

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	Saral Suraksha Bima, Acko	
2	Policy Number	Please refer Your Policy Schedule	
3	Type of Insurance Product/ policy	<p>On Benefit Basis:</p> <p>1. Base cover:</p> <ul style="list-style-type: none"> a. Death b. Permanent Total Disablement c. Permanent Partial Disablement <p>Optional Covers:</p> <ul style="list-style-type: none"> • Temporary Total Disablement • Education Grant <p>On Indemnity Basis:</p> <p>Optional Cover 2 (b) - Hospitalisation Expenses due to Accident</p>	4. Coverage
4	Sum Insured (Basis & Amount)	<p>Individual/Floater (Total SI Amount)</p> <p>Sum Insured Amount available under Your policy will be as per amount mentioned in Your Policy Schedule.</p>	
5	Policy Coverage	<p>The covers listed below are in-built Policy benefits and shall be available to all Insured Persons in accordance with the procedures set out in this Policy.</p> <p>a) Death: The company shall pay the benefit equal to 100% of Sum Insured, specified in the policy schedule, on death of the insured person, due to an Injury sustained in an Accident during the Policy Period, provided that the Insured Person's death occurs within 12 months from the date of the Accident. Where claim payment has been made owing to disappearance of insured person following an accident, if after the payment of accidental death claim, it is found that the insured person has survived the accident, then the policyholder has to refund the payment back to the company in consideration of the obligatory guarantee as provided during the claim.</p> <p>b) Permanent Total Disablement: The company shall pay the benefit equal to 100% of Sum Insured, specified in the policy schedule, if an insured Person suffers Permanent Total Disablement of the nature specified below, solely and directly due to an Accident during the Policy Period, provided that the Permanent Total Disablement occurs within 12 months from the date of the Accident:</p> <ul style="list-style-type: none"> a) Total and irrecoverable loss of sight of both eyes or b) Physical separation or loss of use of both hands or feet or c) Physical separation or loss of use of one hand and one foot or d) loss of sight of one eye and Physical separation or loss of use of hand or foot e) If such Injury shall as a direct consequence thereof, permanently, and totally, disables the Insured Person from engaging in any employment or occupation of any description whatsoever. 	4. Coverage

c) Permanent Partial Disablement: The company shall pay the following percentage of Sum Insured, specified in the policy schedule, if the Insured Person suffers Permanent Partial Disablement of the nature specified below solely and directly due to an Accident during the Policy Period provided that the Permanent Partial Disablement shall occur within 12 months of the date of the Accident.

	Loss Covered	Percentage of Sum Insured
1.	Loss of Use/ Physical Separation:	
	One entire hand	50%
	One entire foot	50%
	Loss of Sight of one eye	50%
	Loss of toes – all	20%
	Great both phalanges	5%
	Great – one phalanx	2%
	Other than great if more than one toe lost	1%
2.	Loss of Use of both ears	50%
3.	Loss of Use of one ear	20%
4.	Loss of four fingers and thumb of one hand	40%
5.	Loss of four fingers	35%
6.	Loss of thumb	25%
	- both phalanges	10%
	- one phalanx	
7.	Loss of Index finger	10%
	- three phalanges	8%
	- two phalanges	4%
	- one phalanx	
8.	Loss of middle finger –	
	three phalanges	6%
	two phalanges	4%
	one phalanx	2%
9.	Loss of ring finger –	
	three phalanges	5%
	two phalanges	4%
	one phalanx	2%
10.	Loss of little finger –	
	three phalanges	4%
	two phalanges	3%
	one phalanx	2%
11.	Loss of metacarpus -	
	first or second (additional)	3%
	third, fourth or fifth (additional)	2%
12.	Any other permanent partial disablement	Percentage as assessed by the independent Medical Practitioner

Maximum amount payable in respect of multiple nature of disablements shall be restricted to sum insured chosen by the policyholder.

Note:

- The base sum insured chosen and cumulative bonus, if any, is applicable cumulatively for all the three covers specified under 4.1 (a), 4.1 (b) and 4.1 (c) above i.e, there is a single sum insured for all the three covers namely, Accidental death, Permanent total disability and Permanent Partial Disability.
- If the accident occurs during the policy period, benefits covered under 4.1(a), 4.1(b) and 4.1(c) above are payable, even if death or Permanent Total Disablement or Permanent Partial Disablement or any combination thereof occurs after the completion of policy period, but within 12 months from the date of accident.

