

### CUSTOMER INFORMATION SHEET

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

Sl. No.	Title	Description	Policy Clause Number
1	Name of Insurance Product	Acko Health II	
2	Policy Number	XXXXX	
3	Type of Insurance Product	Indemnity and Benefit	
4	Sum Insured (Basis)	Individual / Floater (Amount will be mentioned here)	
5	<b>Policy Coverage</b>		
Note that the actual policy coverage will be as per the CIS issued after the policy issuance.			
		<b>Base Covers:</b>	
		<b>All the below mentioned benefits are covered up to sum insured unless specified otherwise</b>	
		Hospitalization cost for admissions more than 24 hours,	Section 3.2.1
		Coverage for the room rent charges for the room category and ICU charges during hospitalization stay as specified in the policy schedule	Section 3.2.2
		Day Care treatments coverage	Section 3.2.3
		Pre and Post hospitalization medical expenses	Section 3.2.4
		Road Ambulance Limit	Section 3.2.5
		Emergency evacuation from anywhere in India	Section 3.2.6
		Domiciliary Treatment: Medical treatments or procedures taken at home	Section 3.2.7
		Organ Donor expenses	Section 3.2.8
		Second Opinion for alternate evaluation	Section 3.2.9
		Ayush Treatment	Section 3.2.10
		Modern Treatment	Section 3.2.11
		<b>Optional Covers:</b>	
		Worldwide In-patient Hospitalization coverage	Section 3.3.1
		Restoration of sum insured up to amount specified in the policy schedule (Not Applicable in case of Unlimited SI)	Section 3.3.2
		Fixed percentage of Sum Insured will be provided in the subsequent policy year upon renewal as Cumulative Bonus	Section 3.3.3
		Increase in sum insured up to the amount specified for no claims during the previous year	Section 3.3.4
		If there is no claim in the current policy year under In- patient hospitalization and day care, we will provide a discount on premium in subsequent policy year as No Claim Discount.	Section 3.3.5
		Discount for First Notification of Claim	Section 3.3.6
		Discount for Preferred Providers Network	Section 3.3.7
		Co-Pay Discount	Section 3.3.8
		Super Top-Up- We will cover those expenses only after the cumulative claims amount crosses the deductible limit.	Section 3.3.9
		Waiver of non-payable medical expenses	Section 3.3.10
		All medically necessary hospitalization	Section 3.3.11
		Reduction in Specific illness waiting Period- Comprehensive	Section 3.3.12
		Reduction in Specific illness waiting Period-Essential	Section 3.3.13
		Preventive Health Check-up to insured above 18 years of age	Section 3.3.14
		Additional sum insured in the subsequent policy namely	Section 3.3.15

		'Inflation Protect Sum Insured' (Not Applicable in case of Unlimited SI)	
		Initial 30 days waiting period waiver	Section 3.3.16
		<b>Add-on Benefits:</b>	
		Access to a doctor or a general medical practitioner any time of the day for a medical consultation.	Section 3.4.1
		Access to a family physician	Section 3.4.2
		Out-patient treatment	Section 3.4.3
		Access to our Out-Patient Medical Services Network	Section 3.4.4
		Monthly No Claim Bonus OPD Sum Insured	Section 3.4.5
		Daily hospital cash	Section 3.4.6
		Accidental Death or Disability Cover	Section 3.4.7
		Accidental Disability Cover	Section 3.4.8
		Value Added Services	Section 3.4.9
<b>6</b>	<b>Exclusions</b>	Waiting period or exclusion of some pre-existing diseases and its direct complications are applicable as specified in the policy schedule	Section 4.1.1
		Specified disease/procedure listed in section 4.1.2 of the policy wordings excluded until the number of months as specified	Section 4.1.2
		Treatment of any kind for the first 30 days since first policy commencement	Section 4.1.3
		Expenses only for Investigation and Evaluation purposes	Section 4.1.4
		Expenses for enforced bed rest and not for receiving treatment.	Section 4.1.5
		Surgical treatment of obesity as per conditions specified in section 4.1.6 of the policy wordings	Section 4.1.6
		Expenses for changing characteristics of the body to those of the opposite sex.	Section 4.1.7
		Cosmetic or plastic surgery or any treatment to change appearance unless required due to an Accident, Burn(s) or Cancer	Section 4.1.8
		Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.	Section 4.1.9
		Treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer	Section 4.1.10
		Treatments in health hydros, nature cure clinics, spas or similar establishments	Section 4.1.11
		Dietary supplements and substances that can be purchased without prescription, unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure.	Section 4.1.12
		Treatment for correction of eye sight due to refractive error less than 7.5 dioptries.	Section 4.1.13
		Unproven Treatment	Section 4.1.14
		Expenses related to sterility and infertility.	Section 4.1.15
		Medical treatment expenses traceable to childbirth or miscarriage	Section 4.1.16
		Expenses for Non-Payable Medical Expenses as listed in Annexure 1 in the policy wordings for any hospitalization, day care or domiciliary treatment	Section 4.2.1
		Permanent Exclusions Set 1 (Can be Waived)	Section 4.2.2
		Permanent Exclusions Set 2 (Cannot be Waived)	Section 4.2.3
		Permanent Exclusions for Personal Accident Add-on Benefit	Section 4.2.4
		Medical Exclusion	Section 4.2.5
		Named Ailment waiting period or exclusion	Section 4.2.6
		Medical Practitioner Exclusion	Section 4.2.7

