

CUSTOMER INFORMATION SHEET

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

Sr. No	Title	Description	Policy Clause Number
1	Name of Insurance Product	Acko Surrogacy & Oocyte Cover	
2	Policy Number	XXXXX	
3	Type of Insurance Product/Policy	Indemnity	
4	Sum Insured (Basis)	Individual (Amount to be mentioned)	
5	Policy Coverage (What the policy covers?)	All the below mentioned benefits are covered up to sum insured unless specified otherwise	
		Hospitalization cost for admissions more than 24 hours	Section 3.1.1
		All necessary Day Care treatments	Section 3.1.2
		Pre hospitalization medical expenses up to 30 days before admission Post Hospitalization medical expenses up to 60 days post discharge	Section 3.1.3
		Road ambulance cost	Section 3.1.4
		Medical treatments or procedures taken at home	Section 3.1.5
6	Exclusions (What the policy does not cover)	Treatment of any kind for the first 30 days since first policy commencement	Section 4.1.1
		Expenses only for diagnostics and evaluation purposes	Section 4.1.2
		Expenses for enforced bed rest and not for receiving treatment.	Section 4.1.3
		Cosmetic or plastic surgery or any treatment to change appearance	Section 4.1.4
		unless required due to an Accident, Burn(s) or Cancer	
		Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports	Section 4.1.5
		Any breach of law	Section 4.1.6
		Treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer	Section 4.1.7
		Treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof.	Section 4.1.8
		Treatments in health hydros, nature cure clinics, spas or similar establishments	Section 4.1.9
		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 4.1.10

		Treatment for correction of eye sight due to refractive error less than 7.5 dioptries.	Section 4.1.11
		Expenses related to any unproven treatment, services and supplies	Section 4.1.12
		Expenses related to sterility and infertility.	Section 4.1.13
		Dental Treatment	Section 4.2.1
		Medically Unnecessary Treatment	Section 4.2.2
		War & Exposure to Hazardous Substances	Section 4.2.3
		Screening, counselling or treatment related to external Congenital Anomaly	Section 4.2.4
		Treatment from any unrecognised physician or hospital	Section 4.2.5
		Expenses for Non-Medical Expenses as listed in Annexure 1 in the policy wordings for any hospitalization, day care or domiciliary treatment	Section 4.2.7
		<p>Surrogacy & Oocyte specific exclusions:</p> <ol style="list-style-type: none"> Complications of pregnancy to the Surrogate Mother, which is: <ol style="list-style-type: none"> Other than Altruistic Surrogacy For second Surrogacy If the Surrogate Mother donates her own gametes Newborn baby through Surrogacy to the Surrogate Mother. Miscarriage/Medical termination other than in case of Life-Threatening condition to the Surrogate Mother Treatment taken on OPD basis. Surrogacy Treatment Procedure Cost from Policy Commencement Date till completion of embryo implantation process. Surrogacy which is for Commercial Purposes Treatment or Complications arising out of any Pre-Existing conditions/ disease. Any illness, sickness or disease other than the complications arising out of pregnancy and post-partum delivery for the Surrogate mother or any complications arising out of Oocyte retrieval for the Oocyte donor. Complications arising due to Oocyte retrieval, if the Insured is donating for second time. Any claim with respect to abandon or disown or exploit or cause to be abandoned, disowned or exploited in any form, the child or children born through Surrogacy. 	Section 4.2.8
8	Financial limits of coverage i. Sub-limit ii. Co-payment iii. Deductible iv. Any other limit (as applicable)	This product has no copay, deductible or sub-limits applicable on any reasonable costs for treatments covered.	
		Cashless claim facility can be availed in all network hospitals. The list of network	

9	Claims/ Claims Procedure	<p>hospitals are available on our website www.acko.com/gi/download 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"> i. TAT for preauthorization of cashless facility: 1 hour ii. TAT for cashless final bill authorization: 3 hours <p>Please find the important links/numbers below :-</p> <ul style="list-style-type: none"> 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 	Section 6.1
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> <p>Our website: www.acko.com/gi</p> <p>Email: health@acko.com</p> <p>Toll Free Number: 1800 266 2256</p>	Section 6.2
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</p> <p>Email: grievance.healthseniorcitizen@acko.com</p> <p>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:</p> <p>Email: gro@acko.com</p> <p>Postal Address: Acko General Insurance Limited, 2nd 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 (https://bimabharosa.irdai.gov.in/).</p> <p>Insurance Ombudsman for Redressal, whose details are given below:</p> <p>General Manager Consumer Affairs Department- Grievance Redressal Cell</p> <p>Website: https://cioins.co.in/Ombudsman</p> <p>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</p>	
12	Things to remember	<p>Free Look cancellation: You may cancel the insurance policy if you do not want it, within 30 days from the receipt of the policy.</p> <p>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.</p>	Section 5.1.15

		<p>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.</p> <p>For migrating or porting out this policy, please write to us at health@acko.com or call us at 1800 266 2256</p> <p>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.</p> <p>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.</p> <p>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.</p>	
13	Insured's Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>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.</p> <p>Material facts include all the information provided as part of the proposal form for purchasing the policy.</p>	Section 5.1.1, Section 5.2.2
<p>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.</p>			

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/downloadod for all the documents related to this product including but not limited to Policy Wording, Prospectus, CIS, Proposal Form, etc.