

CUSTOMER INFORMATION SHEET

(Description is illustrative and not exhaustive)

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

Sl. No.	Title	Description	Policy Clause Number
1	Name of Insurance Product	Acko Health II	
2	Policy Number	XXXXXX	
3	Type of Insurance Product	Indemnity and Benefit	
4	Sum Insured (Basis)	Individual / Floater (Amount will be mentioned here)	
5	Policy Coverage		
Note that the actual policy coverage will be as per the CIS issued after the policy issuance.			
		Base Covers:	
		All the below mentioned benefits are covered up to sum insured unless specified otherwise	
		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
		Optional Covers:	
		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 'Inflation Protect Sum Insured' (Not Applicable in case of Unlimited SI)	Section 3.3.15
		Initial 30 days waiting period waiver	Section 3.3.16
		Add-on Benefits:	
		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
6	Exclusions	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 dioptres.	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	<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.</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.</p> <p>Turn Around Time (TAT) for claims settlement:</p> <p>i. TAT for preauthorization of cashless facility: 1 hour ii. TAT for cashless final bill authorization: 3 hours</p> <p>Please find the important links/numbers below:-</p> <p>i. Network Hospital Details: Acko App or www.acko.com/gi ii. Helpline Number: 1800 266 2256 iii. Hospitals which are backlisted or from where no claims will be accepted by the insurer: Acko App or www.acko.com/gi iv. Downloading getting the claim form: Acko App or www.acko.com/gi</p>	Section 6.1
10	Policy Servicing	<p>Contact Details of the Insurer:</p> <ul style="list-style-type: none"> • Call us on 1800 266 2256 or • Mail us on hello@acko.com or • Write to us at 2nd Floor, #36/5, Hustlehub One East, Somasandrapalya 27th Main Rd, Sector 2, HSR Layout, Bengaluru, Karnataka, 560102 <p>Details of your policy must be provided along with the intimation.</p>	
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 hello@acko.com</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: grievance.healthseniorcitizen@acko.com</p> <p>Complaints will be acknowledged within 24 hours of receipt. A final resolution will be provided within 14 days from receipt of the complaint. You can also write to grievance@acko.com. 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: gro@acko.com</p>	Section 7

		<p>Postal Address: Acko General Insurance Limited 36/5 Hustlehub One East, Somasandrapalya, 27th Main Road Sector 2, HSR Layout, Karnataka Bangalore – 560102</p> <p>The Chief Grievance Officer will provide a final response within 7 days of receipt of the escalation. If in case your issue remains unresolved within 14 days of lodging a complaint with us and you wish to pursue other avenues for redressal of grievances, you may approach IRDAI by calling on the Toll-Free no. 155255 or you can register an online complaint on the website https://irdai.gov.in/igms1</p> <p>Insurance Ombudsman for Redressal, whose details are given below: General Manager Consumer Affairs Department- Grievance Redressal Cell Website: https://cioins.co.in/Ombudsman</p> <p>In the event of an unsatisfactory response from the Grievance Officer, You may register a complaint in the Integrated Grievance Management System (IGMS) of the IRDAI.</p>	
12	Things to remember	<p>You may cancel the policy within 30 days of receipt without any charges and if there are no claims during this period.</p> <p>We will not deny renewal of your policy if you wish to renew with us as long as the applicable premium is paid on time.</p> <p>Migration and Porting of this Policy is allowed as per the applicable rules.</p> <p>For Detailed Guidelines on Migration, kindly refer the link:- https://irdai.gov.in/document-detail?documentId=393128</p> <p>For Detailed Guidelines on Portability, kindly refer the link:- https://irdai.gov.in/document-detail?documentId=393128</p> <p>Changes in Policy coverage such as change in sum insured, addition/deletion of insured etc are allowed subject to underwriting by the company.</p> <p>We will not deny any claim after the moratorium period of 5 years of continuous coverage unless due to fraud or permanent exclusion.</p>	<p>Section 5.1.16</p> <p>Section 5.1.13</p> <p>Section 5.1.12 & 5.2.13</p> <p>Section 5.1.12</p> <p>Section 5.2.13</p> <p>Section 5.1.18</p> <p>Definition 33 in Section 2.1</p>
13	Insured's Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.	
Legal Disclaimer Note: The information must be read in conjunction with the policy document, policy wording and prospectus. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.			

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

Declaration by the Policy Holder:

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

Place:

Date:

Signature of the Policy Holder