

CUSTOMER INFORMATION SHEET

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.

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SI. No.	Title	Description	Policy Clause Number
1	Name of Insurance Product	Acko Specially Abled Health Cover	
2	Policy Number	XXXXX	
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 covera	age 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	
		Inpatient Hospitalization:	Section 3.2.1
		The Company shall indemnify medical expenses incurred for Hospitalization of the Insured Person during the Policy Year, up to the Sum insured as specified in the Policy Schedule (other than any sub-limits, co-pay as specified in the policy), for:	
		Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home up to maximum of 1% of the Sum Insured per day.	
		Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses up maximum of 2% of Sum Insured per day.	
		Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating Medical Practitioner/ surgeon or to the hospital	
		Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities and such similar other expenses	
		AYUSH Treatment	Section 3.2.2
		The Company shall indemnify medical expenses incurred for	
		inpatient care treatment under Ayurveda, Yoga and	
		Naturopathy, Unani, Siddha and Homeopathy systems of	
		medicines during each Policy Year up to 50% of sum insured as specified in the policy schedule in any AYUSH Hospital.	
		Pre-Hospitalization Medical Expenses	Section 3.2.3
		The Company shall indemnify Pre-Hospitalization Medical	
		Expenses incurred, related to an admissible Hospitalization	
		requiring Inpatient care, up to a period of 30 days prior to the	
		date of admissible Hospitalization covered under the Policy during the policy period.	



		Post-Hospitalization Medical Expenses	Section 3.2.4
		The Company shall indemnify Post Hospitalization Medical	0000001101211
		Expenses incurred, related to an admissible Hospitalization	
		requiring Inpatient Care, up to a period of 60 days from the	
		date of discharge from the Hospital, following an admissible	
		hospitalization covered under the Policy during the policy	
		period.	
	+	Cataract Treatment	Section 3.2.6
		The company shall indemnify medical expenses incurred for treatment of Cataract, subject to a limit of Rs.40,000/-, per each	
		eye in one policy year.	
		Modern Treatment	Section 3.2.7
		The following procedures will be covered (wherever medically	
		indicated) either as In patient or as part of Day Care Treatment	
		in a Hospital up to 50% of Sum Insured, specified in the Policy	
		Schedule, during the Policy Period	
		Co-Payment	Section 3.2.8
		Every claim under the Policy shall be subject to a Co-payment	0000011 0.2.0
		Every claim under the Policy shall be subject to a Co-payment of 20% applicable to claim amount admissible and payable as per the terms and conditions of the Policy. The amount	
		payable shall be after deduction of the co-payment.	
6	Exclusions	Waiting period or exclusion of some pre-existing diseases	Section 4.1.1
		and its direct complications are applicable as specified in the	
		policy schedule	
		Specified disease/procedure listed in section 4.1.2 of the	
		policy wordings excluded until the number of months as	
		specified	0 " 110
		Treatment of any kind for the first 30 days since first policy	Section 4.1.3
		commencement	0 4: 4 4 4
		Expenses for changing characteristics of the body to those of the opposite sex.	Section 4.1.4
	-	Cosmetic or plastic surgery or any treatment to change	Section 4.1.5
		appearance unless required due to an Accident, Burn(s) or	
		Cancer	
		Adventure Sports	Section 4.1.6
		Breach of law	Section 4.1.7
		Treatment in any hospital or by any Medical Practitioner or	Section 4.1.8
		any other provider specifically excluded by the Insurer	2000011 T. 1.0
		Treatment for, Alcoholism, drug, or substance abuse or any	Section 4.1.9
		addictive condition and consequences	
		Treatments in health hydros, nature cure clinics, spas or	Section 4.1.10
		similar establishments	
		Dietary supplements and substances that can be	Section 4.1.11
		purchased without prescription, unless prescribed by a	
		medical practitioner as part of hospitalization claim or day	
		care procedure.	
		Treatment for correction of eye sight due to refractive error less	Section 4.1.12
		than 7.5 dioptres.	
		Expenses related to sterility and infertility.	Section 4.1.13
		Unproven Treatment	Section 4.1.14
		Medical treatment expenses traceable to childbirth or	Section 4.1.15
		miscarriage	0 " 1110
		Investigation & Evaluation- Code	Section 4.1.16