Optional Covers: The covers listed below are optional benefits and shall be available to Insured Persons in accordance with the terms set out in the Policy, if the listed cover is opted.

a) Temporary Total Disablement:

If the insured Person sustains an Injury in an Accident during the Policy Period and which completely incapacitates the Insured Person from engaging in any employment or occupation of any description whatsoever which the Insured Person was capable of performing at the time of the Accident (Temporary Total Disablement), the company shall pay the benefit as specified in the policy schedule, till the time the insured person is able to return to work, provided that:

		<p>a. The period of temporary total disablement shall exceed four consecutive weeks from the date of accident, however, the benefit shall be reckoned from the date of accident and shall be payable for the entire duration of disablement.</p> <p>b. the compensation payable under this benefit mentioned under Section 4.2(a) shall not be payable for more than 100 weeks in respect of any one Injury calculated from the date of commencement of disablement and in no case shall exceed the Sum Insured.</p> <p>c. The Temporary Total Disablement is certified in writing by the treating Medical Practitioner to have commenced within 30 days from the date of the Accident.</p> <p>d. The compensation shall be paid by the company at quarterly intervals, after ascertaining the amount payable. If the period of temporary total disablement is for less than a quarter or three months, the compensation may be paid at the end of the disablement period.</p> <p>e. During the course of payment under this benefit, the company shall have right to call for a certification from an independent medical practitioner with regard to the continuity of temporary total disability specified under this section.</p> <p>The insured shall notify the company immediately on resuming to his occupation/employment. Where it is found that the insured resumed to his occupation/employment without notifying to the company and received the compensation under this cover, the company shall have right to claim the recovery of such benefit paid.</p> <p>Note: For the purpose of this benefit, "week" is a period of seven consecutive calendar days.</p> <p>b) Hospitalisation Expenses due to Accident:</p> <p>The Company shall indemnify medical expenses incurred for hospitalisation arising due to accident during the policy period, up to the limit of 10% of the base sum insured, specified in the policy schedule. The hospitalisation expenses shall cover the following:</p> <p>a. Room, Boarding, Nursing Expenses as provided by the Hospital/ Nursing Home,</p> <p>b. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor/ surgeon or to the hospital.</p> <p>c. Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities, and such other similar expenses. (Expenses on Hospitalisation for a minimum period of 24 hours are admissible. However, this time limit of 24 hours shall not apply when the treatment does not require hospitalisation as specified in the terms and conditions of policy contract, where the treatment is taken in the Hospital and the Insured is discharged on the same day.)</p> <p>d. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses</p> <p>e. The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure carried out to treat the accidental injury covered under the policy</p> <p>f. Expenses incurred on hospitalization due to accident, under AYUSH (as defined in "IRDAI (Insurance Products) Regulations, 2024) systems of medicine shall be covered without any sub- limits.</p>	
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		<p>The following other expenses necessitated due to injury shall also be covered under the optional cover specified under Section 4.2(b):</p> <ol style="list-style-type: none"> Dental treatment Plastic surgery All the day care treatments. Expenses incurred on road Ambulance subject to a maximum of Rs.2000/- per hospitalization. <p>Note: The expenses that are not covered under the section 4.2(b) are placed under List- I of Annexure- B. The list of expenses that are to be subsumed into room charges, or procedure charges or costs of treatment are placed under List-II, List -III and List- IV of Annexure -B respectively.</p> <p>c) Education Grant: Following an admissible claim of the insured person under the policy towards Death or Permanent Total Disability of the insured person, the company shall pay a one-time educational grant of 10% of the Base Sum insured (specified in the policy schedule), per child to all dependent children of the Insured provided that:</p> <ol style="list-style-type: none"> Such Dependent Child/ Children(s) is/are pursuing an educational course as a full-time student in an educational institution. Age of the child or children as the case shall not be more than 25 completed years. <p>d) Cumulative bonus: Sum insured (excluding cumulative bonus) shall be increased by 5% in respect of each claim free policy year, provided the policy is renewed without a break subject to maximum of 50% of the sum insured. If a claim is made in any particular year, the cumulative bonus accrued may be reduced at the same rate at which it has accrued.</p>	
6	Exclusions (what the policy does not cover)	<p>The Company shall not be liable to make any payments under this policy in respect of:</p> <ol style="list-style-type: none"> Any claim for death or disablement (whether of a permanent nature or of a temporary nature), hospitalisation of the insured person, directly or indirectly due to War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds. Any claim for death, disablement (whether of a permanent nature or of a temporary nature), hospitalization of Insured Person <ol style="list-style-type: none"> from intentional self-injury unless in self-defence or to save life, suicide or attempted suicide; whilst under the influence of intoxicating liquor or drugs or other intoxicants except where the insured is not directly responsible for the injury/ accident though under influence of intoxication. whilst engaging in aviation or ballooning, or whilst mounting into, or dismounting from or travelling in 	5. Exclusion

