

**CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY**

This document provides key information about your policy. You are also advised to go through your policy document. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.

SI No	Title	Description	Policy Clause Number
		(Please refer to applicable Policy Clause Number in next column)	
1	Name of Insurance Product/ Policy	Acko Group Health Insurance Policy	
2	Policy number	As mentioned in Policy	
3	Type of Insurance Product/ Policy	Both Indemnity & Benefit	
4	Sum Insured (Basis) (Along with amount)	Both Individual & Floater	
		SI Amount: As mentioned in Policy schedule	
5	Policy Coverage	All the below-mentioned benefits are covered up to sum insured unless specified otherwise	Section C
		<b>In-Patient Hospitalization (“IPD”) Indemnity Category</b>	<b>Section 1.1</b>
		Medical Expenses of an Insured Person incurred during Hospitalization for more than 24 hours	Section 1.1.1
		Worldwide Inpatient Hospitalization	Section 1.1.2
		Fixed benefit amount in the event of a Hospitalization	Section 1.1.3
		Daily allowance for each continuous and completed period of 24 hours of Hospitalisation	Section 1.1.4
		All necessary Day Care treatments	Section 1.1.5
		Costs incurred towards transportation of an Insured Person to a Hospital or Day Care Centre by an Ambulance	Section 1.1.6
		Costs incurred towards Compassionate Visit of an immediate relative	Section 1.1.7
		Costs incurred towards stay during a Compassionate Visit of an immediate relative	Section 1.1.8
		Monthly amount if an Insured Person suffers an Involuntary Unemployment due to an Illness or Injury	Section 1.1.9
		Amount equal to the EMI Amount which is due on the Insured’s outstanding Loan	Section 1.1.10
		Missed Bill Payment	Section 1.1.11
		Hardship allowance Daily allowance if the Insured Person is unable to do his/her regular employment, business or professional activity due to an Illness or Injury	Section 1.1.12
		Income Protection Cover	Section 1.1.13
		Cost incurred towards Hospitalization of an Insured Person for delivery of a baby or medically necessary treatment following a pregnancy	Section 1.1.14
		Cost incurred towards the Hospitalization of an Insured Person’s New Born Baby	Section 1.1.15
		Cost incurred towards the Insured Person’s pre- natal check-ups post confirmation of pregnancy, post-natal check-ups up to a period of six weeks from delivery for Mother and/ or Baby.	Section 1.1.16
		Vaccination	Section 1.1.17
		Cost incurred towards transportation of mortal remains	Section 1.1.18
		Cost incurred towards expenses on the funeral, cremation/ or burial	Section 1.1.19
		<b>Optional Benefits Under IPD Category</b>	<b>Section 1.2</b>
		Room Rent up to the selected room category or the amount/percentage of the Sum Insured	Section 1.2.1
ICU charges up to the selected amount/percentage of the Sum Insured	Section 1.2.2		
Pre Hospitalization medical expenses up to 60 days before admission	Section 1.2.3		
Post Hospitalization medical expenses up to 120 days post discharge	Section 1.2.3		
Medical treatments or procedures taken at home	Section 1.2.4		

