

## CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

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

Sl No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/Policy	Acko Group Total Protect	
2	Policy number		
3	Type of Insurance Product/ Policy	Both Indemnity & Benefit	
4	Sum Insured (Basis) (Along with amount)	As mentioned in the policy schedule Individual Sum Insured (Floater, in case family members are covered)  Amount: As mentioned in your Policy schedule	
5	Policy Coverage	<p><b><u>Base Benefit:</u></b></p> <p><b><u>In-Patient Hospitalization (“IPD”) Indemnity Category</u></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 an occurrence of illness or injury, as is specified subject to this amount not exceeding the amount specified.</p>	<p>3</p> <p>3.1.1.1</p> <p>3.1.1.2</p> <p>3.1.1.3</p> <p>3.1.1.4</p> <p>3.1.1.5</p> <p>3.1.1.6</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><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</p>	<p>3.1.1.7</p> <p>3.1.1.8</p> <p>3.1.1.9</p> <p>3.1.1.10</p> <p>3.2.1.1</p> <p>3.2.1.2</p> <p>3.2.1.3</p>
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		<p>will pay the amount as specified.</p> <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> <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> <p><b><u>Out-patient (“OPD”) and Wellness Benefit Category</u></b></p> <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> <p><b><u>Critical Illness Category:</u></b></p> <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> <p><b><u>Critical Illness Benefit Options:</u></b></p> <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> <p><b><u>Optional Benefit:</u></b> Insured can opt from the below give optional benefit in lieu of additional premium.</p> <p><b><u>Loss of Job:</u></b> If Insured Person suffers an Involuntary Unemployment during the Coverage Period resulting in loss of Income, then We will pay the monthly amount as specified for Loan Account Number falling due against this benefit as specified.</p>	<p>3.2.1.4</p> <p>3.2.1.5</p> <p>3.3.1.1</p> <p>3.4.1.1</p> <p>3.4.2.1</p> <p>3.4.2.2</p> <p>4</p> <p>4.1</p>
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6	Exclusions (what the policy does not cover)	<p><b>General Exclusions:</b></p> <p><b>Standard exclusion:</b> (Applicable to Section 3 and Optional cover 4.1)</p> <ol 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> <li>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)</li> <li>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)</li> <li>15. Refractive Error (Code- Excl15)</li> <li>16. Unproven Treatments:(Code- Excl16)</li> <li>17. Sterility and Infertility: (Code- Excl17)</li> </ol>	5.1

