

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 |
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| 1 | Name of Insurance Product | Secure Shield | |
| 2 | Policy Number | | |
| 3 | Type of Insurance Product | Both Indemnity & Benefit | |
| 4 | Sum Insured (Basis & Amount) | Individual/Floater (Total SI Amount) As per the Policy Schedule | |
| 5 | Policy Coverage | <p>Benefits:</p> <p>Hospital Daily Allowance: If an Insured Person requires Hospitalization due to an Injury or Illness suffered or contracted during the Coverage Period, then We will pay the daily allowance amount specified against this Benefit in the Certificate of Insurance, for each continuous and completed period of 24 hours of Hospitalisation.</p> <p>Loss of Job: If an Insured Person suffers an Involuntary Unemployment during the Coverage Period resulting in loss of Income, then We will pay the monthly amount specified in the Certificate of Insurance against this Benefit, or the number of EMI Amount(s) as specified in the Certificate of Insurance falling due in respect of the Loan Account Number specified against this benefit in the Certificate of Insurance, as applicable, for each continuous and completed month specified in the Certificate of Insurance from the date of such Involuntary Unemployment.</p> <p>Critical Illness Benefit: If an Insured Person is First Diagnosed to be suffering from a Critical Illness of the nature specified in Annexure A of the Policy, during the Coverage Period, then We will pay the Sum Insured under this Benefit as specified in the Certificate of Insurance.</p> | <p>1</p> <p>1.1</p> <p>1.2</p> <p>1.3</p> |
| 6 | Exclusions (what the policy does not cover) | <p>General exclusions (unless otherwise specified in the policy schedule):</p> <ol style="list-style-type: none"> 30-day waiting period-Code-Excl03 Pre-Existing Diseases-Code-Excl01 Suicide or attempted suicide, intentional self-inflicted Injury or acts of self-destruction. 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. Any External Congenital Anomaly or defects. 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. Treatment of any sexually transmitted diseases or infections (other than HIV and AIDS), including the screening and prevention of such diseases or infections. Hospitalisation for following treatments: <ul style="list-style-type: none"> Refractive Error: Code-Excl15 Change-of-Gender treatments: Code – Excl07 Cosmetic or plastic Surgery: Code-Excl08 Obesity/ Weight Control: Code- Excl06 Circumcision Sleep Disorders Vaccination or inoculation unless forming a part of | 2 |

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| | | <p>post-animal bite treatment</p> <ul style="list-style-type: none"> Naturopathy Treatments. Birth Control, Sterility and Infertility: Code –Excl17 Any dental treatment or Surgery of a corrective, cosmetic or aesthetic nature unless carried out under general anaesthesia and is necessitated by Illness or Injury during the Coverage Period. <p>9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code-Excl12</p> <p>10. Breach of law: Code-Excl10</p> <p>11. Hazardous or Adventure sports: Code-Excl09</p> <p>12. War</p> <p>13. Any claim arising from or caused by ionizing radiation or contamination by radioactivity</p> <p>14. Chemical attack</p> <p>15. Biological attack</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: As per policy schedule</p> <p>Specific Waiting periods (Not applicable for claims arising due to an accident): As per policy schedule</p> <p>Pre-existing diseases: As per policy schedule</p> | <p>2.a</p> <p>2.b</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>iv. Any other limit (as applicable)</p> | <p>The policy will pay only up to the limits specified in the policy schedule for the following diseases/procedures: As Per Policy Schedule</p> <p>As Per Policy Schedule</p> <p>Per Claim Deductible- as per Policy Schedule</p> <p>Aggregate Deductible- as per Policy Schedule</p> <p>As Per Policy Schedule</p> | |

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| 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 | 3 |
| 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: Email: 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 complaints@irdai.gov.in.</p> <p>Insurance Ombudsman for Redressal, whose details are given below: General Manager Consumer Affairs Department- Grievance Redressal Cell Website: https://cioins.co.in/Ombudsman</p> | 6 |

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| 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>4(j)</p> <p>4(h)</p> <p>4(i)</p> <p>4(p)</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> | |

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