

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.

S. No	Title	Description	Policy Clause Number
1	Name of Insurance Product/Policy	Group Personal Accident Insurance Policy	
2	Policy Number		
3	Type of Product/ Policy	Benefit	
4	Sum Insured	Individual Sum Insured	
5	Policy Coverage	<p>Benefits:</p> <p>Accidental Death Benefit- If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly results in the Insured Person's death within 365 days from the date of the Accident, we will pay the Sum Insured.</p> <p>Permanent Total Disablement- If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly results in the Permanent Total Disability of the Insured Person which is of the nature specified in the table specified in policy wording, within 365 days from the date of the Accident, We will pay the Sum Insured.</p> <p>Permanent Partial Disablement- If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly results in the Permanent Partial Disability of the Insured Person which is of the nature specified in the table below within 365 days from the date of the Accident, We will pay the amount specified in the table as per policy wording.</p> <p>Temporary Total Disablement- If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly results in the disability of the Insured Person which prevents the Insured Person from engaging in any employment or occupation on a temporary basis, then We will pay the amount specified in the Certificate of Insurance at the frequency specified in the Certificate of Insurance for the duration that the Temporary Total Disability continues.</p> <p>Child Education Cover: We will pay the amount specified in the Certificate of Insurance at the frequency specified in the Certificate of Insurance in respect of each surviving Dependent Child, irrespective of whether the child is an Insured Person under this Policy.</p>	<p>In-Built benefits(a)</p> <p>Cover benefits (1)</p> <p>Cover benefits (2)</p> <p>Cover benefits (3)</p> <p>Cover benefits (4)</p>

	<p>Medical Expenses Reimbursement: If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly requires the Insured Person to be Hospitalized or under Day Care Treatment, then We will reimburse the costs incurred on Medical Expenses up to the limit specified in the Certificate of Insurance including the Post- Hospitalization Medical Expenses.</p>	Cover benefits (5)
	<p>Hospital Fixed Allowance: If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly requires the Insured Person to be Hospitalized for at least the minimum number of consecutive days specified in the Certificate of Insurance, then We will pay the amount specified in the Certificate of Insurance.</p>	Cover benefits (6)
	<p>Global Coverage: If this Cover Benefit is in force this Policy applies to events or occurrences taking place anywhere in the world unless limited under this Policy in a particular Benefit/Cover Benefit or definition or by Us through an endorsement. All payments under this Policy will only be made in the currency specified in the Schedule.</p>	Cover benefits (7)
	<p>Disappearance Cover: If an Insured Person disappears during the Coverage Period due to an Accident followed by a forced landing, stranding, sinking or wrecking of a conveyance, earthquake or flood during the Coverage Period and is legally declared dead (declared death in absentia or legal presumption of death) We will pay the amount specified in the Certificate of Insurance to the Nominee</p>	Cover benefits (8)
	<p>Repatriation of Mortal Remains: We will reimburse the expenses incurred up to the limit specified in the Certificate of Insurance for transportation of mortal remains from the place of death to the residence of the Insured Person.</p>	Cover benefits (9)
	<p>Mobility Cover: We will reimburse the expenses incurred up to the limit specified in the Certificate of Insurance on the purchase of support items including but not limited to crutches, artificial limbs, wheelchairs, tri-cycles intra-ocular lenses, spectacles, hearing aids, dentures, artificial teeth, imported medicines or any other item which in the opinion of the treating Medical Practitioner is necessary for the Insured Person to resume normal living following the Injury sustained in the Accident during the Coverage Period.</p>	Cover benefits (10)
	<p>Funeral Expenses: We will pay the amount specified in the Certificate of Insurance towards expenses on the funeral, cremation/ or burial and transportation of the body to the place of the funeral ceremony for the Insured Person.</p>	Cover benefits (11)
	<p>Compassionate visit: We will reimburse an amount incurred for return economy class tickets up to the limit specified in the Certificate of Insurance for an Immediate Relative of the Insured Person to travel to the place of Hospitalization of the Insured Person.</p>	Cover benefits (12)

