

## CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.  
In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.

SI No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/Policy	Acko Secure Shield Plus	
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	Benefits	Section C
		Hospital Daily Cash Allowance	1
		Loss of Job	2
		Critical Illness Benefit	3
		Personal Accident Category	4
		EMI Protection	5
		In-patient Hospitalization Fixed Benefit	6
		Day Care Treatment Cover	7
6	Exclusions (what the policy does not cover)	<p>We shall not be liable to make any payment for any claim under the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:</p> <ul style="list-style-type: none"> <li>➤ Any Illness or Critical Illness arising within first 30 days of the Risk Commencement Date</li> <li>➤ Any Illness or Critical Illness arising within the Waiting Period(s) specified in the Schedule or Certificate of Insurance. This Waiting Period commences at the Risk Commencement Date and concurrently with the first 30 days of the Risk Commencement Date specified in Exclusion (a) of this Section.</li> </ul> <p>The above Waiting Periods in Exclusions (a) and (b) and the Specific Exclusions to Benefit 1 (Hospital Daily Allowance) would be considered to have been served if the Insured Person was insured continuously and without interruption for at least 1 year under another Indian insurer's individual health / Family Health insurance policy for the reimbursement of medical costs</p>	Section D

		<p>for inpatient treatment in a Hospital.</p> <ul style="list-style-type: none"> <li>➤ Any Pre-Existing Disease, or any Injury or condition arising out of a Pre-Existing Disease, or any complication arising therefrom.</li> <li>➤ Suicide or attempted suicide, intentional self-inflicted Injury or acts of self-destruction, whether the Insured Person is medically sane or insane.</li> <li>➤ Any change of profession after inception of the Policy which results in the enhancement of Our risk under the Policy, if not accepted and endorsed by Us on the Certificate of Insurance.</li> <li>➤ Any External Congenital Anomalies or in consequence thereof.</li> <li>➤ Any certification provided by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's family.</li> <li>➤ Any claim directly or indirectly caused by or associated with any venereal disease or sexually transmitted disease.</li> <li>➤ Any claim directly or indirectly caused due to or associated with human T-cell Lymph tropic virus type III (HTLV-III or IITLB-III) or Lymphadenopathy Associated Virus (LAV) and its variants or mutants, Acquired Immune Deficiency Syndrome (AIDS) whether or not arising out of HIV, AIDS related complex syndrome (ARCS) and any injury caused by and/or related to HIV.</li> </ul> <p><b>Note: The above policy is a partial listing of the policy exclusion. Please refer to the policy wordings for listed specific exclusion for certain specific benefits</b></p>	
7	<p>Waiting Period</p> <ul style="list-style-type: none"> <li>• Time period during which specified diseases/treatments are not covered</li> <li>• It is counted from the beginning of the policy coverage.</li> </ul>	<p><b>Initial waiting Period:</b> As Per Policy Schedule</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>	Refer Policy Schedule
8	<p>Financial limits of coverage</p> <ol style="list-style-type: none"> <li>i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</li> <li>ii. Co-payment (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured).</li> </ol>	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <p>Sublimit : Refer Policy Schedule</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 - Please specify as per the policy Schedule.</p> <p><b>Deductible</b> - Please specify as per the policy Schedule</p>	
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 <a href="http://www.acko.com/gi/download">www.acko.com/gi/download</a> 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.</p> <p>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>	Section F
10	Policy Servicing	<p>Company Officials: Acko General Insurance Limited, 2nd 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:health@acko.com">health@acko.com</a></li> <li>• Toll Free Number: 1800 266 2256</li> </ul>	
11	Grievances/ Complaints	<p>For resolution of any query, insured may contact the company on our helpline number <b>1800 266 2256</b> 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>	Section E

		<p>Senior Citizens Support: Phone: <b>080-62370023</b> Email: <a href="mailto:grievance.healthseniorcitizen@acko.com">grievance.healthseniorcitizen@acko.com</a></p> <p>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></p> <p>Postal Address: Acko General Insurance Limited, 2<sup>nd</sup> 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:</p> <p>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>	
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</p>	

		applicable from date of enhancement of sums insured only on 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	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.  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.  Material facts include all the information provided as part of the proposal form for purchasing the policy.	

Declaration by the Policy Holder:

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

Place:

Date:

(Signature of the Policyholder)

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.