	Donor Expenses	Section 1.2.5
	Daily Cash for Choosing Lower Category room	Section 1.2.6
	Restoration of Sum Insured	Section 1.2.7
	Sub-limits towards any indemnity amounts payable	Section 1.2.8
	Cumulative Bonus	Section 1.2.9
	Additional Buffer Sum Insured for the Group	Section 1.2.10
	Annual Aggregate Deductible	Section 1.2.11
	Per Claim Deductible	Section 1.2.12
	Group Deductible	Section 1.2.13
	Reimbursement only cover	Section 1.2.14
	First Notification of Claim Cover	Section 1.2.15
	Network limited to specific geographies	Section 1.2.16
	Network limited to preferred providers	Section 1.2.17
	Coverage Continuity in case in case of Pink Slip	Section 1.2.18
	Rewards of Healthy Behavior	Section 1.2.19
	Expert opinion	Section 1.2.20
	Health Pregnancy Program	Section 1.2.21
	Child Protect Cover	Section 1.2.22
	Sleep Apnea Cover	Section 1.2.23
	Septoplasty Cover	Section 1.2.24
	Gender Affirmation/ Reassignment Surgery Cover	Section 1.2.25
	Well Baby Cover	Section 1.2.26
	No Active Line of Treatment Cover	Section 1.2.27
	<b>Personal Accident Category</b>	<b>Section 2.1</b>
	Accidental Death Benefit	Section 2.1.1
	Permanent Total Disability	Section 2.1.2
	Permanent Partial Disability	Section 2.1.3
	Temporary Total Disability	Section 2.1.4
	Expenses incurred towards education of a child	Section 2.1.5
	Disappearance due to an Accident	Section 2.1.6
	Amount equal to the outstanding loan principal amount in respect of the Insured Person's outstanding Loan will be payable	Section 2.1.7
	Outstanding Bills Protection Benefit	Section 2.1.8
	Convenient Travel option	Section 2.1.9
	Expenses for improvements to be carried out in the Insured Person's residence or to the Insured Person's vehicle	Section 2.1.10
	Chauffer Benefit	Section 2.1.11
	<b>Optional Covers under Personal Accident Category</b>	<b>Section 2.2</b>
	Medical expenses incurred for suffering an Injury due to an Accident while the Insured Person is travelling as a passenger on a Common Carrier	Section 2.2.1
	Additional Permanent Total Disability	Section 2.2.2
	Additional Temporary Total Disability	Section 2.2.3
	<b>Critical Illness Category</b>	<b>Section 2.3</b>
	Percentage of Sum Insured will be payable when Insured Person is diagnosed with specified Critical Illness	Section 2.3.1.1
	Waiting Period for Critical Illness	Section 2.3.2.1
	Survival Period for Critical Illness	Section 2.3.2.2
	<b>Domestic Travel Category</b>	<b>Section 2.4</b>
	Trip Delay	Section 2.4.1.1
	Trip Cancellation & Interruption	Section 2.4.1.2
	Trip Curtailment	Section 2.4.1.3
	Delay of Check-in Baggage	Section 2.4.1.4
	Loss of Checked-in Baggage	Section 2.4.1.5
	Loss of Baggage and Personal Effects	Section 2.4.1.6
	Personal Liability	Section 2.4.1.7

		Financial Emergency Cash	Section 2.4.1.8
		Kidnap / Hijack / Extortion Coverage	Section 2.4.1.9
		Carrier Cancellation	Section 2.4.1.10
		Cancellation of Carrier by Insured Person	Section 2.4.1.11
		Denied Boarding- Carrier	Section 2.4.1.12
		Missed Carrier	Section 2.4.1.13
		Missed Event	Section 2.4.1.14
		Missed Connection	Section 2.4.1.15
		Fare Lock	Section 2.4.1.16
		Fare Dip	Section 2.4.1.17
		Electronic Equipment Cover	Section 2.4.1.18
		Denied Hotel Accommodation	Section 2.4.1.19
		Emergency Hotel Requirement	Section 2.4.1.20
		Home Insurance Cover	Section 2.4.1.21
		Fire and Allied Perils (Home Building & Contents)	Section 2.4.1.22
		Travel with Pet Cover	Section 2.4.1.23
		<b>Out-patient (“OPD”) and Wellness Benefit Category</b>	<b>Section 2.5</b>
		Medically Necessary Treatment as an Out-Patient	Section 2.5.1.1
		Medical Expenses incurred by an Insured Person towards Dental Treatment	Section 2.5.1.2
		Expenses incurred towards treatment of vision	Section 2.5.1.3
		Expenses incurred towards LASIK treatment	Section 2.5.1.4
		Preventive health check-up	Section 2.5.1.5
		Medical Expenses incurred in respect of any diagnostic tests of the nature of an MRI or a CT Scan	Section 2.5.1.6
		<b>Special Services</b>	<b>Section 2.6</b>
		Domestic Emergence Evacuation	Section 2.6.1
		International Emergency Evacuation	Section 2.6.2
		Medical Equipment Cover	Section 2.6.3
6	Exclusions (What is not covered)	<b>General Exclusions:</b>	
		<b>Standard exclusion:</b>	Section D (I)
		Pre-Existing Diseases-Code-Excl01	
		Specified Disease/Procedure Waiting Period-Code-Excl02	
		30-day waiting period (Code-Excl03)	
		Investigation & Evaluation (Code- Excl04)	
		Rest Cure, rehabilitation and respite care (Code- Excl05)	
		Obesity/ Weight Control (Code- Excl06)	
		Change-of-Gender treatments (Code- Excl07)	
		Cosmetic or plastic Surgery (Code- Excl08)	
		Hazardous or Adventure sports (Code- Excl09)	
		Breach of law (Code- Excl10)	
		Excluded Providers (Code- Excl11)	
		Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12).	
		Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code- Excl13)	
		Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure (Code- Excl14)	
		Refractive Error (Code- Excl15)	
		Unproven Treatments:(Code- Excl16)	
		Sterility and Infertility: (Code- Excl17)	
		Maternity (Code - Excl18)	

