



## Customer Information Sheet

This product named "Acko Group Single Shield" is jointly offered by Acko General Insurance Limited and Acko Life Insurance Limited.

The risks of this 'Combi Product' are distinct and are assumed accepted by respective insurance companies.

The liability to settle the claim vests with respective insurers, i.e., for health insurance benefits Acko General Insurance Limited and for life insurance benefits Acko Life Insurance Limited.

The policyholders of the 'Combi Product' under reference are eligible to continue with either part of the policy, discontinuing the other during the policy term.

Customer Information Sheet of both the products are attached below as a part of this document.

## HEALTH INSURANCE

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

| SI No | Title                                      | Description<br>(Please refer to applicable Policy Clause Number in next column)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Policy Clause Number                                                                           |
|-------|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| 1     | Name of Insurance Product                  | Acko 360 Protect                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                |
| 2     | Policy number                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                |
| 3     | Type of Insurance Product/ Policy          | Both Indemnity & Benefit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                |
| 4     | Sum Insured (Basis)<br>(Along with amount) | As mentioned in the policy schedule<br>Individual Sum Insured<br>(Floater, in case family members are covered)<br><br>Amount: As mentioned in your Policy schedule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                |
| 5     | Policy Coverage                            | <p><b>Base Benefit:</b><br/><b>Hospitalization (“IPD”) Indemnity Category</b></p> <p><b>In-patient Hospitalization Cover:</b> We will indemnify amount, in the event of a Hospitalization solely and directly due to the Illness or Injury.</p> <p><b>Daily Hospital Cash:</b> We will pay the daily allowance amount specified for each continuous and completed period of 24 hours of Hospitalization.</p> <p><b>Day Care Treatment Cover:</b> We will indemnify the Medical Expenses incurred towards the Day Care Treatment or Surgery undertaken that requires less than 24 hours Hospitalization.</p> <p><b>In-patient Hospitalization Fixed Benefit:</b> We will pay a fixed benefit amount, in the event of a Hospitalization solely and directly due to the Illness or Injury.</p> <p><b>Road Ambulance:</b> We will indemnify the reasonable costs incurred towards transportation of an Insured Person to a Hospital or Day Care Centre by an Ambulance for treatment of the Illness or Injury.</p> <p><b>EMI Protection:</b> We will pay an amount equal to the EMI Amount which is due on the Insured’s outstanding Loan in the number of months immediately following the date of such</p> | <p>3<br/>3.1</p> <p>3.1.1</p> <p>3.1.2</p> <p>3.1.3</p> <p>3.1.4</p> <p>3.1.5</p> <p>3.1.6</p> |

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|  |  | <p>an occurrence of illness or injury, as is specified subject to this amount not exceeding the amount specified.</p> <p><b>Income Protection Cover:</b> We will pay the daily allowance amount as specified for each continuous and completed day, on which the Insured Person is unable to do his/her regular employment, business or professional activity due to an illness or injury.</p> <p><b>Repatriation of Mortal Remains:</b> We will reimburse the expenses incurred up to the limit specified in the Policy Schedule / Certificate of Insurance for transportation of mortal remains from the place of death to the residence of the Insured Person, in case of death due to illness or injury, as specified in the Policy Schedule / Certificate of Insurance.</p> <p><b>Funeral Expenses:</b> We will reimburse the expenses incurred up to the limit specified in the Policy Schedule / Certificate of Insurance towards expenses on the funeral, cremation/ or burial and transportation of the body to the place of the funeral ceremony for the Insured Person, in case of death due to illness or injury, as specified in the Policy Schedule / Certificate of Insurance</p> <p><b>Missed Bill Payment:</b> If an Insured Person defaults on payment of a credit card bill or an essential utility bill such as water, electricity or gas, on or before the due date for making such payment due to an illness or injury, as specified in the Policy Schedule / Certificate of Insurance, suffered or contracted during the Coverage Period, then We will pay the amount specified in Policy Schedule / Certificate of Insurance towards the penalty levied on the Insured Person for non-payment of such bill amount within the due date.</p> <p><b>Personal Accident Category</b></p> <p><b>Accidental Death Benefit:</b> If Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly results in the Insured Person's death within 365 days from the date of the Accident, we will pay the Sum Insured.</p> <p><b>Permanent Total Disability:</b> If Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly results in the Permanent Total Disability of the Insured Person which is of the nature as specified, within 365 days from the date of the Accident, we will pay the Sum Insured.</p> | <p>3.1.7</p> <p>3.1.8</p> <p>3.1.9</p> <p>3.1.10</p> <p>3.2</p> <p>3.2.1</p> <p>3.2.2</p> |
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|  |  | <p><b>Permanent Partial Disability:</b> If Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly results in the Permanent Partial Disability of the Insured Person which is of the nature as specified within 365 days from the date of the Accident, we will pay the amount as specified.</p>     | 3.2.3 |
|  |  | <p><b>Temporary Total Disability:</b> If Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly results in the disability of the Insured Person which prevents the Insured Person from engaging in any employment or occupation on a temporary basis, then We will pay the amount as specified.</p> | 3.2.4 |
|  |  | <p><b>Child Education Cover:</b> We will pay the amount as specified in respect of each surviving Dependent Child, irrespective of whether the child is an Insured Person.</p>                                                                                                                                                                                              | 3.2.5 |
|  |  | <p><b>Out-patient (“OPD”) and Wellness Benefit Category</b></p>                                                                                                                                                                                                                                                                                                             | 3.3   |
|  |  | <p><b>Out-Patient Treatment Cover (OPD):</b> We will indemnify the Medical Expenses incurred in respect of any Medically Necessary Treatment availed/provided, in a Hospital or Day Care Centre or by any service provider as an Out-Patient.</p>                                                                                                                           | 3.3.1 |
|  |  | <p><b>Critical Illness Category:</b></p>                                                                                                                                                                                                                                                                                                                                    | 3.4   |
|  |  | <p><b>Critical Illness Benefit:</b> We will pay the percentage of Sum Insured as is specified against such Critical Illness, if the Critical Illness or Surgical Procedure is covered.</p>                                                                                                                                                                                  | 3.4.1 |
|  |  | <p><b>Optional Benefit:</b><br/>Insured can opt from the below give optional benefit in lieu of additional premium.</p>                                                                                                                                                                                                                                                     | 4     |
|  |  | <p><b>Critical Illness Category:</b></p>                                                                                                                                                                                                                                                                                                                                    | 4.1   |
|  |  | <p><b>Critical Illness Waiting Period:</b> We shall not be liable to make any payment under this Benefit in respect of any Critical Illness if You are first diagnosed as suffering from a critical Illness within the Waiting Period as specified.</p>                                                                                                                     |       |
|  |  | <p><b>Survival Period for Critical Illness:</b> Any amount payable shall be subject to survival of the Insured Person for the period as specified following the First Diagnosis of the Critical Illness or undergoing the Surgical Procedure for the first time, whichever is earlier.</p>                                                                                  |       |

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|  |  | <p><b>Key Replacement Cover:</b> If You have opted for this cover, Acko shall reimburse the insured, subject to the terms and limits specified in the Policy Schedule/Certificate for the cost incurred towards replacing the Insured Vehicle's key if the key is lost, stolen or damaged, or repairing the lock-set, if the lock-set or key is damaged.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 4.2 |
|  |  | <p><b>Garage Cash:</b> If You have opted for this cover, In case your vehicle is under repair in authorized garage due to accidental damage to the vehicle, Acko will pay a fixed amount as a daily allowance as mentioned in the Policy Schedule/ Certificate of Insurance as per the class or type of vehicle</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4.3 |
|  |  | <p><b>Loss of Income Due to Damage of Vehicle:</b> If You have opted for this cover, Acko will pay a fixed amount as per the type/class of vehicle in case the Insured Person suffers a loss of income where his vehicle is damaged due to below given covered Perils and is under repair for at least number of days mentioned in the Policy Schedule/ Certificate of Insurance or in the event of theft, if the vehicle is not recovered within 90 days from the date of theft.</p>                                                                                                                                                                                                                                                                                                                                                                                                                        | 4.4 |
|  |  | <p><b>Business Shutdown:</b> If You opted for this cover, Acko will pay You the Sum Insured as mentioned in the Policy Schedule/Certificate of Insurance for physical loss or damage, or destruction caused to Insured's shops by the following unforeseen events resulting in interruption of business of the Insured for minimum number of days occurring during the Policy Period as mentioned in the Policy Schedule/Certificate of Insurance.</p> <p>The perils covered under this Cover would include:</p> <ul style="list-style-type: none"> <li>● Earthquake</li> <li>● Storm, Cyclone, Typhoon, Flood and Inundation</li> <li>● Subsidence and landslide including rockslide</li> <li>● Fire</li> <li>● Lightning</li> <li>● Riot, Strike and Malicious damage</li> </ul> <p>The Sum Insured will be payable as per the waiting period defined in the Policy Schedule/Certificate of Insurance.</p> | 4.5 |
|  |  | <p><b>Loss of Income:</b> If You have opted for this cover, Acko will cover You for the following:</p> <p>i. <b>Loss of Income of Insured Person:</b> In the event of the Insured Person suffer loss of income due to loss of employment arising out of termination, dismissal, permanent suspension, retrenchment, Redundancy as per the Employer's rules/regulations on the Date of</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4.6 |