		<p>18. Maternity (Code - Excl18)</p> <p><b>Specific Exclusions for Section 3</b></p> <ol style="list-style-type: none"> <li><b>1. Stem cell treatment</b></li> <li><b>2. Dental Treatment.</b></li> <li><b>3. Circumcision</b></li> <li>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><b>5. Eye sight &amp; Optical services/surgeries</b></li> <li>Ear examinations, cost of hearing aids or cochlear implants.</li> <li>Vaccinations except post-bite Treatment</li> <li>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><b>9. Medical Instrument</b></li> <li><b>10. Artificial Life Maintenance</b></li> <li><b>11. Developmental problem treatment</b></li> <li>Treatment for general debility, ageing, convalescence, sanatorium Treatment, private duty nursing, run down condition or rest cure.</li> <li><b>13. Prosthetics and other devices</b></li> <li>Treatment received outside India</li> <li><b>15. External Congenital Anomaly</b></li> <li><b>16. Suicide and Self-Injury</b></li> <li><b>17. Change in profession</b></li> <li>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><b>19. Unlawful Activities</b></li> <li>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><b>21. War and hazardous substances</b></li> <li><b>22. Non-Medical Expenses</b></li> <li><b>23. Organ Donor</b></li> <li><b>24. Hazardous Activities</b></li> <li><b>25.</b> 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>Working in underground mines, tunnelling or explosives, or involving electrical installation with hightension supply, or as jockeys or circus personnel, or engaging in Hazardous Activities.</li> <li>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> </ol>	<p>5.II.A</p> <p>5.II.A.1.</p>
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	<p>3. Death or disability caused other than by an Accident.</p> <p>4. Medical or surgical treatment except as necessary solely and directly as a result of an Accident.</p> <p>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.</p> <p>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.</p> <p>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 (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 Loss of Job:</b></p> <p>1. Any Involuntary Unemployment of the Insured Person that is attributed to any dishonesty, misconduct or fraud, or any wilful violation by the Insured Person of any internal</p>	<p>5.II.A.2.</p> <p>5.II.A.3.</p> <p>5.II.B.</p>
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		<p>rules/regulations/policies, or any laws or any directives issued by a public authority and in force, or any disciplinary action initiated against the Insured Person by his/her employer.</p> <ol style="list-style-type: none"> <li>2. Unemployment from any occupation or job which is a Temporary or Seasonal Job, or where the Insured Person is not on the direct payroll of the employer.</li> <li>3. Any voluntary unemployment, self-resignation, or voluntary retirement.</li> <li>4. Any Involuntary Unemployment or suspension of the Insured Person at his/her primary occupation, which is temporary in nature.</li> <li>5. Any unemployment from any occupation or job in which no salary was ever provided to the Insured Person.</li> <li>6. Any unemployment occurring while the Insured Person, who is a Salaried Individual, is still under his/her probation, including any unemployment resulting from non-confirmation of his/her employment by the employer during or after the period on probation.</li> <li>7. Any suspension of the Insured Person from his/her primary occupation on account of any pending enquiry being conducted by the employer or a public authority.</li> <li>8. Any unemployment if it arises as a result of the place of employment or part thereof being temporary closed down for a period not exceeding the minimum number of days specified in Certificate of Insurance/Schedule due to lay off, lockout, strike or any other reason.</li> <li>9. Any unemployment due to non-extension of a maternity/paternity leave, either as per the Maternity Benefit Act 1961, as amended from time to time, or as per the employer's internal regulation/policy in force at the time of any event or occurrence that may give rise to a claim.</li> <li>10. Any unemployment due to any strike or labour disturbance in which the Insured Person is directly or indirectly involved.</li> <li>11. Any reasonable belief that the Insured Person was aware that such loss of Income was likely to happen, whether or not any official communication was provided, at the time of Risk Commencement Date.</li> <li>12. Withdrawal of offer of employment by an employer.</li> <li>13. Medical exclusions <ol style="list-style-type: none"> <li>i. Any unemployment if it arises as a result of intentional self-inflicted injuries.</li> <li>ii. Any unemployment if it arises as a result of termination of service on the grounds of a Pre-Existing Diseases.</li> <li>iii. Any unemployment if it arises as a result of intake of alcohol or drugs by the Insured Person.</li> </ol> </li> </ol> <p>Any unemployment if it arises as a result of insured person being on family leave or sick leave due to childbirth or pregnancy.</p> <p><b>Specific Exclusion for Griha Raksha:</b></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,</li> </ol>	5.II.C.
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		<p>rebellion, revolution, insurrection or military or usurped power.</p> <p>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.</p> <p>4. Pollution or contamination, unless</p> <p>i. The pollution or contamination itself has resulted from an Insured Event, or</p> <p>ii. An Insured Event itself results from pollution or contamination.</p> <p>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.</p> <p>6. Loss or damage to bullion or unset precious stones, manuscripts, plans, drawings, securities, obligations or documents of any kind, coins or paper money, cheques, vehicles, and explosive substances unless otherwise expressly stated in the policy.</p> <p>7. Loss of any Insured Property which is missing or has been mislaid, or its disappearance cannot be linked to any single identifiable event.</p> <p>8. Loss or damage to any Insured Property removed from Your Home to any other place.</p> <p>9. Loss of earnings, loss by delay, loss of market or other consequential or indirect loss or damage of any kind or description whatsoever.</p> <p>10. Any reduction in market value of any Insured Property after its repair or reinstatement.</p> <p>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.</p> <p>i. Costs, fees or expenses for preparing any claim.</p>	
7	<p>Waiting Period</p> <ul style="list-style-type: none"> <li>Time period during which specified diseases/treatment are not covered</li> <li>It is counted from the beginning of the policy coverage.</li> </ul>	<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</p>	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <p>Sublimit: As specified in the Policy Schedule</p>	



