or attempted suicide, intentional self-inflicted Injury or acts of self-destruction, whether the Insured Person is medically sane or insane. c. Mental Illness including psychiatric conditions, mental disorders, disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances caused by mental reaction to the same. d. Bacterial infections (except pyogenic infection which occurs through a cut or wound due to Accident). e. Medical or surgical treatment except as necessary solely and directly as a result of an Accident.	



		f. Contitionation of information - Martin-1 Dun-100	
		f. Certification of injury by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's family.  g. Injury arising from or caused due to use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen.  h. Injury arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion with criminal intent.  i. Injury caused by participation of the Insured Person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.  j. Injury arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or airforce operation, civil war, public defence, rebellion, revolution, insurrection, military or usurped power.  k. Injury arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.  I. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound	
		military or usurped power. k. Injury arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack. l. Chemical attack or weapons means the emission, discharge, dispersal, release or escape	
		microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disability or death.	
For	detailed exclusions plea	ase refer the policy wordings	
7	Waiting Period	Initial waiting Period: Not Applicable	
		Specific Illness (Standard list) waiting period: Not Applicable	



		Des Evisties Diseases surfacion ( 10)	
		Pre-Existing Diseases exclusion / waiting period: Not Applicable	
8	Financial limits of coverage	The co-pay or sub-limits: Not Applicable	
	i. Sub-limit	Deductible of Rs on aggregate claim	
	ii. Co-payment	basis: Not Applicable	
	iii. Deductible		
	iv. Any other limit (as		
	applicable)		
0	Claims/Claims Procedure	Cashless claim facility can be availed in all network hospitals. The list of network hospitals are available on our website or can be checked at the customer care center.	Section 6
		For reimbursement of a claim, please submit all necessary documents on our App or email to us. We may ask for original hard copy of the documents in some cases.	
		Turn Around Time (TAT) for claims settlement: i. TAT for preauthorization of cashless facility: 1 hour ii. TAT for cashless final bill authorization: 3 hours	
		Please find the important links/numbers below:- i. Network Hospital Details: Acko App or	
		www.acko.com/gi ii. Helpline Number: 1800 266 2256	
		iii. Hospitals which are backlisted or from where no	
		claims will be accepted by the insurer: Acko App or	
		www.acko.com/gi	
		iv. Downloading getting the claim form: Acko App or	
10	Policy Servicing	www.acko.com/qi Contact Details of the Insurer:	
10	1 Only Oct Vicing	• Call us on 1800 266 2256 or	
		Mail us on hello@acko.com or	
		• Write to us at 2nd Floor, #36/5, Hustlehub One	
		East, Somasandrapalya 27th Main Rd, Sector 2,	
		HSR Layout, Bengaluru, Karnataka, 560102  Details of your policy must be provided along with	
		the intimation.	
11	Grievances/Complaints	For resolution of any query, insured may contact the company on our helpline number 1800 266	Section 6.2
		2256 or may write an e-mail at hello@acko.com	
		For resolution of grievance, insured may contact	
		the company on our toll-free helpline number 1800	
		210 4990 (Operating hours: 10 AM – 7 PM, all	
		days of the week). Senior Citizens Support:	
		Phone: 080-62370023	
		Email: grievance.healthseniorcitizen@acko.com	
		Complaints will be acknowledged within 24 hours	



		of eceipt. A final resolution will be provided within	
		14 days from receipt of the complaint you can also	
		write to <a href="mailto:grievance@acko.com">grievance@acko.com</a> . Your complaint will	
		be acknowledged by us within 24 working hours.	
		If in case you are dissatisfied with the	
		decision/resolution provided through details	
		indicated above on your Complaint or have not	
		received any response within 14 working days, you	
		may write or email to	
		Chief Grievance Officer:	
		Email: gro@acko.com	
		Postal Address: Acko General Insurance Limited	
		36/5 Hustlehub One East, Somasandrapalya, 27th	
		Main Road Sector 2, HSR Layout, Karnataka	
		Bangalore – 560102	
		The Chief Grievance Officer will provide a final	
		response within 7 days of receipt of the escalation.	
		If in case your issue remains unresolved within 14	
		days of lodging a complaint with us and you wish to	
		pursue other avenues for redressal of grievances,	
		you may approach IRDAI by calling on the Toll-Free	
		no. 155255 or you can register an online complaint	
		on the website https://irdai.gov.in/igms1	
		Insurance Ombudsman for Redressal, whose	
		details are given below: General Manager	
		Consumer Affairs Department- Grievance	
		Redressal Cell Website:	
		https://cioins.co.in/Ombudsman	
		In the event of an unsatisfactory response from the	
		Grievance Officer, You may register a complaint in	
		the Integrated Grievance Management System	
		(IGMS) of the IRDAI.	
12	Things to remember	You may cancel the policy within 30 days of receipt	
	_	without any charges and if there are no claims	
		during this period.	
		We will not deny renewal of your policy if you wish	
		to renew with us as long as the applicable premium	
		is paid on time.	
		We will not deny any claim after the moratorium	
		period of 5 years of continuous coverage unless due	
		to fraud or permanent exclusion.	
13	Insured's Obligations	Please disclose all pre-existing disease/s or	Section 5
		condition/s before buying a policy. Non-disclosure	
		may affect the claim settlement.	

**Legal Disclaimer Note:** The information must be read in conjunction with the policy document, policy wording and prospectus. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.



Note: CIS issued to the policy holder will be modified as per the plan/ covers opted by them.

Declaration by the Policy Holder:

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

Place:

Date: Signature of the Policy

Holder