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|  |  | <p>Relieving during the Policy period/Policy Period/Cover Period, We will pay a fixed amount equal to the Insured Person's ongoing EMI or percentage of EMI which is due towards outstanding amount of Loan up to the Sum Insured as mentioned in the Policy Schedule/Certificate of Insurance on a monthly basis for the number of months as mentioned in the Policy Schedule/Certificate of Insurance.</p> <p>ii. <b>Concurrent Loss of Income:</b> In the event Insured Person and his/her Spouse (henceforth mentioned as "Both") suffers loss of income during the Policy Period/Policy Period/Cover Period due to termination, dismissal, permanent suspension, retrenchment, Redundancy from their respective employments, imposed on Both by their respective employers as per the employer's rules/regulations on the date of relieving during the Policy Period/Cover Period, We will pay a fixed amount equal to the Insured Person's ongoing EMI or percentage of EMI which is due towards outstanding amount of Loan up to the Sum Insured as mentioned in the Policy Schedule/Certificate of Insurance on a monthly basis for an additional number of months equal to the number mentioned against this cover (Loss of Income) of Insured Person in the Policy Schedule/Certificate of Insurance.</p> <p><b>Cyber Protection:</b><br/><b>Digital Theft of Funds:</b> If You opted for this cover, Acko will indemnify you for any direct financial loss that you sustain and is not compensated for by the issuing bank, financial institution or mobile wallet company, caused:</p> <p>a. As a result of a theft of funds due to unauthorized access to your bank account, credit or debit card or mobile wallet(s) by a third party, leading to theft of funds. This may occur wholly or partially through your personal device or smart home device or otherwise by digital or electronic means, and/or.</p> <p>b. As a consequence of you being a victim of phishing or email spoofing, Theft and Burglary provided that:</p> <p>i. You report the theft to the issuing bank, financial institution or mobile wallet company within 7 days of discovery of the theft of funds or you lodge a report with National Cyber Crime Reporting Portal detailing the theft of funds within 7 days of discovery, and</p> <p>ii. You provide evidence that your bank, financial institution or the mobile wallet company is not fully reimbursing you and you have made all reasonable efforts to obtain reimbursement.</p> <p>We will also indemnify you for unrecovered losses after you</p> | <p>4.7<br/>4.7.1</p> |
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|  |  | <p>have exhausted recovery options from your bank, wallet company, or financial institution for any reasonable and necessary costs you incur for prosecution of a criminal case against the third party responsible for theft of funds, phishing or email spoofing.</p> <p>In cases where expressly mentioned in your Policy Schedule / Certificate of Insurance, we will also cover for any penalties imposed by bank(s) or financial institution(s) for non-maintenance of minimum balance or missed loan EMI's; provided that the account balance before such financial loss was above the required threshold and it fell short directly as a result of the covered incident.</p> <p>We will not cover for Financial Loss from any transactions involving physical money / cash / currency or currency equivalent, including withdrawal of money from Automated Teller Machine (A.T.M).</p> <p><b>Identity Theft:</b> If You opted for this cover, Acko will indemnify you against the following losses resulting from Identity Theft:</p> <ol style="list-style-type: none"> <li>Any direct financial losses including, provided that: <ol style="list-style-type: none"> <li>You have reported to us and the local police within 7 days of discovery of the identity theft, and</li> <li>You can provide confirmation from your employer that the lost wages are not otherwise being compensated or reimbursed elsewhere.</li> </ol> </li> <li>Reasonable and necessary costs incurred by you for credit monitoring and identity theft monitoring services.</li> <li>Reasonable and necessary costs incurred by you for prosecution of a criminal case against a third party for committing identity theft against you.</li> <li>Reasonable fees, costs and expenses for psychological counselling or treatment related to identity theft subject to the applicable sub-limit stated in the Policy Schedule / Certificate of Insurance.</li> </ol> <p>We will not cover for Financial Loss as a result of physical loss/ theft of card, phone, laptop or any other digital device/ payment authorization instrument.</p> <p><b>Fraudulent Charge on Loss of Card:</b> If You opted for this cover, Acko will reimburse the unauthorized charges up to the Sum Insured as mentioned in the Policy Schedule/Certificate of Insurance that You are responsible for on Your Lost credit/debit card, up to the timeline defined in the Policy Schedule/Certificate of Insurance to Your first reporting the event to Your debit/credit card issuer(s) and upto 7 days post reporting of the event to Your debit/credit card issuer.</p> | <p>4.7.2</p> <p>4.7.3</p> <p>4.7.4</p> |
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|  |  | <p><b>Atm Assault and Robbery:</b> If You have opted for this cover, Acko will reimburse You for the following up to the Sum Insured as specified in the Policy Schedule/Certificate of Insurance if the event specified occurs within the Policy Period:</p> <ol style="list-style-type: none"> <li><b>ATM Robbery</b> – We will reimburse You for the money You withdrew from any ATM around the world using Your Credit/Debit card if You lose such Money in a Robbery event that occurs within the timeline mentioned in the Policy Schedule/Certificate of Insurance of the withdrawal of the money.</li> <li><b>Bodily Injury</b> – We will reimburse You for reasonable emergency first aid charges for bodily injury during a Robbery that is covered in (1) of this clause “ATM Robbery”.</li> </ol> | 4.7.5 |
|  |  | <p><b>Lost Wallet Coverage:</b> If You opted for this cover, Acko will reimburse You for the following, up to the sums specified below and always limited to the Sum Insured as specified in the Policy schedule/Certificate of Insurance when Your wallet is lost or stolen during the Policy Period:</p> <ol style="list-style-type: none"> <li>Replacement costs for the Lost or stolen wallet not exceeding amount mentioned in your Policy Scheule/Certificate of Insurance.</li> <li>Application fees for applying for new Personal papers and/or Payment cards.</li> <li>Money and/or cheque(s) up to amount of Rs 500 provided that there is valid claim under 1 and 2 above.</li> </ol>                                                                                                              | 4.8   |
|  |  | <p><b>Home Building and Home Content Cover</b></p> <p>We give insurance cover for physical loss or damage, or destruction caused to Insured Property by the following unforeseen events occurring during the Policy Period.</p> <p><b>Home Building Cover:</b> We will cover for physical loss or damage, or destruction of Your Home Building because of any listed Insured Event. We also cover architect's, surveyor's, consulting engineer's fees, cost of removing debris as specified. Further, We pay for Loss of rent and Rent for Alternative Accommodation, which will be paid to the extent declared by You and agreed by Us as specified.</p>                                                                                                                                                     | 4.8.1 |
|  |  | <p><b>Home Content Cover:</b> We will cover the physical loss or damage to or destruction of the General Contents of Your</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 4.8.2 |
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|  |  | <p>Home caused by any listed Insured Event.</p> <p><b>Additional Cover:</b></p> <p><b>Cover for Valuable Contents on Agreed Value Basis (Under Home Content Cover):</b> For Valuable Contents, a value may be agreed upon by You and Us based on a valuation certificate submitted by You and accepted by Us. However, We shall waive the requirement of valuation certificate if the Sum Insured opted for is up to ₹ 5 Lakh (Rupees Five Lakh) and Individual item value does not exceed ₹ 1 Lakh (Rupees One Lakh).</p> <p><b>Loan Repayment to Loan Provider:</b> If you suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly results in the Insured Person's death or Permanent Total Disability which is of the nature specified in the table below, within 365 days from the date of the Accident, We will pay the bank / financial institution as specified in the Certificate of Insurance, an amount equal to the your Principal Outstanding Amount, subject to this amount not exceeding the Sum Insured specified in the Policy Schedule.</p> <p><b>Trip Cancellation:</b> If You have opted for this cover, Acko shall indemnify the Insured for the financial loss incurred by the insured arising out of cancellation of the trip for which loan is availed by the Insured following unexpected events, upto before the departure of the Trip solely attributable to and/or arising out of:</p> <ul style="list-style-type: none"> <li>• Sickness or injury of the Insured or immediate family member which requires medical attention /consultation resulting in hospitalization for a minimum of 48 hours.</li> <li>• Death or imminent death from an unforeseen illness or injury of your immediate family member.</li> <li>• Natural Calamities of which you were not aware at the time of purchase of the policy at your place of residence or your departure city or one of Your destination(s) as per your itinerary.</li> <li>• A Terrorist attack which occurs in your place of residence or your departure city, or in a city which is a scheduled destination for your Covered Trip provided that the act of Terrorism occurs within 15 days prior to your departure.</li> <li>• In case of loss of passport due to theft/robbery/burglary etc. and reissue of new passport has not happened prior to travel date (Applicable only to international travel).</li> </ul> | <p>4.8.3.1</p> <p>4.9</p> <p>4.10</p> |
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|  |  | <p>Subject to the maximum liability of the Company as specified in Policy Schedule/Certificate of Insurance, Acko shall pay to the Insured:</p> <ul style="list-style-type: none"> <li>• The payments made for accommodation and travel in advance by You which are non-recoverable after initiation of cancellation of the same.</li> <li>• Official cancellation charges of accommodation and travel tickets paid in advance of a proposed journey, if any The Sum Insured will be payable as per the waiting period defined in the policy certificate.</li> </ul> <p><b>Asset Protection:</b></p> <p><b>Theft and Burglary:</b> If You opted for this cover, In the event of any Theft and Burglary of an Insured Asset occurring during the Policy Period, then We will pay the Insured as per the applicable settlement option specified in specific conditions (related to claim settlement), up to the Sum Insured or fixed benefit specified in the Policy Schedule/Certificate.</p> <p>This cover will be payable provided that the Insured provides Us with a certified copy of the police report filed, and an Invoice for proof of ownership, or care, custody and control of the Insured Asset.</p> <p><b>Robbery:</b> If You opted for this cover, In the event of any Robbery of an Insured Asset occurring during the Policy Period, then We will pay the Insured as per the applicable settlement option specified conditions (related to claim settlement), up to the Sum Insured or fixed benefit specified in the Policy schedule/Certificate of insurance.</p> <p>This cover will be payable provided that the Insured provides Us with a certified copy of the police report filed, and an Invoice for proof of ownership, or care, custody and control of the Insured Asset.</p> <p><b>Damage:</b></p> <p><b>Comprehensive Accidental Damage</b></p> <p>If You opted for this cover, In the event of any Physical Damage or Liquid Damage to an Insured Asset due solely and directly to any external, involuntary and unforeseeable cause arising during the Policy Period, then We will pay the Insured as per the applicable settlement option specified conditions (related to claim settlement), up to the Sum Insured or fixed benefit specified in the Policy Schedule/Certificate of Insurance.</p> <p><b>Accidental Screen Only Damage</b></p> <p>If You opted for this cover, In the event of the Screen Damage to an Insured Asset, such as cellular device,</p> | <p>4.11<br/>4.11.1</p> <p>4.11.2</p> <p>4.11.3</p> |
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|  |  | <p>television set, tablet computer, laptop, or similar categories of equipment, due solely and directly to any external, involuntary and unforeseeable cause arising during the Policy Period, then We will pay the Insured as per the applicable settlement option specified conditions (related to claim settlement), up to the Sum Insured or fixed benefit specified in the Policy Schedule/Certificate of Insurance.</p> <p><b>Breakdown:</b> If You opted for this cover, In the event of any Breakdown of an Insured Asset, during the Policy Period, We will pay the Insured as per the applicable settlement option specified conditions (related to claim settlement), up to the Sum Insured or fixed benefit specified in the Policy Schedule/Certificate of Insurance and within the start and end date of the Policy Period specified in the Schedule/Certificate.</p> <p>This cover will be payable provided that:</p> <ol style="list-style-type: none"> <li>Cover is valid only on Insured Asset which are repaired within India.</li> <li>Such breakdown/defects of the Insured Asset are covered within the Manufacturer's Warranty/ Seller's Warranty, if any.</li> </ol> <p><b>Terrorism Cover:</b> If You opted for this Add-on cover, Acko will provide coverage for physical loss or damage, or destruction caused to Insured property by the Act of Terrorism occurring during the Policy Period.</p> <p>Coverage, exclusions and excess under this section will be as per Terrorism clause attached in the Annexure to the policy wordings.</p> <p>This cover will be subject to:</p> <ul style="list-style-type: none"> <li>It can only be opted if insured has opted for <b>"Home Building and Home Content Cover"</b> in this policy in that case "Exclusion no. 13 of Section 6(1.8) will stand deleted.</li> <li>All the terms and conditions of <b>"Home Building and Home Content Cover"</b> will be applicable.</li> </ul> <p><b>Temporary Resettlement Expenses Cover:</b> If You opted for this Add-on cover, it is hereby agreed and declared that, following the operation of an insured events covered under Home building and Home contents resulting in an admissible loss, the insurance under this Policy upto the amount mentioned in the policy schedule/certificate of insurance shall reimburse for temporary resettlement expenses incurred by the Insured if his/her home building is deemed uninhabitable as a result of a covered peril.</p> <p>For this cover, temporary resettlement expense should include following:</p> | <p>4.11.4</p> <p>4.12</p> <p>4.13</p> |
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|  |  | <p>i. Boarding and Lodging cost<br/>ii. Storage/procurement costs for household items<br/>iii. Movers and Packers cost to alternate accommodation</p> <p>This cover will be subject to:</p> <ul style="list-style-type: none"> <li>It can only be opted if insured has opted for “<b>Home Building and Home Content Cover</b>” in this policy.</li> <li>All the terms and conditions of “<b>Home Building and Home Content Cover</b>” will be applicable.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4.14 |
|  |  | <p><b>Personal Liability:</b> If You opted for this Add-on cover, Acko will cover the compensation and Litigation Expenses (incurred with Our prior written consent) upto the amount mentioned in the Policy Schedule/Certificate of Insurance during the Policy Period which You may become legally liable to pay on account of accidental Death or bodily Injury to any third party or accidental damage to physical property owned by anyone other than You and/or Your Family as a result of physical loss or damage or destruction to Your Insured Property.</p> <p>This cover will be subject to:</p> <ul style="list-style-type: none"> <li>It can only be opted if insured has opted for “<b>Home Building and Home Content Cover</b>” in this policy.</li> </ul> <p>All the terms and conditions of “<b>Home Building and Home Content Cover</b>” will be applicable.</p>                                                                                                                                                                                                                                                                           | 4.15 |
|  |  | <p><b>Brokerage Expenses:</b> If You opted for this Add-on cover, Acko Covers actual brokerage expense up to the amount mentioned in the Policy schedule/Certificate of Insurance, incurred for searching alternative accommodation in case your home becomes uninhabitable due to occurrence of Insured Events covered under Home Building and Home Contents.</p> <p>This cover will be subject to:</p> <ul style="list-style-type: none"> <li>It can only be opted if insured has opted for “<b>Home Building and Home Content Cover</b>” in this policy.</li> <li>All the terms and conditions of “<b>Home Building and Home Content Cover</b>” will be applicable.</li> <li>The maximum amount payable will be equivalent to one month's rent of the insured's home.</li> </ul> <p><b>Delay In Salary Payment:</b> If You opted for this Add-on cover, Acko will cover penalty and/or additional interest levied by a financier in the event the Insured Person has defaulted monthly EMI payment on the due date as a result of delay in receipt /credit of salary for that particular month by the employer.</p> <p>This cover will be subject to:</p> | 4.16 |