	<p>this limit)</p> <p>ii. Co-payment (It is a specified amount/percentage of the admissible claim amount to be paid by 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>Co-payment - As specified in the Policy Schedule</p> <p>Deductible - As specified in the Policy Schedule</p>	
9	<p>Claims/Claims Procedure</p> <p><b>Health Segment</b></p> <p><b>Griha Raksha</b></p>	<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 center. For reimbursement of a claim, please submit all necessary documents on our App or email to us. We may ask for original hard copy of the documents in some cases. Turn Around Time (TAT) for claims settlement:</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>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/download">www.acko.com/gi/download</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/download">www.acko.com/gi/download</a></li> <li>iv. Downloading/getting the claim form: Acko App or <a href="http://www.acko.com/gi/">www.acko.com/gi/</a></li> </ul> <p>Immediate notice to Authorities: As soon as any loss or damage occurs to the Insured Property, You must give immediate report to appropriate legal authorities, You must inform the police. If there is a theft within 7 (seven) days following an Insured Event. Submit claim: 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. Methods of Intimation/Notifications: 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 mail to: <a href="mailto:hello@acko.com">hello@acko.com</a></li> </ul>	6.II.11

		<a href="mailto:hello@acko.com">hello@acko.com</a> <ul style="list-style-type: none"> <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> </ul> Via the website <a href="http://www.acko.com/gi">www.acko.com/gi</a> whenever available	
10	Policy Servicing	Company Officials: Acko General Insurance Limited, 2nd floor, #36/5, Hustlehub One East, 27th Main Rd, Sector 2, HSR Layout, Bengaluru, Karnataka - 560102 Our website: <a href="http://www.acko.com/gi">www.acko.com/gi</a> Email: <a href="mailto:health@acko.com">health@acko.com</a> Toll Free Number: 1800 266 2256	
11	Grievances/ Complaints	For resolution of any query, insured may contact the company on our helpline number 1800 266 2256 or may write an e-mail at <a href="mailto:hello@acko.com">hello@acko.com</a> . For resolution of grievance, insured may contact the company on our toll-free helpline number 1800 210 4990 (Operating hours: 10 AM – 7 PM, all days of the week). Senior Citizens Support: Phone: 080-62370023 Email: <a href="mailto:grievance.healthseniorcitizen@acko.com">grievance.healthseniorcitizen@acko.com</a> you can also write to <a href="mailto:grievance@acko.com">grievance@acko.com</a> . Your complaint will be acknowledged by us within 24 working hours. If in case you are dissatisfied with the decision/resolution provided through details indicated above on your Complaint or have not received any response within 14 working days, you may write or email to Chief Grievance Officer: Email: <a href="mailto:gro@acko.com">gro@acko.com</a> Postal Address: Acko General Insurance Limited, 2nd Floor, 36/5 Hustlehub One East, Somasandrapalya, 27th Main Road Sector 2, HSR Layout, Karnataka Bangalore – 560102 The Chief Grievance Officer will provide a final response within 7 days of receipt of the escalation. If in case your issue still remains unresolved and you wish to pursue other avenues for redressal of grievances, If You are not satisfied with the redressal of grievance, You may also approach IRDAI through its toll-free number 155255 or by registering a complaint online on the Bima Bharosa platform ( <a href="https://bimabharosa.irdai.gov.in/">https://bimabharosa.irdai.gov.in/</a> ). Insurance Ombudsman for Redressal, whose details are given below: General Manager Consumer Affairs Department- Grievance Redressal Cell Website: <a href="https://cioins.co.in/Ombudsman">https://cioins.co.in/Ombudsman</a> If your complaint remains unresolved within 30 days of lodging it with us, you may approach the Insurance Ombudsman at: <a href="https://cioins.co.in/Complaint">https://cioins.co.in/Complaint</a>	6.1.6
12	Things to remember	<b>In case of Health Segment</b> <b>Free look cancellation:</b> You may cancel the insurance policy if you do not want it, within 30 days from the receipt of the policy. <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. <b>Migration and Portability:</b> When your policy is due for renewal, you	6.1.12  6.1.9  6.1.7&8

		<p>may migrate to another policy with us or port your policy to another insurer.</p> <p>For migrating or porting out this policy, please write to us at <a href="mailto:health@acko.com">health@acko.com</a> or call us at 1800 266 2256</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>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.</p>	6.I.10
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>In the event of misrepresentation, mis-description, nondisclosure of material facts, fraud or non-cooperation by You in the proposal form, personal statement, medical history, declaration, and connected documents, or a claim is found to be fraudulent or any fraudulent means or devices are used by You or any one acting on Your behalf to obtain any Benefit under this Policy, the Policy shall stand void and all premium paid hereon shall be forfeited to the company.</p> <p>Material facts include all the information provided as part of the proposal form for purchasing the policy.</p>	

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

Place:

Date:

(Signature of the Policyholder)

Note:

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