	<p><b>Specific Exclusions</b></p> <p><b>Specific exclusion applicable for Section C (1.1,1.2,2.1,2.2, 2.3)</b></p> <p>a) Stem cell treatment.</p> <p>b) Dental Treatment.</p> <p>c) Circumcision</p> <p>d) Birth control procedures, contraceptive supplies or services including complications arising due to supplying services, hormone replacement therapy and voluntary termination of pregnancy, surrogate or vicarious pregnancy.</p> <p>e) Eye sight &amp; Optical services/surgeries</p> <p>f) Ear examinations, cost of hearing aids or cochlear implants.</p> <p>g) Vaccinations except post-bite Treatment</p> <p>h) Any physical, psychiatric or psychological examinations or testing, any Treatment and associated expenses for alopecia, baldness, wigs, or toupees and hair fall Treatment and products, issue of medical certificates and examinations as to suitability for employment or travel.</p> <p>i) Medical Instrument</p> <p>j) Artificial Life Maintenance</p> <p>k) Developmental problem treatment</p> <p>l) Treatment for general debility, ageing, convalescence, sanatorium Treatment, private duty nursing, run down condition or rest cure.</p> <p>m) Prosthetics and other devices</p> <p>n) Treatment received outside India</p> <p>o) External Congenital Anomaly</p> <p>p) Suicide and Self-Injury</p> <p>q) Change in profession</p> <p>r) Certification / diagnosis / Treatment by a family member, or a person who stays with the Insured Person, or from persons not registered as Medical Practitioners under the respective Medical Councils, or from a Medical Practitioner who is practicing outside the discipline that he is licensed for, or any diagnosis or Treatment that is not scientifically recognised or Unproven/Experimental treatment, or any form of clinical trials or any kind of self-medication and its complications.</p> <p>s) Unlawful Activities</p> <p>t) Death, injury, illness or disability 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.</p> <p>u) War and hazardous substances</p> <p>v) Non-Medical Expenses</p> <p>w) Organ Donor</p> <p>x) Hazardous Activities</p> <p>y) Any stay in Hospital without undertaking any Treatment or any other purpose other than for receiving eligible Treatment of a type that normally requires a stay in the Hospital</p> <p>z) Any physical, or medical condition or Treatment or service that is specifically excluded in the Policy Schedule / Certificate of Insurance under special conditions.</p> <p>aa) Investigative treatments for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities.</p>	<p>Section D II.1</p>
--	---	-----------------------

	<p>b) Investigative treatment for sleep apnea or general debility or exhaustion.</p> <p>cc) Expenses incurred towards the diagnosis, treatment, or surgical management of conditions requiring septoplasty, including all related or consequential medical care, are excluded from the scope of this Policy.</p>	
	<p><b>Specific exclusion applicable to 2.2. Personal Accident Category</b></p> <p>Working in underground mines, tunnelling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaging in Hazardous Activities.</p> <p>Certification of disability by a family member, or a person who stays with the Insured Person, or from persons not registered as Medical Practitioners under the respective Medical Councils, or from a Medical Practitioner who is practicing outside the discipline that he is licensed for.</p> <p>Death or disability caused other than by an Accident.</p> <p>Medical or surgical treatment except as necessary solely and directly as a result of an Accident.</p> <p>Death or disability resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy or a consequence thereof including ectopic pregnancy unless specifically arising due to Accident.</p> <p>Chemical Attack.</p> <p>Biological Attack</p>	Section D II.2
	<p><b>Specific exclusion applicable to 2.3 Critical Illness Category</b></p> <p>1. Certification / diagnosis / Treatment by a family member, or a person who stays with the Insured Person, or from persons not registered as Medical Practitioners under the respective Medical Councils, or from a Medical Practitioner who is practicing outside the discipline that he is licensed for, or any diagnosis or Treatment that is not scientifically recognised or Unproven/Experimental treatment, or any form of clinical trials or any kind of self-medication and its complications.</p> <p>2. <b>Chemical Attack:</b> Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disability or death.</p> <p>3. <b>Biological Attack:</b> Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) 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.</p>	Section D II.3
	<p><b>Specific Exclusion for Loss of Pay due to Hospitalization:</b></p> <p>a) Any Involuntary Unemployment or suspension of the Insured Person at his/her primary occupation, which is temporary in nature.</p> <p>b) Any unemployment from any occupation or job in which no salary was ever provided to the Insured Person.</p> <p>c) Any unemployment occurring while the Insured Person, who is a Salaried Individual, is still under his/her probation, including any unemployment resulting from non-confirmation of his/her employment by the employer during or after the period on probation.</p> <p>d) Any suspension of the Insured Person from his/her primary occupation on account of any pending enquiry being conducted by the employer or a public authority.</p> <p>e) Medical exclusions</p>	Section D II.4