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|  |  | <ul style="list-style-type: none"> <li>Salary payment must be delayed for the minimum number of days mentioned in the Policy schedule/Certificate of Insurance from the due date.</li> <li>The insured must be a full-time salaried employee with a valid employment contract.</li> <li>The employer must have had a track record of regular salary payments prior to the incident.</li> <li>Coverage is applicable only if the employer is registered and regulated in India.</li> <li>Claim must be supported by: <ul style="list-style-type: none"> <li>a. Employment proof and last 3 salary slips</li> <li>b. Employer confirmation or legal notice</li> <li>c. Bank statement showing salary non-receipt</li> <li>d. FIR or Insolvency proceedings (if applicable)</li> </ul> </li> </ul> <p><b>Rescinding of Offer Letter:</b> If You opted for this Add-on cover, In case an Insured Person's employment offer letter is rescinded by the Prospective employer and the Insured Person is rendered un-employed, We will pay a fixed amount equal to the Insured Person's ongoing EMI or percentage of EMI as mention in your Policy schedule/Certificate of Insurance which is due towards outstanding amount of Loan.</p> <p>This cover will be subject to:</p> <ul style="list-style-type: none"> <li>The Insured Person must have received a written and unconditional offer letter from a recognized employer specifying the role, remuneration, and confirmed date of joining.</li> <li>A formal written communication from the employer withdrawing the offer must be provided. The withdrawal must occur prior to the date of joining mentioned in the offer letter.</li> <li>The benefit is payable only if the Insured Person has an active loan account with EMIs due.</li> <li>The benefit is payable only once during the policy period.</li> <li>Insured person should be unemployed and not have any other source of income.</li> </ul> <p><b>Breakdown Assistance Services:</b> If You opted for this Add-on cover, Acko will provide assistance services in the event of a breakdown of the insured asset or property. The services offered may include, but are not limited to, the following:</p> <ul style="list-style-type: none"> <li>Vehicle health check-up and related diagnostic or maintenance services</li> <li>Health check-up or diagnostic services for Insured Asset or home contents</li> <li>Wellness programs, including annual health check-ups</li> </ul> | <p>4.17</p> <p>4.18</p> <p>4.19</p> |
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|   |                                                | <p><b>Rewards for Healthy Behaviour:</b> We encourage the Insured Persons to regularly assess their health status and engage in activities which aid in improving their overall well-being. Any one or a combination of the following activities will be offered under this program, as specified in the Policy Schedule / Certificate of Insurance:</p> <ul style="list-style-type: none"> <li>i. Enrolment into a wellness program</li> <li>ii. Health Assessment</li> <li>iii. Gym Membership</li> <li>iv. Participating in health initiatives</li> <li>v. Preventive Health Check Up</li> </ul> <p>Please refer to the Policy wordings for detailed coverage.</p>                                                                                                                                                                                                                                                     |     |
| 6 | Exclusions<br>(what the policy does not cover) | <p><b>General Exclusions:</b></p> <p><b>Standard exclusion:<br/>(Applicable to Section 3 and Optional cover 4.1)</b></p> <ul style="list-style-type: none"> <li>1. Pre-Existing Diseases-Code-Excl01</li> <li>2. Specified Disease/Procedure Waiting Period-Code-Excl02</li> <li>3. 30-day waiting period (Code-Excl03)</li> <li>4. Investigation &amp; Evaluation (Code- Excl04)</li> <li>5. Rest Cure, rehabilitation and respite care (Code-Excl05)</li> <li>6. Obesity/ Weight Control (Code- Excl06)</li> <li>7. Change-of-Gender treatments (Code- Excl07)</li> <li>8. Cosmetic or plastic Surgery (Code- Excl08)</li> <li>9. Hazardous or Adventure sports (Code- Excl09)</li> <li>10. Breach of law (Code- Excl10)</li> <li>11. Excluded Providers (Code- Excl11)</li> <li>12. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12).</li> </ul> | 5.I |

