

## CUSTOMER INFORMATION SHEET

(Description is illustrative and not exhaustive)

Sr. No	Title	Description	Policy Clause Number
1	<b>Product Name</b>	Acko Personal Health Policy	
2	<b>Type of Insurance Product/Policy</b>	Indemnity	
3	<b>Sum Insured (Basis)</b>	Individual / Floater (Amount will be mentioned here)	
4	<b>Policy Number</b>	XXXXXX	
5	<b>Policy Coverage</b>	<p>All the below mentioned benefits are covered up to sum insured unless specified otherwise</p> <p>Hospitalization cost for admissions more than 24 hours,</p> <p>We will cover the room rent charges for the room category and ICU charges during hospitalization stay as specified in the policy schedule</p> <p>All necessary Day Care treatments</p> <p>Pre hospitalization medical expenses up to 60 days before admission</p> <p>Post Hospitalization medical expenses up to 120 days post discharge</p> <p>Road ambulance cost</p> <p>Emergency evacuation from anywhere in India</p> <p>Medical treatments or procedures taken at home</p> <p>Organ Donor expenses</p> <p>Second Opinion for alternate evaluation</p> <p>Ayush Treatment</p> <p>Modern Treatment</p> <p>World wide Treatment</p>	<p>Section 3.2.1 &amp; 3.2.2</p> <p>Section 3.2.3</p> <p>Section 3.2.4</p> <p>Section 3.2.5</p> <p>Section 3.2.6</p> <p>Section 3.2.7</p> <p>Section 3.2.8</p> <p>Section 3.2.9</p> <p>Section 3.2.10</p> <p>Section 3.2.11</p> <p>Section 3.3.1</p>

		<p>Refill of sum insured up to amount specified in the policy schedule (Not Applicable in case of Unlimited SI)</p> <p>Increase in sum insured upto the amount specified for no claims during the previous year</p> <p>Super Top-Up- We will cover those expenses only after the cumulative claims amount crosses the deductible limit.</p> <p>Waiver of non-payable medical expenses</p> <p>All medically necessary hospitalization</p> <p>Reduction in Specific illness waiting Period</p> <p>Preventive Health Check-up to insured above 18 years of age</p> <p>Additional sum insured in the subsequent policy namely 'Inflation Protect Sum Insured' (Not Applicable in case of Unlimited SI)</p> <p>Initial 30 days waiting period waiver</p> <p><b>Add-on Benefits</b></p> <p>Access to a doctor or a general medical practitioner any time of the day for a medical consultation.</p> <p>Access to a family physician</p> <p>Out patient treatment</p> <p>Daily hospital cash</p> <p>Accidental Death and Disability covers</p> <p>Value Added Services</p> <p>Please refer to section 6 below for type of treatments, diseases, situations, expenses etc which are not covered in the product</p> <p>Coverages available under Your Policy will be as mentioned in Your policy schedule.</p>	<p>Section 3.3.2</p> <p>Section 3.3.3</p> <p>Section 3.3.7</p> <p>Section 3.3.8</p> <p>Section 3.3.9</p> <p>Section 3.3.10</p> <p>Section 3.3.11</p> <p>Section 3.3.12</p> <p>Section 3.3.13</p> <p>Section 3.4.1</p> <p>Section 3.4.2</p> <p>Section 3.4.3</p> <p>Section 3.4.6</p> <p>Section 3.4.7 to Section 3.4.8</p> <p>Section 3.4.9</p>
6	<b>Exclusions</b>	<p>Waiting period or exclusion of some pre-existing diseases and its direct complications are applicable as specified in the policy schedule</p> <p>Specified disease/procedure listed in section 4.1.2 of the policy wordings excluded until the number of months as specified</p>	<p>Section 4.1.1</p> <p>Section 4.1.2</p>

	Treatment of any kind for the first 30 days since first policy commencement	Section 4.1.3
	Expenses only for diagnostics 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
	Treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer	Section 4.1.9
	Treatments in health hydros, nature cure clinics, spas or similar establishments	Section 4.1.10
	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 4.1.11
	Treatment for correction of eye sight due to refractive error less than 7.5 dioptries.	Section 4.1.12
	Expenses related to sterility and infertility.	Section 4.1.13
	Medical treatment expenses traceable to childbirth or miscarriage	Section 4.1.14
	Expenses for Non-Medical Expenses as listed in Annexure 1 in the policy wordings for any hospitalization, day care or domiciliary treatment	Section 4.2.1
	Self-inflicted Injury Breach of law Other sexually transmitted diseases Hazardous or Adventure Sports Unproven and Experimental Treatment Treatment taken outside India External Congenital Anomaly or defects Specific treatments	Section 4.2.2

		<p>Sleep Disorders Substance abuse and addictions OPD Treatments</p> <p>Suicide Dental Treatment unless necessitated due to an Accident Circumcision Prosthetics and Other Devices unless necessitated due to an Accident War and Exposure to Hazardous Substances Hormonal Therapies</p> <p>For detailed exclusions please refer the policy wordings</p>	Section 4.2.3
7	<b>Waiting Period</b>	<ul style="list-style-type: none"> <li>Initial waiting Period: None</li> <li>Specific Illness (Standard list) waiting period: None</li> <li>Pre-Existing Diseases exclusion / waiting period: None / Disease X waiting period .... months / Disease Y not covered</li> </ul>	
8	<b>Financial limits of coverage</b>  <b>i. Sub-limit</b> <b>ii. Co-payment</b> <b>iii. Deductible</b> <b>iv. Any other limit (as applicable)</b>	<p>The co-pay or sub-limits will be mentioned in the policy schedule. Although no co-pay and sub-limit is applicable on any reasonable costs for treatments covered.</p> <p>Deductible of Rs. .... on aggregate claim basis as mentioned in the Policy schedule</p>	<p>Section 3.2.2, 3.3.4, 3.3.5, 3.3.6</p> <p>Section 3.3.7</p>
9	<b>Claims/ Claims Procedure</b>	<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>Please find the important links/numbers below :-</p> <p>i. Network Hospital Details: <a href="#">Acko App</a> or <a href="http://www.acko.com/gi">www.acko.com/gi</a></p> <p>ii. Helpline Number: <a href="tel:18602662256">1860 266 2256</a></p> <p>iii. Hospitals which are backlisted or from where no claims will be accepted by the insurer: <a href="#">Acko App</a> or <a href="http://www.acko.com">www.acko.com</a></p> <p>iv. Downloading getting the claim form: <a href="#">Acko App</a> or <a href="http://www.acko.com">www.acko.com</a></p>	Section 6.1

10	<b>Policy Servicing/ Grievances/ Complaints</b>	<ul style="list-style-type: none"> <li>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</li> <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>	Section 6.3
11	<b>Things to remember</b>	<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:- <a href="https://irdai.gov.in/document-detail?documentId=393128">https://irdai.gov.in/document-detail?documentId=393128</a></p> <p>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>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 8 years of continuous coverage unless due to fraud or permanent exclusion.</p>	<p>Section 5.1.18</p> <p>Section 5.1.15</p> <p>Section 5.1.14</p> <p>Section 5.2.13</p> <p>Section 5.1.20</p>
12	<b>Insured's Obligations</b>	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 product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.

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

Place:  
Date:

\_\_\_\_\_  
Signature of the Policy Holder