		<p>i. Any unemployment if it arises as a result of intentional self-inflicted injuries.</p> <p>ii. Any unemployment if it arises as a result of termination of service on the grounds of a Pre Existing Diseases.</p> <p>iii. Any unemployment if it arises as a result of intake of alcohol or drugs by the Insured Person.</p> <p>iv. Any unemployment if it arises as a result of insured person being on family leave or sick leave due to childbirth or pregnancy.</p> <p><b>Specific Exclusion for Fire and Allied Perils:</b></p> <p>This Policy does not cover (not applicable to policies covering dwellings)</p> <p>i. The first 5% of each and every claim subject to a minimum of Rs.10,000 in respect of each and every loss arising out of —Act of God perils such as Lightning, STFI, Subsidence, Landslide and Rock slide covered under the policy,</p> <p>ii. The first Rs.10,000 for each and every loss arising out of other perils in respect of which the Insured is indemnified by this policy. The Excess shall apply per event per Insured.</p> <p>b. Loss, destruction or damage caused by war, invasion, act of foreign enemy hostilities or war like operations (whether war be declared or not), civil war, mutiny, civil commotion assuming the proportions of or amounting to a popular rising, military rising, rebellion, revolution, insurrection or military or usurped power.</p> <p>c. Loss, destruction or damage directly or indirectly caused to the property Insured by</p> <p>i. Ionizing radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel,</p> <p>ii. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.</p> <p>d. Loss, destruction or damage caused to the Insured property by pollution or contamination excluding</p> <p>i. Pollution or contamination which itself results from a peril hereby Insured against, ii. Any peril hereby Insured against which itself results from pollution or contamination.</p> <p>e. Loss, destruction or damage to bullion or unset precious stones, any curios or works of art for an amount exceeding Rs. 10000/-, manuscripts, plans, drawings, securities, obligations or documents of any kind, stamps, coins or paper Money, cheques, books of accounts or other business books, computer systems records, explosives unless otherwise expressly stated in the policy.</p> <p>f. Loss, destruction or damage to the stocks in Cold Storage premises caused by change of temperature.</p> <p>g. Loss, destruction or damage to any electrical machine, apparatus, fixture, or fitting arising from or occasioned by over-running, excessive pressure, short circuiting, arcing, self-heating or leakage of electricity from whatever cause (lightning included) provided that this exclusion shall apply only to the particular electrical machine, apparatus, fixture or fitting so affected and not to other machines, apparatus, fixtures or fittings which may be destroyed or damaged by fire so set up.</p> <p>h. Expenses necessarily incurred on</p> <p>i. Architects, Surveyors and Consulting Engineer's Fees and</p> <p>ii. Debris Removal by the Insured following a loss, destruction or damage to the Property Insured by an Insured peril in excess of 3% and 1% of the claim amount respectively.</p> <p>i. Loss of earnings, loss by delay, loss of market or other consequential or indirect loss or damage of any kind or description whatsoever.</p>	<p>Section D II.5</p>
--	--	--	-----------------------