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|  |  | <p>13. 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)</p> <p>14. 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)</p> <p>15. Refractive Error (Code- Excl15)</p> <p>16. Unproven Treatments:(Code- Excl16)</p> <p>17. Sterility and Infertility: (Code- Excl17)</p> <p>18. Maternity (Code - Excl18)</p> <p><b>Specific Exclusions for Section 3.1</b></p> <ol style="list-style-type: none"> <li>1. Stem cell treatment.</li> <li>2. Dental Treatment.</li> <li>3. Circumcision</li> <li>4. 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.</li> <li>5. Eye sight &amp; Optical services/surgeries</li> <li>6. Ear examinations, cost of hearing aids or cochlear implants.</li> <li>7. Vaccinations except post-bite Treatment</li> <li>8. 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.</li> <li>9. Medical Instrument</li> <li>10. Artificial Life Maintenance</li> <li>11. Developmental problem treatment</li> <li>12. Treatment for general debility, ageing, convalescence, sanatorium Treatment, private duty nursing, run down condition or rest cure.</li> <li>13. Prosthetics and other devices</li> <li>14. Treatment received outside India</li> <li>15. External Congenital Anomaly</li> <li>16. Suicide and Self-Injury</li> <li>17. Change in profession</li> <li>18. 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</li> </ol> | 6(1.1) |
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|  |  | <p>he is licensed for</p> <ol style="list-style-type: none"> <li>19. Unlawful Activities</li> <li>20. 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.</li> <li>21. War and hazardous substances</li> <li>22. Non-Medical Expenses</li> <li>23. Organ Donor</li> <li>24. Hazardous Activities</li> <li>25. Any physical, or medical condition or Treatment or service that is specifically excluded in the Policy Schedule / Certificate of Insurance under special conditions.</li> </ol> <p><b>Specific exclusion applicable to 3.2. Personal Accident Category</b></p> <ol style="list-style-type: none"> <li>1. 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.</li> <li>2. 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.</li> <li>3. Death or disability caused other than by an Accident.</li> <li>4. Medical or surgical treatment except as necessary solely and directly as a result of an Accident.</li> <li>5. 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.</li> <li>6. <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.</li> <li>7. <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</li> </ol> | 6(1.2) |
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|  |  | <p>(including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disability or death.</p> <p><b>Specific exclusion applicable to 3.3. Out-Patient Treatment Cover</b></p> <p>1. Inpatient Care and Day Care Treatments will not be covered.</p> <p><b>Specific exclusion applicable to 3.4. 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> <p><b>Specific Exclusion for Key Replacement</b></p> <p>Acko would not be liable for:</p> <ul style="list-style-type: none"> <li>Any damage/ loss to keys/lock/lockset due to malicious activities, any deliberate or criminal act.</li> <li>Any loss or damage covered under the manufacturer's warranty.</li> <li>Any claim where the Insured is not able to provide the invoices/receipts for the payments made towards repair or replacement.</li> </ul> | <p>6(1.3)</p> <p>6(1.4)</p> <p>6(1.5)</p> |
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|  |  | <ul style="list-style-type: none"> <li>Any loss or damage caused by radiation, radioactive contamination or the hazardous properties of any explosive, corrosive, invasive or toxic substance or material.</li> <li>Any loss or destruction of, or damage to, any part of the Insured's vehicle other than the keys of the Insured's vehicle, its associated lock, ignition system, any immobilizer, infra-red handset and/or alarm attached to the fob.</li> <li>Any kind of consequential losses</li> <li>Any cost to replace keys for vehicles that you do not own.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                 |        |
|  |  | <p><b>Specific Exclusion for Garage Cash</b></p> <p>Acko would not be liable for:</p> <ul style="list-style-type: none"> <li>Any damage/ loss to keys/lock/lockset due to malicious activities, any deliberate or criminal act.</li> <li>Any loss or damage covered under the manufacturer's warranty.</li> <li>Any claim where the Insured is not able to provide the invoices/receipts for the payments made towards repair or replacement.</li> <li>Any loss or damage caused by radiation, radioactive contamination or the hazardous properties of any explosive, corrosive, invasive or toxic substance or material.</li> <li>Any loss or destruction of, or damage to, any part of the Insured's vehicle other than the keys of the Insured's vehicle, its associated lock, ignition system, any immobilizer, infra-red handset and/or alarm attached to the fob.</li> <li>Any kind of consequential losses</li> <li>Any cost to replace keys for vehicles that you do not own.</li> </ul> | 6(1.6) |
|  |  | <p><b>Specific Exclusion for Loss income Due to Damage of Vehicle</b></p> <ul style="list-style-type: none"> <li>The vehicle must be unusable due to the accident, and repairs must require the above stated time for the repair.</li> <li>The repair must be carried out in the network/authorized garage.</li> <li>You have to submit a repair invoice or other related documents as a claim proof.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 6(1.7) |
|  |  | <p><b>Specific Exclusion for Business Shutdown</b></p> <p>Acko will not be liable for the following losses and expenses stated below:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 6(1.8) |