		<p>Hospital Daily Allowance: If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly requires the Insured Person to be Hospitalized then We will pay the daily allowance amount specified in the Certificate of Insurance, for each continuous and completed period of 24 hours of Hospitalisation.</p>	Cover benefits (13)
		<p>Loan Protector: If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period We will pay an amount equal to the outstanding loan principal amount in respect of the Insured Person's outstanding Loan, subject to this amount not exceeding the amount specified in the Certificate of Insurance.</p>	Cover benefits (14)
		<p>Outstanding Bills Protection Benefit: If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period We will pay the outstanding bills of the Insured Person up to the amount specified in the Certificate of Insurance.</p>	Cover benefits (15)
		<p>Ambulance Transportation Cover: If the Insured Person suffers an Injury due to an Accident and such Injury requires the Insured Person to be transported to the Hospital by an Ambulance, then We shall reimburse the costs incurred up to the limits as specified in the Certificate of Insurance.</p>	Cover benefits (16)
		<p>Out Patient Department (OPD) expenses: If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly requires the Insured Person to undergo OPD Treatment for any of the treatments/tests/consultations specified in the Certificate of Insurance then We will reimburse the costs incurred on Medical Expenses up to the limit specified Certificate of Insurance</p>	Cover benefits (17)
		<p>Modification of Vehicle/Home: We will reimburse the costs incurred up to the limit specified in the Certificate of Insurance for improvements to be carried out in the Insured Person's residence or to the Insured Person's vehicle.</p>	Cover benefits (18)
		<p>Emergency Medical Evacuation: We will reimburse the costs incurred up to the limit specified in the Certificate of Insurance for the air or surface transportation of the Insured Person (and an attending Medical Practitioner if it is certified in writing as being medically necessary) including costs incurred for medical care during such transportation.</p>	Cover benefits (19)
		<p>Physiotherapy: If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly requires the Insured Person to undergo physiotherapy, then We will reimburse the costs incurred on physiotherapy up to the limit specified Certificate of Insurance.</p>	Cover benefits (20)
		<p>Chauffer Benefit: We will pay the per day allowance specified in the Certificate of Insurance in respect of a chauffeur to drive the Insured Person.</p>	Cover benefits (21)

6	Exclusions	<ul style="list-style-type: none"> Any Pre-Existing Disease or any Injury or disability arising out of a Pre-Existing Disease or any complication arising therefrom. Suicide or attempted suicide, intentional self-inflicted Injury or acts of self- destruction, whether the Insured Person is medically sane or insane. Mental Illness including psychiatric conditions, mental disorders, disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances caused by mental reaction to the same. Working in underground mines, tunnelling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaging in Hazardous Activities. Any change of profession after inception of the Policy which results in the enhancement of Our risk under the Policy. Bacterial infections (except pyogenic infection which occurs through a cut or wound due to Accident). Medical or surgical treatment except as necessary solely and directly as a result of an Accident. Certification of disability by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's family. Death or disability directly or indirectly caused by or associated with any venereal disease or sexually transmitted disease. Chemical attack of any kind Death or disability directly or indirectly caused due to or associated with human T-cell Lymphotropic 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. Death or disability arising from or caused due to use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen. Death or disability arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion with criminal intent. Death or disability resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy or a consequence thereof including ectopic pregnancy unless specifically arising due to Accident. Death or disability caused by participation of the Insured Person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a 	Section II
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		<p>scheduled timetable.</p> <ul style="list-style-type: none"> Death or disability arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or air- force operation, civil war, public defence, rebellion, revolution, insurrection, military or usurped power. Death or disability or Injury arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack. Death or disability caused other than by an Accident Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disability or death. <p>Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disability or death</p>	
7	<p>Waiting Period</p> <p>Time period during which specified diseases/ treatments are not covered</p> <p>It is counted from the beginning of the policy coverage</p>	<p>Initial waiting Period: Not Applicable</p> <p>Specific Waiting periods: Not Applicable</p> <p>Pre-existing diseases: Not Applicable</p>	
8	<p>Financial limits of coverage</p> <p>i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>ii. Co-payment (It is a specified amount/ percentage of the admissible claim amount to be paid by policyholder/insured)</p> <p>iii. Deductible (It is a specified amount: - up to which an insurance company will not pay any claim, and; - which will be deducted from total claim amount (if claim amount is more than the specified amount)</p>	<p>Sub- Limit: Applicable as per Policy Schedule</p> <p>Co-Payment: Not Applicable</p> <p>Deductible: Not Applicable</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 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> <ol style="list-style-type: none"> TAT for preauthorization of cashless facility: 1 hour TAT for cashless final bill authorization: 3 hours <p>Please find the important links/numbers below :-</p> <ol style="list-style-type: none"> Network Hospital Details: Acko App or www.acko.com/gi Helpline Number: 1860 266 2256 Hospitals which are backlisted or from where no claims will be accepted by the insurer: Acko App or www.acko.com/gi Downloading/getting the claim form: Acko App or www.acko.com/gi 	Section III
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"> Our website: www.acko.com/gi Email: health@acko.com Toll Free Number: 1800 266 2256 	
11	Grievance s/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 Email: grievance.healthseniorcitizen@acko.com</p> <p>Complaints will be acknowledged within 24 hours of receipt. A final resolution will be provided within 14 days from receipt of the complaint. 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 at gro@acko.com</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 you wish to pursue other avenues for redressal of grievances, You may also approach Insurance Regulatory and Development Authority of India (IRDAI) through the Bima Bharosa Portal - https://bimabharosa.irdai.gov.in/ or call at their toll free no. 1800 4254 732 / 155255 or through email on</p>	Section VII

		complaints@irdai.gov.in . Insurance Ombudsman for Redressal, whose details are given below: General Manager Consumer Affairs Department- Grievance Redressal Cell Website: https://cioins.co.in/Ombudsman	
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> <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>	<p>Section IV (g)</p> <p>Section IV (f)</p> <p>Section IV (o)</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 IV (a & c)

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