		<p>any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airlines in the world.</p> <p>[Standard type of aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft has a single engine or multiengine;]</p> <p>d. arising or resulting from the Insured Person committing any breach of law with criminal intent.</p> <p>(iii) Any claim for death, disablement (whether of a permanent nature or of a temporary nature), hospitalization of Insured Person due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.</p> <p>(iv) Any claim resulting or arising from or any consequential loss directly or indirectly caused by or</p> <p>(v) contributed to or arising from:</p> <p>A. Ionizing radiation or contamination by radio activity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self- sustaining process of nuclear fission) of nuclear fuel.</p> <p>B. Nuclear weapons material</p> <p>C. The radioactive, toxic, explosive, or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.</p> <p>D. Nuclear, chemical and biological terrorism</p> <p>(v) Any loss arising out of the Insured Person's actual or attempted commission of or wilful participation in an illegal act or any violation or attempted violation of the law.</p> <p><u>Exclusions specific to Optional cover "Hospitalisation Expenses due to Accident"</u></p> <p>The Company shall not be liable to make any payments under this policy in respect of any expenses incurred by the insured person in connection with or in respect of:</p> <p><u>1. STANDARD EXCLUSIONS:</u></p> <p>i. Investigation & Evaluation (Code- Excl04)</p> <p>ii. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure (Code- Excl14)</p> <p><u>2. SPECIFIC EXCLUSIONS:</u></p> <p>i. Expenses incurred for treatment of accidental injuries which does not warrant hospitalization.</p> <p>ii. Any expenses incurred on Domiciliary Hospitalization and OPD treatment.</p> <p>iii. Treatment taken outside the geographical limits of India. All expenses listed in Annexure-B (List I) of the Policy wordings.</p>	
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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>	Not Applicable	
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>iv. Any other limit (as applicable)</p>	Not Applicable	
9	Claims/Claims Procedure	<p>Claim Procedure Notification of claim:</p> <p>i. Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening.</p> <p>ii. Claims for insurance benefits must be submitted to the Company not later than one (1) month after the completion of the treatment or after transportation of the mortal remains/ burial in the event of Death.</p> <p>iii. If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation in an Emergency, the company shall be informed within 24 hours of the admission of the insured person in Hospital. Note:</p>	6. Claims Procedure

		<p>The Company will examine and relax the time limit mentioned herein above depending upon the merits of the case.</p> <p>Documents to be submitted: Basic documents required for All claims</p> <ol style="list-style-type: none"> Duly completed claim form Photo Identity Proof of the insured person Copy of FIR/ Panchnama /Police Inquest Report (wherever these reports are required as per the circumstance of the Accident) duly attested by the concerned Police Station Copy of Medico Legal Certificate (wherever it is required as per the circumstance of the Accident) duly attested by the concerned Hospital Any other relevant document required by the Company for assessment of the claim <p>Documents required in case of Death covered under Section 4. 1(a)</p> <ol style="list-style-type: none"> Death certificate; Post-Mortem Report (if conducted); Identity proof of Nominee or Original Succession Certificate/Original Legal Heir Certificate or any other proof to the satisfaction of the Company for the purpose of a valid discharge in case nomination is not filed by deceased. <p>Documents required in case of Permanent Total Disablement (PTO)/ Permanent Partial Disablement (PPD), covered under Sections 4.1(b) and 4.1(c)</p> <p>Original treating Medical Practitioner's certificate describing the disablement</p> <ol style="list-style-type: none"> Original Discharge summary from the Hospital Disability certificate issued by treating Medical Practitioner Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable. <p>Documents required in case of Temporary Total Disablement (TTD), covered under Section 4.2(a)</p> <ol style="list-style-type: none"> Original treating Medical Practitioner's certificate confirming the disability Original Discharge summary from the Hospital Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable Leave/Absence Certificate from Employer (If Employed) Medical Practitioner's certificate confirming the Injury and advising rest/ unfit to work for specified number of days Fitness Certificate issued by the treating doctor. <p>Documents required for coverage under Section 4.2(b)- Hospitalisation Expenses due to Accident:</p> <ol style="list-style-type: none"> Discharge Summary from The Hospital Medical & Investigation reports Prescriptions and consultation papers of the treatment Original Hospital Main Bill Original Hospital Bill Break up of various expenses Any other medical, investigation reports, as applicable <p>Documents required' for coverage under Section 4.2(b)- Education Grant:</p>	
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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	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 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> <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	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.	
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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 for all the documents related to this product including but not limited to Policy Wording, Prospectus, CIS, Proposal Form, etc.