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|  |  | <ul style="list-style-type: none"> <li>• 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.</li> <li>• Loss, destruction or damage directly or indirectly caused to the property insured by: <ul style="list-style-type: none"> <li>a) ionizing radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.</li> <li>b) the radio active, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component.</li> </ul> </li> <li>• Loss, destruction or damage directly or indirectly caused to the property insured by: <ul style="list-style-type: none"> <li>a) Loss, destruction or damage caused to the insured property by pollution or contamination excluding pollution or contamination which itself results from a peril hereby insured against.</li> <li>b) any peril hereby insured against which itself results from pollution or contamination.</li> </ul> </li> <li>• Loss, destruction or damage to bullion or unset precious stones, any curios or works of art , 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.</li> <li>• Loss, destruction or damage to the stocks in Cold Storage premises caused by change of temperature.</li> <li>• Loss of earnings, loss by delay, loss of market or other consequential or indirect loss or damage of any kind or description whatsoever.</li> <li>• 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.</li> <li>• Any kind of loss due to the Act of Terrorism.</li> </ul> <p><b>Specific Exclusions for Loss of Income</b></p> <p>Acko will not be liable for the following losses and expenses stated below:</p> <ol style="list-style-type: none"> <li>1. In the event of termination, dismissal, suspension or retrenchment of the Insured Person (or his/her spouse) being attributed to any dishonesty/mis-declaration or fraud on the part of the Insured Person (or his/her spouse) or his/her willful violation of any rules of the Employer or laws for the time being in force or any</li> </ol> | 6(1.9) |
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|  |  | <p>disciplinary action against the Insured Person (or his/her spouse) by his/her the Employer.</p> <ol style="list-style-type: none"> <li>2. Any loss of income which is voluntary in nature.</li> <li>3. Any claim relating to unemployment from a job which is casual, temporary, seasonal or contractual in nature or the Insured Person (or his/her spouse) not on the direct rolls of the Employer.</li> <li>4. Any unemployment due to resignation, retirement whether voluntary or otherwise.</li> <li>5. Unemployment at the time of commencement of the Policy Period/Cover Period or arising within the first 90 days of commencement of the Policy Period/Cover Period.</li> <li>6. Temporary dismissal or suspension of the Insured Person (or his/her spouse) from the employment by respective Employer.</li> <li>7. Any unemployment from a job under which no regular monthly salary is provided to the Insured Person (or his/her spouse).</li> <li>8. Any unemployment due to non-confirmation of employment after or during such period under which the Insured Person (or his/her spouse) was under probation.</li> </ol> <p><b>Specific Exclusions for Cyber Protection</b></p> <p>Acko shall not be liable for any claims under the Policy, directly or indirectly, caused by, arising from or in any way attributable to any of the following, except where provided to the contrary under any covers in the Policy or specified as such in the Policy Schedule/Certificate of Insurance:</p> <ol style="list-style-type: none"> <li>a. Insured events or circumstances that could reasonably lead to an insured event which are known by you prior to the inception of this policy.</li> <li>b. Any action or omission of you or any misbehavior of you which is intentional, malicious, dishonest, deliberate or reckless.</li> <li>c. Any action or omission in your capacity as an employee, self-employed person or in any professional or business capacity.</li> <li>d. War or cyber operation (whether declared or not). Discharge of a nuclear weapon will be deemed to arise from war even if accidental. Notwithstanding our burden of proof, which shall remain unchanged by this exclusion clause, for determining attribution of a cyber operation to a sovereign state, you and we will consider any available, objectively reasonable evidence. This may include formal or official attribution by the government of the sovereign state in which the computer systems affected by the cyber operation are physically located to</li> </ol> | 6(1.10) |
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|  |  | <p>another sovereign state or those acting at its direction or under its control.</p> <p>e. Failure, interruption, degradation or outage of infrastructure (e.g. any communication equipment, air conditioning, power supply installations, standalone generators, frequency inverter units, transformers and any other facilities that are used to maintain the functioning of electronic facilities that support computer systems and data) or related services of the following third party providers that are not under your control: telecommunication (including the internet), internet service (including internet service providers responsible for the provision of services, hardware and technical equipment for accessing and use/operation of the internet; domain name system service providers; other internet and external network service providers responsible for internet exchanges; network providers; and cable network, satellite and radio communication network operators), satellite, cable, electricity, gas or water providers.</p> <p>f. Loss of or damage to tangible property and any consequential losses resulting therefrom, including the loss of use of tangible property. (This exclusion shall not apply to Cover “Lost of Wallet Coverage”).</p> <p>g. Investment or trading losses including but not limited to inability to sell, transfer or otherwise dispose of securities, market fluctuations, economic sanctions or cyberattacks resulting in financial loss. H</p> <p>h. Bodily injury, psychological harm, trauma, illness or death. This exclusion shall not apply to anxiety or mental stress as set forth in Cover “Identity Theft” and Cover “ATM Assault and Robbery”)</p> <p>i. Misappropriation, theft, infringement or disclosure of any intellectual property (such as patents, trademarks, copyrights). However, theft, infringement, misuse or abuse of patents will always remain excluded.</p> <p>j. Third party claims made by one insured against another insured.</p> <p>k. Contractual liability which exceeds legal liability which would otherwise arise.</p> <p>l. Any costs of betterment of your personal device or your smart home devices to the insured event, unless unavoidable.</p> <p>m. Any losses or liabilities connected with any types of purchase or sale transactions or other dealing in securities, commodities, derivatives, foreign or Federal Funds, currencies, foreign exchange, currency swap and the like.</p> |  |
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|  |  | <p>n. Any loss of or damage to cryptocurrencies (e.g. Bitcoin, Ethereum, Ripple, IOTA).</p> <p>o. Any activity that qualifies under Gambling, Betting and Skill-based Gaming.</p> <p>p. Any liability covered under any other underlying insurance policy which can be considered primary.</p> <p>q. Any actual or alleged loss caused by any civil or foreign war, invasion, strike, riot, rebellion, civil commotion, or arising from detention, confiscation or distribution by customs, police or other public authorities.</p> <p>r. Any Insured committing or attempting to commit a breach of law with criminal intent.</p> <p><b>Specific Exclusions for Fraudulent Charge on Loss of Card</b></p> <p>Acko shall not be liable to make any payment for any claim under this cover, directly or indirectly, caused by, based upon, arising out of, or in any way attributable to any of the following:</p> <ul style="list-style-type: none"> <li>• Charges made on Your lost credit/debit card more than 1 month prior to Your first reporting the event to Your credit/debit card issuer(s) and 7 days post reporting of the event to Your credit/debit card issuer.</li> <li>• Charges made on Your credit/debit card if Your credit/debit card has not been lost.</li> <li>• Cash advances made with Your lost credit/debit card.</li> <li>• Charges incurred by a resident of Your household, or by a person entrusted with Your credit/debit card.</li> </ul> <p><b>Specific Exclusions for ATM Assault and Robbery</b></p> <p>Acko shall not be liable to make any payment for any claim under this cover, directly or indirectly, caused by, based upon, arising out of, or in any way attributable to any of the following:</p> <ul style="list-style-type: none"> <li>• Damages and/or liabilities to any third parties.</li> <li>• Any damages or losses to anything other than the Money You withdrew from Your Bank account through ATM.</li> <li>• Losses and/or liabilities that happened before or after the ATM robbery.</li> </ul> <p>Charges for emergency first aid to anyone other than You.</p> <p><b>Specific Exclusions for Lost Wallet Coverage</b></p> <p>Acko shall not be liable to make any payment for any claim under this cover, directly or indirectly, caused by, based upon, arising out of, or in any way attributable to any of the following:</p> |  |
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|  |  | <ul style="list-style-type: none"> <li>• Transportation tickets, or other similar items that were in the lost or stolen wallet other than Your Personal papers and Payment cards.</li> <li>• Losses that are caused by any events other than lost or stolen, such as fire, water, normal wear and tear, manufacturing defects, vermin, insects, cleaning or repairs, or similar events.</li> <li>• Damage caused to Your wallet and items inside due to Accident.</li> <li>• Any fraudulent/Unauthorized charges on the Lost or stolen Payment cards.</li> <li>• Any Identity Theft related costs that are caused by Lost or stolen Personal papers or Payment cards.</li> </ul> <p><b>Specific Exclusion for Home Building and Home Content Cover</b></p> <p>We do not cover losses and expenses for any loss or damage or destruction of the Insured Property that is directly or indirectly as a result of or is caused by or arising from events, stated below:</p> <ol style="list-style-type: none"> <li>1. Your deliberate, wilful or intentional act or omission, or of anyone on Your behalf, or with Your connivance.</li> <li>2. War, invasion, act of foreign enemy hostilities or war-like operations (whether war is declared or not), civil war, mutiny, civil commotion amounting to a popular rising, military rising, rebellion, revolution, insurrection or military or usurped power.</li> <li>3. 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.</li> <li>4. Pollution or contamination, unless             <ol style="list-style-type: none"> <li>i. the pollution or contamination itself has resulted from an Insured Event, or</li> <li>ii. an Insured Event itself results from pollution or contamination.</li> </ol> </li> <li>5. Loss, damage or destruction to any electrical/electronic machine, apparatus, fixture, or fitting by over-running, excessive pressure, short circuiting, arcing, self- heating or leakage of electricity from whatever cause (lightning included). This exclusion applies only to the particular machine so lost, damaged or destroyed.</li> <li>6. Loss or damage to bullion or unset precious stones, manuscripts, plans, drawings, securities, obligations or documents of any kind, coins or paper money,</li> </ol> | 6(1.11) |