		<p>j. Loss or damage by spoilage resulting from the retardation or interruption or cessation of any process or operation caused by operation of any of the perils covered.</p> <p>k. Loss by theft during or after the occurrence of any Insured peril except as provided under Riot, Strike, Malicious and Terrorism Damage cover.</p> <p>l. Any Loss or damage occasioned by or through or in consequence directly or indirectly due to Volcanic eruption or other convulsions of nature.</p> <p>m. Loss or damage to property Insured if removed to any building or place other than in which it is herein stated to be Insured, except machinery and equipment temporarily removed for repairs, cleaning, renovation or other similar purposes for a period not exceeding 60 days.</p>	
		<p><b>Specific Exclusion to Travel category</b></p> <p>a) Suicide or attempted suicide, intentional self-inflicted Injury or acts of self-destruction, whether the Insured Person is medically sane or insane.</p> <p>b) Medical or surgical treatment except as necessary solely and directly as a result of an Accident.</p> <p>c) Certification of disability by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's family.</p> <p>d) Death, disability or illness caused by participation of the Insured Person in any flying activity, except as a bona fide passenger on a public aircraft, which is operating under a valid license from the relevant authority for the transportation of passengers.</p> <p>e) Death, disability or illness or 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.</p> <p>f) Any change of profession after inception of the Policy which results in the enhancement of Our risk under the Policy, if not accepted and endorsed by Us on the Certificate of Insurance.</p> <p>g) Any journey where the Insured Person is travelling as a commercial driver, operator or crew member in, or carrying out any testing or repairs on a Common Carrier.</p> <p>h) Any intentional illegal or unlawful act or confiscation, detention, destruction by customs or other authorities or any breach of government regulation.</p> <p>i) Any failure to take reasonable precautions to avoid a claim under the Policy following a mass media or government issued warning.</p> <p>j) Any event arising from or caused due to use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen by the Insured Person.</p> <p>k) Any act of foreign invasion, act of foreign enemies, hostilities and participation of the Insured Person in any naval, military or air-force operation, civil war, public defence, rebellion, revolution, insurrection, military or usurped power.</p> <p>l) Engaging in any Hazardous Activities, testing of any kind of Common Carrier, engaging in manual work during a journey, engaging in any offshore work activity, mining, tunnelling or any work involving electrical installation with high tension supply, aerial photography, ammunition, explosives, firearms or flight duty, except as a fare-paying passenger.</p>	<p>Section D II.6</p>

		<p>m) Any journey commenced when You are not fit to travel or are travelling against the advice of a Medical Practitioner.</p> <p>n) Any journey commenced to obtain medical care, treatment or advice of any kind whether this is the sole purpose of Your journey or not.</p> <p>o) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disability or death.</p> <p>p) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) 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.</p> <p>q) Any generally excluded non-medical expenses as provided in Annexure II.</p>	
		<b>Specific Exclusion to Outpatient (OPD) and Wellness category</b>	Section D II.7
		a) Inpatient Care and Day Care Treatments will not be covered.	
		<b>Specific Exclusion for No Active Line of Treatment Cover</b>	Section D II.8
		<p>a. Hospitalization is not clinically warranted or is primarily for convenience, rest, or non-medical reasons.</p> <p>b. Hospitalization undertaken, solely for diagnostic or health check-up purposes without the presence of acute symptoms or a medical condition requiring observation.</p> <p>c. Lack of supporting evidence of medical necessity, or where evaluation could have been completed on an outpatient basis.</p> <p>d. Hospitalization extended beyond the period medically required, including stays prolonged for convenience, administrative delays, or awaiting reports.</p> <p>e. Admission undertaken, solely for rest, rehabilitation, physiotherapy, or general weakness without an acute medical condition.</p> <p>f. Admissions where only minor investigations or procedures are performed, that do not necessitate inpatient admission.</p>	
7	Waiting Period	<b>Initial waiting Period:</b> 30 days for all illnesses (not applicable in case of continuous renewal or accidents)	Section D.I.3
		<b>Critical illness Waiting period</b> – As per policy schedule	Section 2.3.1.1
		<b>Specific Waiting periods (Not applicable for claims arising due to an accident):</b> As Per the Policy Schedule	Section D.I.2
		<b>Pre-existing diseases:</b> As per the policy Schedule.	Section D.I.1
8	Financial limits of coverage	The policy will pay only up-to the limits specified hereunder for the following diseases/procedures:	
	i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)	<b>Sublimit</b> - As per the policy Schedule / Certificate of Insurance	
	ii.Co-payment (It is a specified amount/ percentage of the admissible claim amount to be paid by policyholder/insured).	<b>Co-payment</b> - As per the policy Schedule / Certificate of Insurance	
	iii.Deductible (It is a specified amount:- up to which an insurance	<b>Deductible</b> - As per the policy Schedule / Certificate of Insurance	