For detailed exclusions please refer the policy wordings			
7	Waiting Period	Initial waiting Period: As per Policy Schedule	Section 4.1.3
		Specific Illness (Standard list) waiting period: As per Policy Schedule	Section 4.1.2
		Pre-Existing Diseases exclusion / waiting period: As per Policy Schedule	Section 4.1.1
8	Financial limits of coverage	The co-pay or sub-limits will be mentioned in the policy schedule.  Deductible of Rs..... on aggregate claim basis as mentioned in the Policy schedule	Section 3.3.8
	i. Sub-limit		
	ii. Co-payment		
	iii. Deductible		
	iv. Any other limit (as applicable)		
9	Claims/Claims Procedure	Cashless claim facility can be availed in all network hospitals. The list of network hospitals are available on our website or can be checked at the customer care center.  For reimbursement of a claim, please submit all necessary documents on our App or email to us. We may ask for original hard copy of the documents in some cases. Turn Around Time (TAT) for claims settlement: i. TAT for preauthorization of cashless facility: 1 hour ii. TAT for cashless final bill authorization: 3 hours Please find the important links/numbers below :- i) Network Hospital Details: Acko App or <a href="http://www.acko.com/gi/download">www.acko.com/gi/download</a> ii) Helpline Number: 1860 266 2256 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> iv) Downloading/getting the claim form: Acko App or <a href="http://www.acko.com/gi/">www.acko.com/gi/</a>	Section 6.1
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	<p>For resolution of any query, insured may contact the company on our helpline number 1800 266 2256 or may write an e-mail at <a href="mailto:hello@acko.com">hello@acko.com</a>.</p> <p>For resolution of grievance, insured may contact the company on our toll-free helpline number 1800 210 4990 (Operating hours: 10 AM – 7 PM, all days of the week).</p> <p>Senior Citizens Support: Phone: 080-62370023 Email: <a href="mailto:grievance.healthseniorcitizen@acko.com">grievance.healthseniorcitizen@acko.com</a> you can also write to <a href="mailto:grievance@acko.com">grievance@acko.com</a>. Your complaint will be acknowledged by us within 24 working hours.</p> <p>If in case you are dissatisfied with the decision/resolution provided through details indicated above on your Complaint or have not received any response within 14 working days, you may write or email to Chief Grievance Officer: Email: <a href="mailto:gro@acko.com">gro@acko.com</a> Postal Address: Acko General Insurance Limited, 2nd Floor, 36/5 Hustlehub One East, Somasandrapalya, 27th Main Road Sector 2, HSR Layout, Karnataka Bangalore – 560102</p> <p>The Chief Grievance Officer will provide a final response within 7 days of receipt of the escalation. If 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>).</p> <p>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></p> <p>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></p>	Section 7
12	Things to remember	<p><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.</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.</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</p>	

		the enhanced limits. After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.	
13	Insured's 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>	
<b>Legal Disclaimer Note:</b> The information must be read in conjunction with the policy document, policy wording and prospectus. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.			

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

Declaration by the Policy Holder:

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

Place:

Date:

Signature of the Policy Holder

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.