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|  |  | <p>cheques, vehicles, and explosive substances unless otherwise expressly stated in the policy.</p> <ol style="list-style-type: none"> <li>7. Loss of any Insured Property which is missing or has been mislaid, or its disappearance cannot be linked to any single identifiable event.</li> <li>8. Loss or damage to any Insured Property removed from Your Home to any other place.</li> <li>9. Loss of earnings, loss by delay, loss of market or other consequential or indirect loss or damage of any kind or description whatsoever.</li> <li>10. Any reduction in market value of any Insured Property after its repair or reinstatement.</li> <li>11. Any addition, extension, or alteration to any structure of Your Home Building that increases its Carpet Area by more than 10% of the Carpet Area existing at the Commencement Date or on the date of renewal of this Policy, unless You have paid additional premium and such addition, extension or alteration is added by Endorsement.</li> <li>12. Costs, fees or expenses for preparing any claim.</li> <li>13. Any kind of loss due to the Act of Terrorism.</li> </ol> <p><b>Specific Exclusion for Trip Cancellation</b></p> <ol style="list-style-type: none"> <li>a. Any change of plans or dis-inclination on your part or that of any other passenger to travel.</li> <li>b. Lack in the number of persons required to commence any tour, conference, accommodation or travel arrangement or the negligence of the wholesaler or the operator.</li> <li>c. The failure of your travel agent to pass on the monies to operators or to deliver promised services</li> <li>d. Any claim for a medical condition if any of the following applied when you purchased or renewed your</li> <li>e. Policy or when you booked your trip (whichever is later) or You, your immediate family or travelling companion had received advice, medication or treatment for any serious, chronic or recurring illness, injury or disease in the last 12 months unless the condition was disclosed to and accepted by us.</li> <li>f. Any cancellation due to Hospitalization resulting from pre-existing disease, Childbirth, Pregnancy or related medical complications to You, Your immediate family or travelling companion.</li> <li>g. Any claim where you were aware of the fact that the perils listed in the above section existed prior to the purchase of the policy.</li> </ol> | 6(1.12) |
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|  |  | <p>h. Failure to start the journey due to rejection of VISA in case of international travel only.</p> <p>i. If your trip is cancelled due to Natural Calamity not declared by the appropriate government authority.</p> <p>j. Cancellation of the trip either wholly or in part done at the instance of the common carrier/ Public Carrier or by the travel agent, Air transport Authority or any government body.</p> <p>k. Strike, Civil unrest, labour disputes and other similar events which existed or of which advance warning had been given prior to the date on which Trip was booked.</p> <p><b>Specific Exclusion for Asset Protection</b><br/>We shall not be liable to make any payment for any claim under all covers of this Section in respect of an Insured Asset, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:</p> <p>a. Any Insured Asset not mentioned in your Policy Schedule/Certificate of Insurance.</p> <p>b. Any loss or damage caused by any defects existing at the time of commencement of the cover of the Insured Asset under the Policy within the knowledge of the Insured, or his representatives.</p> <p>c. Any loss of data stored in the Insured Asset, or costs related to re-creation of such stored data.</p> <p>d. Any loss or damage as a direct consequence of wear and tear or of gradual deterioration due to atmospheric conditions.</p> <p>e. Any service provider charges incurred or any other consequential damage or financial loss incurred from the use of the Insured Asset following a Theft, Robbery or Burglary.</p> <p>f. Any loss or damage to any consumable items, attachments or accessories related to the Insured Asset, such as any SIM card, memory card, software (including programs, data and user settings), modem, scanner, printer, earphones, adapter or charger.</p> <p>g. Any unexplained or mysterious disappearance of the Insured Asset, where the details of the incident are not available or specified as Theft, Burglary or Robbery.</p> <p>h. Any loss or damage to any Insured Asset put up for rental or hire purposes, unless expressly covered in the Policy Schedule/Certificate of Insurance.</p> <p>i. Any loss or damage to the Insured Asset covered under this Policy and falling under the terms of any maintenance agreement or warranty provided by the OEM or seller.</p> | 6(1.13) |
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|  |  | <p>j. Any loss or damage for which the manufacturer or seller of the Insured Asset or any other third party is responsible either by law or under contract.</p> <p>k. Willful act or willful negligence of the Insured or his/her representative.</p> <p>l. Aesthetic defects, including but not limited to dents, scratches on painted, polished or enameled surfaces, and broken plastic on ports and antennae.</p> <p>m. Any loss or damage to any Insured Asset put up for rental or hire purposes.</p> <p>n. Any change in ownership of the Insured Asset, or use for any purpose not intended.</p> <p>o. Any repairs performed outside India.</p> <p>p. Participation in any naval, military or air force operations, engaging in manual labour, mining, tunnelling or any work involving electrical installation with high tension supply, engaging in any Hazardous Activities, testing of any kind, or anything attributable to aerial photography, ammunition, explosives, firearms or flight duty, except as a fare-paying passenger.</p> <p><b>Specific Exclusion for Breakdown</b><br/>We shall not be liable to make any payment for any claim under all covers of this Section in respect of an Insured Asset, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:</p> <p>a. Any Insured Asset not mentioned in your Policy Schedule/Certificate of Insurance.</p> <p>b. Any costs explicitly covered by any other OEMs, sellers, suppliers, insurance, or repairer, under contract or law other than the Insured.</p> <p>c. Any events or occurrence that is expressly specified to be excluded from the scope of this Policy in the Policy Schedule/Certificate of Insurance.</p> <p>d. Any non-operating and cosmetic damage to the Insured Asset, such as damage to aesthetics, paintwork, finish, dents or scratches.</p> <p>e. Accessories used in or with the Insured Asset, such as any SIM card, memory card, software (including programs, data and user settings), modem, scanner, printer, headphones, earphones, remote controllers, adapter or charger.</p> <p>f. Replacement of any consumable item or accessory, including but are not limited to any plugs, fuses, light bulbs, light covers, cables, filters, attachments, belts, toner, ribbons, drums, tapes or software and add-on options incorporated as a part of the Insured Asset.</p> <p>g. Normal wear and tear of items not integral to the functioning of the Insured Asset - Routine maintenance,</p> | 6(1.14) |
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|  |  | <p>cleaning, lubrication, adjustments or alignments, overhaul, modification and descaling.</p> <p>h. Any consequential or incidental loss or Injury to a person, or loss or damage to any other item or property, or any incidental, contingent, special or any direct or indirect loss and consequential damages including but not limiting to losses incurred due to any delay in rendering service related to this Policy.</p> <p>i. Any loss or damage caused by way of any unauthorized repair, Theft, Burglary, Robbery and incidents involving or attributable to any earthquake, storm and or hurricane, any abuse or misuse of such Insured Asset, effects of or relating to sand, dust, water, failure to take reasonable care, fire, flood, lightning, malicious damage, impact, corrosion, battery leakage, acts of God, animal or insect infestation or intrusion.</p> <p>j. Any loss or damage resulting from a failure to follow the OEM's instructions in relation to power outages, surges or dips, or any improper voltage or current supplied to the Insured Asset.</p> <p>k. Reception or transmission problems resulting from external causes.</p> <p>l. Any batteries and related power accessories, internal or external to the Insured Asset.</p> <p>m. Breakdowns caused by computer virus, malware, cyber threats, or realignments to the Insured Asset.</p> <p>n. Any recalls or modifications to the Insured Asset.</p> <p>o. Any costs arising from incorrect installation, modification or maintenance.</p> <p>p. Any costs incurred if no fault or defect is found with the Insured Asset.</p> <p>q. Any costs or loss arising from inability to use the Insured Asset.</p> <p>r. Damage / failure caused before or during any delivery of the Insured Asset.</p> <p>s. Any loss or damage deemed contrary to public policy, or which is uninsurable under Indian law.</p> <p>t. Any loss or damage to any Insured Asset put up for rental or hire purposes.</p> <p>u. Any change in ownership of the Insured Asset, or use for any purpose not intended.</p> <p>v. Any repairs performed outside India.</p> <p>w. Participation in any naval, military or air force operations, engaging in manual labour, mining, tunnelling or any work involving electrical installation with high tension supply, engaging in any Hazardous Activities, testing of any kind, or anything attributable to aerial photography, ammunition, explosives, firearms or flight duty, except as a fare-paying passenger.</p> | 6(1.15) |
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|   |                                                                                                                                                                                                                                                                         | <p><b>Specific Exclusion for Delay In Salary Payment</b></p> <ul style="list-style-type: none"> <li>• Resignation, suspension, or termination of the employee</li> <li>• Labour strikes, lockouts, or internal company disputes</li> <li>• Any non-verifiable or cash-based employment</li> <li>• Salary deductions authorized under law or contract</li> <li>• Employer delay due to fund mismanagement (unless insolvency is declared)</li> </ul> <p><b>Specific Exclusion for Rescinding of Offer Letter</b></p> <ul style="list-style-type: none"> <li>• The offer was rescinded due to misrepresentation, fraud, or adverse background check findings related to the Insured Person.</li> <li>• The Insured Person voluntarily declined the offer or accepted an alternative employment opportunity.</li> <li>• The rescission was communicated prior to the policy inception date.</li> <li>• Employment with a non-registered, unverified, or informal employer.</li> </ul> | 6(1.16)                                                 |
| 7 | Waiting Period                                                                                                                                                                                                                                                          | <p><b>Initial waiting Period:</b> 30 days for all illnesses (not applicable in case of continuous renewal or accidents)</p> <p><b>Critical illness Waiting period</b> – As per policy schedule</p> <p><b>Specific Waiting periods (Not applicable for claims arising due to an accident):</b> As Per the Policy Schedule</p> <p><b>Pre-existing diseases:</b> As per the policy Schedule.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p>5.1.3</p> <p>3.4.2.1</p> <p>5.1.2.</p> <p>5.1.1.</p> |
| 8 | <p>Financial limits of coverage</p> <p>i. Sub-limit (It is a pre- defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>ii. Co-payment (It is a specified amount/percent age of the admissible claim amount to be paid by</p> | <p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <p>Sublimit : Not Applicable</p> <p><b>Co-payment</b> - Please specify as per the policy Schedule.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                         |