	company will not pay any claim, and which will be deducted from total claim amount (if claim amount is more than the specified amount)		
	Any other limit	As specified in the Policy Schedule / Certificate of Insurance	
9	Claims/Claims Procedure	<p>Cashless claim facility can be availed in all network hospitals. The list of network hospitals is available on our website <a href="http://www.acko.com/gi/download">www.acko.com/gi/download</a> or can be checked at customer care Number 18002662256 or email <a href="mailto:hello@acko.com">hello@acko.com</a>.</p> <p>Turn Around Time (TAT) for claims settlement:</p> <ol style="list-style-type: none"> <li>i. TAT for preauthorization of cashless facility: 1 hour</li> <li>ii. TAT for cashless final bill authorization: 3 hours</li> </ol> <p>For reimbursement of a claim, please submit all necessary documents on our App or email to us. We may ask for original hard copies of the documents in some cases.</p> <p>Please find the important links/numbers below:-</p> <ol style="list-style-type: none"> <li>i) Network Hospital Details: Acko App or <a href="http://www.acko.com/gi/">www.acko.com/gi/</a></li> <li>ii) Helpline Number: 1860 266 2256</li> <li>iii) Hospitals which are backlisted or from where no claims will be accepted by the insurer: Acko App or <a href="http://www.acko.com/gi/">www.acko.com/gi/</a></li> <li>iv) Downloading/getting the claim form: Acko App or <a href="http://www.acko.com/gi/">www.acko.com/gi/</a></li> </ol>	Section F
10	Policy Servicing	<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"> <li>● Our website: <a href="http://www.acko.com/gi">www.acko.com/gi</a></li> <li>● Email: <a href="mailto:hello@acko.com">hello@acko.com</a></li> <li>● Toll Free: 1800 266 2256</li> </ul>	
11	Grievances/Complaints	<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 <a href="mailto:hello@acko.com">hello@acko.com</a></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: <a href="mailto:grievance.healthseniorcitizen@acko.com">grievance.healthseniorcitizen@acko.com</a></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 <a href="mailto:grievance@acko.com">grievance@acko.com</a> . 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 Chief Grievance Officer: Email: <a href="mailto:gro@acko.com">gro@acko.com</a></p> <p>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 Chief Grievance Officer will provide a final response within 7 days of receipt of the escalation. If you wish to pursue other avenues for</p>	Section E.16

		redressal of grievances, You may also approach Insurance Regulatory and Development Authority of India (IRDAI) through the Bima Bharosa Portal - <a href="https://bimabharosa.irdai.gov.in/">https://bimabharosa.irdai.gov.in/</a> or call at their toll free no. 1800 4254 732 / 155255 or through email on <a href="mailto:complaints@irdai.gov.in">complaints@irdai.gov.in</a> . Insurance Ombudsman for Redressal, whose details are given below: General Manager Consumer Affairs Department- Grievance Redressal Cell Website: <a href="https://cioins.co.in/Ombudsman">https://cioins.co.in/Ombudsman</a>	
12	Things to remember	<b>Free Look cancellation:</b> You may cancel the insurance policy if you do not want it, within 30 days from the receipt of the policy.	Section E.15
		<b>Policy renewal:</b> Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.	Section E.10
		<b>Migration and Portability:</b> When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer. For migrating or porting out this policy, please write to us at <a href="mailto:health@acko.com">health@acko.com</a> or call us at 1800 266 2256	Section E.8&9
		<b>Change in Sum Insured:</b> Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.	
		<b>Moratorium Period:</b> After completion of five continuous years under the policy no look back to be applied. This period of five years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of five continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.	Section E.12
13	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. In the event of misrepresentation, mis-description, nondisclosure of material facts, fraud or non-cooperation by You in the proposal form, personal statement, medical history, declaration, and connected documents, or a claim is found to be fraudulent or any fraudulent means or devices are used by You or any one acting on Your behalf to obtain any Benefit under this Policy, the Policy shall stand void and all premium paid hereon shall be forfeited to the company. Material facts include all the information provided as part of the proposal form for purchasing the policy.	

Declaration by the Policyholder: I have read the above and confirm having noted the details.

Place:  
Date:

Signature of the Policyholder

Note: Please go to [www.acko.com/gi/download](http://www.acko.com/gi/download) for all the documents related to this product including but not limited to Policy Wording, Prospectus, CIS, Proposal Form, etc.