Rest Cure, rehabilitation, and respite care	Section 4.1.17
Obesity/ Weight Control	Section 4.1.18
Any medical treatment taken outside India.	Section 4.2.1
Hospitalization for donation of any body organs by a	n
Insured including complications arising from the donation	
of organs.	Section 4.2.2
Nuclear damage caused by, contributed to, by or arising	
from ionising radiation or contamination by radioactivity	0 " 100
from:	Section 4.2.3
a. any nuclear fuel or from any nuclear waste; or	
b. from the combustion of nuclear fuel (including any self- sustaining process of nuclear fission);	
c. nuclear weapons material.	
d. nuclear equipment or any part of that equipment.	
War, invasion, acts of foreign enemies, hostilities (whether w	ar
be declared or not), civil war, commotion, unrest, rebellio	
revolution, insurrection, military or usurped power	
confiscation or nationalisation or requisition of or damage I	
or under the order of any government or public	
local authority.	Section 4.2.4
Injury or Disease caused by or contributed to by nuclear	
weapons/materials.	Section 4.2.5
Circumcision unless necessary for treatment of a diseas	e,
illness or injury not excluded hereunder, or as may be necessitated due to an accident.	Section 4.2.6
Treatment with alternative medicines or Treatment	
experimental or any other treatment such as acupunctur	1
acupressure, magnetic, osteopath, naturopathy,	,
chiropractic, reflexology and aromatherapy.	Section 4.2.7
Suicide, Intentional self-injury (including but not limited to the	
use or misuse of any intoxicating drugs or alcohol) and any	
violation of law or participation in an event/activity that	
is against law with a criminal intent.	Section 4.2.8
Vaccination or inoculation except as post bite treatment for animal bite.	Section 4.2.0
Convalescence, general debility, "Run-down" condition,	Section 4.2.9
rest cure, Congenital external illness/disease/defect.	Section 4.2.10
Outpatient diagnostic, medical and surgical procedures	
treatments, non- prescribed drugs and medical supplie	
hormone replacement therapy and expenses related to	
Domiciliary hospitalization shall not be covered.	Section 4.2.11
Dental treatment or Surgery of any kind unless requiring	
Hospitalisation as a result of accidental Bodily Injury.	Section 4.2.12
Venereal/ Sexually Transmitted disease	Section 4.2.13
Stem Cell Storage	Section 4.2.14
Any kind of service charge, surcharge levied by the hospital.	Section 4.2.15
Personal comfort and convenience items or services such	ch
as television, telephone, barber or guest service and similar	
incidental services and supplies.	Section 4.2.16
Non-Payable items: The expenses that are not covered in	



		this Policy are placed under List-I of Annexure-II	Section 4.2.17
		Any medical procedure or treatment, which is not medically necessary or not performed by a Medical Practitioner.	Section 4.2.18
		This cover will exclude the cost of any Anti-Retroviral Treatment.	Section 4.2.19
or c	detailed exclusions please i	refer the policy wordings	
	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
	Financial limits of coverage	The co-pay or sub-limits will be mentioned in the policy schedule.	Section 3.2.8
	i. Sub Limit ii. Co payment iii. Deductible	Deductible of Rson aggregate claim basis as mentioned in the Policy schedule	
	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 or our website www.acko.com/gi/download or can be checked at the customer care centre.	ו
		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 www.acko.com/gi/download 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 www.acko.com/gi/download iv) Downloading getting the claim form: Acko App or www.acko.com/gi	
0	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: www.acko.com/gi Email: health@acko.com Toll Free Number: 1800 266 2256	
1	Grievances/ Complaints	For resolution of any query, insured may contact the company on our helpline number 1800 266 2256 or may write an e-mail at helplo@acko.com .	Section 6.2



		the company on our toll-free helpline number 1800 210 4990 (Operating hours: 10 AM – 7 PM, all days of the week). Senior Citizens Support: Phone: 080-62370023 Email: grievance.healthseniorcitizen@acko.com you can also write to grievance@acko.com. Your complaint will be acknowledged by us within 24 working hours. 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 Postal Address: Acko General Insurance Limited, 2nd Floor, 36/5 Hustlehub One East, Somasandrapalya, 27th Main Road Sector 2, HSR Layout, Karnataka Bangalore – 560102	
		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 also approach IRDAI through its toll-free number 155255 or by registering a complaint online on the Bima Bharosa platform (https://bimabharosa.irdai.gov.in/).	
		Insurance Ombudsman for Redressal, whose details are given below:	
12	Things to remember	General Manager Consumer Affairs Department-Grievance Redressal Cell Website: https://cioins.co.in/Ombudsman If your complaint remains unresolved within 30 days of lodging it with us, you may approach the Insurance Ombudsman at: https://cioins.co.in/Complaint Free Look cancellation: You may cancel the	Section 5.1.17
	Triingo to remoniber	insurance policy if you do not want it, within 30 days from the receipt of the policy.	occion o. 1. 17
		Policy renewal : 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.	Section 5.1.15
		Migration and Portability : When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.	
		For migrating or porting out this policy, please write to us at health@acko.com or call us at 1800 266 2256	
noral l	nsurance Limited 2nd Floor	#36/5, Hustlehub One Fast, Somasandrapalva, 27th Main Rd, Sect	or 2 HSR Layout Be



	Change in Sum Insured: 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.
	Moratorium Period: 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 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	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.
Legal Disclaimer Note: The info	ormation must be read in conjunction with the policy document, policy wording and

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

Please go to www.acko.com/gi/downalod for all the documents related to this product including but not limited to Policy Wording, Prospectus, CIS, Proposal Form, etc.