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|   | <p>policyholder/insured).</p> <p>iii. Deductible (It is a specified amount:</p> <ul style="list-style-type: none"> <li>- up to which an insurance company will not pay any claim, and</li> <li>- which will be deducted from total claim amount (if claim amount is more than the specified amount)</li> </ul> <p>Any other limit (as applicable)</p> | <p><b>Deductible</b> - Please specify as per the policy Schedule</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |
| 9 | <p>Claims/Claims Procedure</p> <p><b>(Applicable to Base and Optional benefits)</b></p>                                                                                                                                                                                                                                                               | <p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p><b>Turn Around Time (TAT)</b> for claims settlement:</p> <ul 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> </ul> <p>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 centre.</p> <p>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. Please find the important links/numbers below :-</p> <ul 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>iii. Downloading getting the claim form: Acko App or <a href="http://www.acko.com/gi">www.acko.com/gi</a></li> </ul> <p><b>Immediate notice to Authorities:</b> As soon as any loss or damage occurs to the Insured Property, You must give</p> | Section 7 |

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|    |                       | <p>immediate report to appropriate legal authorities, You must inform the police. If there is a theft within 7 (seven) days following an Insured Event.</p> <p><b>Submit claim:</b> You must submit Your claim in Our claim form at the earliest opportunity, but within 30 days from the date You first notice the loss or damage.</p> <p><b>Methods of Intimation/Notifications:</b><br/>A claim notification can be made using one of the following communication channels:</p> <ul style="list-style-type: none"> <li>• Call Contact No. 1800-266-2256</li> <li>• Email notification to central email address <a href="mailto:hello@acko.com">mailto:hello@acko.com</a></li> <li>• By letter/ Fax to our office</li> <li>• By completing a manual claim form along with written claim intimation and mailing it to corporate office</li> <li>• Via the website <a href="http://www.acko.com/gi">www.acko.com/gi</a> whenever available</li> </ul>                                                                                                                                                                                                                                                                           |              |
| 10 | Policy Servicing      | <p>Company Officials: Acko General Insurance Limited, 2<sup>nd</sup> 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:grievance@acko.com">grievance@acko.com</a></li> <li>• Toll Free: 1860 266 2256</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |
| 11 | Grievances/Complaints | <p>For resolution of any query or grievance, insured may contact the company on our helpline number <b>1800 266 2256</b> or toll free number <b>1860 266 2256</b> or may write an e-mail at <a href="mailto:hello@acko.com">hello@acko.com</a>.</p> <p>If there is lack of response or if the response provided does not meet your expectation, you can 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 15 working days, you may write or email to,</p> <p>Chief Grievance Officer</p> <p>Acko General Insurance Limited 36/5 Hustlehub One East, Somasandrapalya, 27th Main Road Sector 2, HSR Layout, Karnataka Bangalore – 560102</p> <p>Phone: 1800 266 2256 (Toll-Free) or 1860 266 2256 Email: <a href="mailto:gro@acko.com">gro@acko.com</a></p> <p>We will provide resolution to the complaint within 14 days along with the reasons for not accepting the complaint with specific reference to the relevant terms and conditions of the policy. In</p> | Section 7(6) |

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|    |                    | <p>case if 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 <a href="#">Bima Bharosa</a></p> <p>Insurance Ombudsman for Redressal, whose details are given below:</p> <p>General Manager Consumer Affairs Department- Grievance Redressal Cell</p> <p>Website: <a href="https://cioins.co.in/Ombudsman">https://cioins.co.in/Ombudsman</a></p> <p>In the event of an unsatisfactory response from the Grievance Officer, he/she may register a complaint in the Integrated Grievance Management System (IGMS) of the IRDAI.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                           |
| 12 | Things to remember | <p><b>In case of Health Segment</b></p> <p><b>Free Look cancellation:</b> You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy.</p> <p><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.</p> <p><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.<br/>For Detailed Guidelines on migration, kindly refer the link <a href="https://irdai.gov.in/document-detail?documentId=393128">https://irdai.gov.in/document-detail?documentId=393128</a><br/>For Detailed Guidelines on Portability, kindly refer the link <a href="https://irdai.gov.in/document-detail?documentId=393128">https://irdai.gov.in/document-detail?documentId=393128</a></p> <p><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.</p> <p><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.</p> | <p>Section 7(12)</p> <p>Section 7(9)</p> <p>Section 7(7)&amp;(8)</p> <p>Section 7(10)</p> |

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|    |                  | 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.                                                                                                                                                                                                                                         |  |
| 13 | Your Obligations | <p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>If any of the facts provided to us to purchase this Policy are found to be incorrect, incomplete, suppressed or not disclosed, the policy shall be canceled without refund of premium after 15 days' notice. Any claim made under such Policy, shall be rejected</p> |  |

## LIFE INSURANCE

| Sl. No.                 | Title                                                                | Description<br>(Please refer to applicable Policy Clause Number in next column)                                                                                                                                                                                                                                                                                                                                                                    | Policy Clause Number |           |                         |    |                      |                                                      |                         |                |                      |    |             |          |  |
|-------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------|-------------------------|----|----------------------|------------------------------------------------------|-------------------------|----------------|----------------------|----|-------------|----------|--|
| 1                       | Name of the Insurance Product and Unique Identification Number (UIN) | Acko Life Group Term Protect<br>UIN : 164N010V01                                                                                                                                                                                                                                                                                                                                                                                                   |                      |           |                         |    |                      |                                                      |                         |                |                      |    |             |          |  |
| 2                       | Policy Number                                                        | XXXXXXXX                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |           |                         |    |                      |                                                      |                         |                |                      |    |             |          |  |
| 3                       | Type of Insurance Policy                                             | Pure Risk (Group Pure Risk Product)                                                                                                                                                                                                                                                                                                                                                                                                                |                      |           |                         |    |                      |                                                      |                         |                |                      |    |             |          |  |
| 4                       | Basic Policy details                                                 | <table border="1"> <tbody> <tr> <td>Installment Premium</td> <td>INR XXXXX</td> </tr> <tr> <td>Mode of Premium Payment</td> <td>XX</td> </tr> <tr> <td>Sum Assured on Death</td> <td>Basis Loan Schedule on COI/<br/>As agreed with member</td> </tr> <tr> <td>Sum Assured on Maturity</td> <td>Not Applicable</td> </tr> <tr> <td>Premium Payment Term</td> <td>XX</td> </tr> <tr> <td>Policy Term</td> <td>XX Years</td> </tr> </tbody> </table> | Installment Premium  | INR XXXXX | Mode of Premium Payment | XX | Sum Assured on Death | Basis Loan Schedule on COI/<br>As agreed with member | Sum Assured on Maturity | Not Applicable | Premium Payment Term | XX | Policy Term | XX Years |  |
| Installment Premium     | INR XXXXX                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |           |                         |    |                      |                                                      |                         |                |                      |    |             |          |  |
| Mode of Premium Payment | XX                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |           |                         |    |                      |                                                      |                         |                |                      |    |             |          |  |
| Sum Assured on Death    | Basis Loan Schedule on COI/<br>As agreed with member                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |           |                         |    |                      |                                                      |                         |                |                      |    |             |          |  |
| Sum Assured on Maturity | Not Applicable                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |           |                         |    |                      |                                                      |                         |                |                      |    |             |          |  |
| Premium Payment Term    | XX                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |           |                         |    |                      |                                                      |                         |                |                      |    |             |          |  |
| Policy Term             | XX Years                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |           |                         |    |                      |                                                      |                         |                |                      |    |             |          |  |

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| 5 | Policy Coverage/ Benefits Payable | Benefits Payable on Maturity                         | Not Applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Section 4 (Part C) |
|   |                                   | Benefits Payable on Death                            | <p>Sum assured on death, defined as</p> <ul style="list-style-type: none"> <li>As per the Certificate of Insurance for non-employer-employee groups,</li> <li>Basis the terms of Master policyholder, for employer-employee groups would be paid on death.</li> </ul> <p><b>Non Employer Employee Group:</b> In the event that the master group surrenders, individual members have an option to continue the policy, in which case the sum assured shall be payable to the nominee.</p> <p><b>Employer Employee Group:</b> In the event that the master group surrenders, individual members do not have an option to continue the policy, in which case the surrender value, if any, will be paid to the master policyholder.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Section 4 (Part C) |
|   |                                   | Survival Benefits excluding that payable on maturity | Not Applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Section 4 (Part C) |
|   |                                   | Surrender benefits                                   | Single Pay and OYRG TA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p>In case of Surrender of the Master Policy or Member's Insurance Coverage, an amount equal to 90% of the Single Premium adjusted for the unexpired duration of the Policy Term or Member Coverage Term of the discontinuing Members, as applicable, would be payable. The formula shall be as given below:</p> $90\% * \text{Installment Premium} * (\text{Unexpired Period of Coverage in months (based on premium payment mode) on the date of Surrender} / \text{Total Period of Coverage in months (based on premium payment mode)}) *$ <p>(Sum Assured applicable on the date of Surrender / Sum</p> | Section 1 (Part D) |

