

## CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

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

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>&gt; Any Illness or Critical Illness arising within first 30 days of the Risk Commencement Date</li> <li>&gt; 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> <li>&gt; 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</li> </ul>	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)</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>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 - Please specify as per the policy Schedule.</p> <p><b>Deductible</b> - Please specify as per the policy Schedule</p>	
<b>9</b>	<p>Claims/Claims Procedure</p>	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p><b>Turn Around Time (TAT) for claims settlement:</b></p> <p>i. TAT for preauthorization of cashless facility 1 hour</p> <p>ii. TAT for cashless final bill authorization: 3 hours</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 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>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: <b>1800 266 2256</b></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/gi">www.acko.com/gi</a></p> <p><b>iii.</b> Downloading getting the claim form: <a href="#">Acko App</a> or <a href="http://www.acko.com/gi">www.acko.com/gi</a></p> <p><b>Methods of Intimation/Notifications:</b></p> <p>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 <a href="mailto:hello@acko.com">mailto:hello@acko.com</a></li> <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>	Section F

		<ul style="list-style-type: none"> <li>• Via the website <a href="http://www.acko.com/gi">www.acko.com/gi</a> whenever available</li> </ul>	
<b>10</b>	Policy Servicing	<p>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</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:grievance@acko.com">grievance@acko.com</a></li> <li>• Toll Free: 1800 266 2256</li> </ul>	
<b>11</b>	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> <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:</p> <p>Email: <a href="mailto:gro@acko.com">gro@acko.com</a></p> <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 <a href="https://irdai.gov.in/igms1">https://irdai.gov.in/igms1</a></p> <p>Insurance Ombudsman for Redressal, whose details are given below:</p> <p>General Manager Consumer Affairs Department- Grievance Redressal Cell</p> <p>Website: <a href="https://cioins.co.in/Ombudsman">https://cioins.co.in/Ombudsman</a></p> <p>In the event of an unsatisfactory response from the Grievance Officer, he/she may register a complaint in the Integrated Grievance Management System (IGMS) of the IRDAI.</p>	Section E

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 beginning 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 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> 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>	Section E.II.11  Section E.II.5  Section E.II.10
13	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. If any of the facts provided to us to purchase this Policy are found to be incorrect, incomplete, suppressed or not disclosed, the policy shall be canceled without refund of premium after 15 days' notice. Any claim made under such Policy, shall be rejected	

**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 through our website <https://www.acko.com/gi/download/> for the product related documents including the Customer Information sheet are available on the website of the insurer.