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|  |  |  |  | <p><i>Assured on the Date of Commencement of Risk /Effective Date of Coverage)</i></p> <p>^ Ignoring fraction of a month<br/>^^ As per the schedule mentioned in the Certificate of Insurance</p> <p>If Master Policy under EE group is surrendered, Stamp duty paid will be deducted from the above surrender value.</p>                                                                                                                                                                                                                                                                                                                                                                                                 |  |                       |  |
|  |  |  |  | <p>In case of Surrender of the Master Policy or Member's Insurance Coverage, an amount equal to 90% of the instalment Premium adjusted for the unexpired duration of the Policy Term or Member Coverage Term, as the case may be, for which the instalment Premium was applicable in respect to discontinuing Members shall be payable.</p> <p><i>90% * Installment Premium * (Unexpired Period of Coverage in months (based on premium payment mode) on the date of Surrender^ / Total Period of Coverage in months(based on premium payment mode)</i></p> <p>^ Ignoring fraction of a month</p> <p>If Master Policy under EE group is surrendered, Stamp duty paid will be deducted from the above surrender value.</p> |  |                       |  |
|  |  |  |  | <p>Options to policyholders for availing benefits, if any, covered under the policy</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <p>Not Applicable</p> |  |
|  |  |  |  | <p>Other benefits/options</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <p>Not Applicable</p> |  |

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|---|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--|
|   |                                                                      | payable, specific to the policy, if any.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |  |
|   |                                                                      | Lock-in period for Linked Insurance products                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Not Applicable |  |
| 6 | Riders Opted, if any                                                 | Not Applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |  |
| 7 | Exclusions (events where insurance coverage is not payable), if any. | Notwithstanding anything stated herein, if a Member commits suicide, whether sane or insane, within 1 (One) year from the Date of Commencement of Risk /Effective Date of Coverage or Entry Date, as the case may be, such Member's Insurance shall cease immediately and no Death Benefit is payable under this Policy in relation to such Member. In such an event, We will only refund the Premium received by Us (inclusive of extra premiums and excluding taxes, if any) in respect of such Member, without interest and after deducting the proportional expenses incurred by Us for the grant of Insurance. However, the refund of the Premium by Us in no case shall be less than 80% (Eighty Percent) of the Premium received by Us in respect of such Member.<br>In case of schemes, where the Insurance Coverage is compulsory, suicide exclusion will not be applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |  |
| 8 | Waiting/Lien Period, if any                                          | Not Applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |  |
| 9 | Grace Period                                                         | In the event where the Master Policyholder or Insured Member (as applicable) fails to pay the due Premium on the instalment Premium due date, We will allow a Grace Period to pay the due Premium while continuing the applicable Insurance Coverage and Benefits under it. After the expiry of the Grace Period without receipt of the Premium in full, the Benefits under Master Policy/Insurance Coverage for the respective Insured Member(s), as the case may be, shall lapse and all Our liability shall immediately and automatically cease. A Grace Period of 15 days in respect of monthly Premium payment frequency and 30 days in other applicable frequencies from the instalment Premium Due Date shall be provided for one year renewable term (except for annual premium payment frequency in one year renewable term in which Grace Period shall not be applicable) and Regular Pay Policy for paying overdue Premium to Us without any penalty/late fee during which Death Benefit and all the chosen inbuilt optional Benefits, if any, under Master Policy/Insurance Coverage of Insured Member will be considered to be In Force with the risk cover without any interruption as per the terms of the Master Policy.<br><br>If the contingent event of Death covered under this Policy (and as applicable to Member) occurs during the Grace Period, Benefits as applicable shall be payable as mentioned under Part C subject to receipt of unpaid Premium for Master Policy, where Premium is paid by the Master Policyholder. |                |  |

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|    |                                                 | <p>However, in a Policy, where Premium is paid by the Member, the applicable Benefit shall be payable subject to deduction of unpaid due Premium for the respective Member. In case the Premium which was due with respect of any Insured Member, is collected by the Master Policyholder within Grace period but is not remitted to Us for some reason, then the Insurance Coverage for such Insured Member will continue even on expiry of Grace period, provided Member has the receipt of payment of such Premium to the Master Policyholder within Grace Period. The Company reserves the right to recover such Premium from the Master Policyholder.</p>                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |
| 10 | <b>Free Look Period</b>                         | The Free Look Period is 30 days from the date of receipt of this Certificate of Insurance/Master Policy Document                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Section 4 (Part D) |
| 11 | <b>Lapse, paid-up and revival of the Policy</b> | <p>If due premiums (for other than Single Premium) are not paid within the Grace Period the policy moves to Lapse Status. The policy may be reinstated for full benefits, within five years from the date of the first unpaid premium, or Policy End Date as per this agreement, whichever is earlier.</p> <p>The reinstatement will be considered on receipt of written application from the policyholder along with the proof of continued insurability of life assured and on payment of all overdue premiums with interest. The reinstatement of the base policy will be affected as per the prevailing board approved underwriting policy (BAUP) of the company. The interest will be charged at a rate declared by the company from time to time.</p> <p>The company has a policy on the Revival Interest Rate and the interest rate charged shall be communicated to the policyholder on 1st April of each Financial Year.</p> <p>Please note, reinstatement is applicable only for policies other than Single Pay, which will be offered to Employer- Employee groups only.</p> | Section 8 (Part D) |
| 12 | <b>Policy Loan, if applicable</b>               | Not Applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |

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| 11 | Claims/<br>Claims<br>Procedure | <p>For processing a claim, please submit all necessary documents \ by mailing us at <a href="mailto:claims.life@acko.com">claims.life@acko.com</a> . We may ask for original hard copy of the documents on case to case basis.</p> <p>or</p> <p>The Claimant/Nominee can contact the Master Policy Holder.</p> <p>Master Policy holder would collect all the documents from the claimant/Nominee and send the claim intimation to the insurance company.</p> <p><u>TAT for claim settlement:</u></p> <p>Death claim under the policy shall be processed within 15 days from the date of receipt of claim intimation along with all relevant papers. However, where the circumstances of a claim warrant an investigation, the claim shall be settled within 45 days thereafter from the receipt of claim intimation.</p> <p><u>Mandatory Documents Required for claims intimation:</u></p> <p>Kindly refer to the policy document for the list of documents required for claim intimation.</p> <p>Please find the important links/numbers below:</p> <p>i. Helpline Number: 1800 210 1992</p> <p>ii. Claims Support ID: <a href="mailto:claims.life@acko.com">claims.life@acko.com</a></p> <p>iii. Download the claim form: <a href="http://www.acko.com/life">www.acko.com/life</a></p> | Section 2 (Part F) |
| 12 | Policy Servicing               | <p>Kindly visit our website <a href="https://www.acko.com/life/customer-service-tats/">https://www.acko.com/life/customer-service-tats/</a> for turn around times (TAT) for customer service</p> <p>Company Officials: Swati Shriwastav</p> <p>Contact details of the insurer -</p> <p>#36/5, Hustlehub One East,<br/>Somasandrapalya, 27th Main Rd, Sector<br/>2, HSR Layout, Bengaluru, Karnataka<br/>560102</p> <p>website: <a href="http://www.acko.com/life">www.acko.com/life</a><br/>Email: <a href="mailto:support.life@acko.com">support.life@acko.com</a></p> <p>Toll Free: 1800 210 1992</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Part G             |

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|    |                         | You may also register your complaint by clicking this link<br><a href="https://bimabharosa.irdai.gov.in/Home/Home">https://bimabharosa.irdai.gov.in/Home/Home</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |
| 13 | Grievances / Complaints | <p>Grievance Redressal Officer: Swati Shrivastav</p> <p>Customer Service Helpdesk - Acko Life Insurance Limited,<br/>36/5, Hustle Hub One East, Somasandrapalya, 27th Main Road, Sector 2,<br/>HSR Layout, Bengaluru, Bengaluru Urban, Karnataka, 560102 Helpline<br/>No: 1800 210 1992</p> <p>Email: <a href="mailto:grievance.life@acko.com">grievance.life@acko.com</a></p> <p>Ombudsman: Insurance Ombudsman contact and address details are<br/>mentioned in Annexure A of the policy document or at the IRDAI website<br/><a href="http://www.irdai.gov.in">www.irdai.gov.in</a> or on Council of Insurance Ombudsman website at<br/><a href="http://www.cioins.co.in">www.cioins.co.in</a></p> <p>You may also register your complaint by clicking this link<br/><a href="https://bimabharosa.irdai.gov.in/Home/Home">https://bimabharosa.irdai.gov.in/Home/Home</a></p> | Part G |

NOTE: In case of any conflict the terms and conditions mentioned in the policy document shall prevail.

## DECLARATION BY THE POLICYHOLDER

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

Place:

Date:

Signature of the Policy Holder