

**ACKO 360 PROTECT  
CLAIM FORM**

**NOTE: The submission of this Claim Form is not to be taken as an admission of liability by Acko General Insurance Ltd.**

Please complete this form in CAPITAL LETTERS completely and sign the same. Please do not leave any column unanswered. Mention "N/A", if not applicable.

To be completed by Insured Person/"Claimant".

**I. DETAILS OF POLICYHOLDER:**

- Group Name: \_\_\_\_\_
- Policy No: \_\_\_\_\_
- Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_
- Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_
- Telephone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_ Office (Optional): \_\_\_\_\_
- E-mail: \_\_\_\_\_ Date of Birth: DD/MM/YYYY

**II. DETAILS OF THE INSURED PERSON IN RESPECT OF WHOM CLAIM IS MADE:**

- Name of Primary Insured: \_\_\_\_\_
- Name of claimant: \_\_\_\_\_ Occupation: \_\_\_\_\_
- Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_
- Telephone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_ Office (Optional): \_\_\_\_\_
- E-mail: \_\_\_\_\_ Date of Birth: DD/MM/YYYY
- Certificate of Insurance No: \_\_\_\_\_
- Relationship with Policyholder: \_\_\_\_\_
- Date of Injury/Illness: DD/MM/YYYY Time: HH:MM hrs
- Place of Accident/Injury: \_\_\_\_\_
- Details of Accident and Nature of Accident: \_\_\_\_\_
- Details of Illness (Date, Location and Nature of Illness): \_\_\_\_\_
- Whether accident reported to Police: Yes \_\_\_\_ No \_\_\_\_  
(If Yes, Name and Address of Police Station): \_\_\_\_\_
- \_\_\_\_\_ If No, Give reasons: \_\_\_\_\_
- First Information Report (FIR)/ Medico Legal Certificate (MLC)/ Missing complaint No. \_\_\_\_\_  
Date: DD/MM/YYYY
- Contact Details of Police Station: \_\_\_\_\_

**III. DETAILS OF HOSPITALIZATION (IN CASE OF ACCIDENT/ILLNESS/CRITICAL ILLNESS):**

- Whether Insured Person hospitalized after the Accident/Illness/Critical Illness: Yes \_\_\_\_ No \_\_\_\_  
(If Yes, give the following)
- Name and Address of the Hospital: \_\_\_\_\_
- Date of Admission: DD/MM/YYYY Time: HH:MM hrs
- Date of Discharge: DD/MM/YYYY Time: HH:MM hrs

#### IV. DETAILS OF WITNESSES (in case of Accident):

- Was there any witness to the Accident: Yes \_\_\_\_ No \_\_\_\_  
(If Yes, complete the following)
- Name: \_\_\_\_\_
- Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_
- Telephone Number: Mobile: \_\_\_\_\_ Office (Optional): \_\_\_\_\_
- Note: *Please attach all original witness statements if already obtained.*

#### V. DETAILS OF BENEFITS CLAIMED:

##### Base Benefit:

Sr No.	Name of the Benefit	Amount
1	In-patient Hospitalisation ("IPD") Indemnity Category	
1.1	In-Patient Hospitalization Cover	
1.2	Daily Hospital Cash	
1.3	Day Care Treatment Cover	
1.4	In-Patient Hospitalization Fixed Benefit	
1.5	Road Ambulance	
1.6	EMI Protection	
1.7	Income Protection Cover	
1.8.	Repatriation of Mortal remains	
1.9.	Funeral expenses	
1.10.	Missed Bill payment	
2	Personal Accident Category	
2.1	Accidental Death Benefit	
2.2	Permanent Total Disability	
2.3	Permanent Partial Disability	
2.4	Temporary Total Disability	
2.5	Child Education Cover	
3	OPD Benefits	
3.1	Out-Patient Treatment Cover (OPD)	
4	Critical Illness Category	
4.1	Critical Illness Benefit	

##### Optional Benefit:

S.No	Name of the Benefit	Amount
1.	Additional Benefit under Critical Illness Category	
2.	Key Replacement Cover	
3.	Garage Cash	
4.	Loss of Income Due to Damage of Vehicle	
5.	Business Shutdown	
6.	Loss of Income	
7.	Cyber Protection	
7.1	Digital Theft of Funds	

7.2	Identity Theft	
7.3	Fraudulent Charge on Loss of Card	
7.4	ATM Assault and Robbery	
7.5	Lost Wallet Coverage	
8.	Home Building and Home Content Cover	
8.1	Home Building Cover	
8.2	Home Contents Cover	
9.	Additional Benefit under Home Building and Home Content Cover	
9.1	Cover for Valuable Contents on Agreed Value Basis (under Home Contents cover)	
10.	Loan repayment to Loan Provider	
11.	Trip Cancellation	
12.	Asset Protection	
12.1	Theft and Burglary	
12.2	Robbery	
12.3	Damage	
12.4	Breakdown	
13.	Terrorism Cover	
14.	Temporary Resettlement Expenses Cover	
15.	Personal Liability	
16.	Brokerage Expenses	
17.	Delay In Salary Payment	
18.	Rescinding of Offer Letter	
19.	Breakdown Assistance Services	

**Wellness Benefit:**

20.	Rewards for Health Behaviour
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Name and Address of Mortgages(s) or other persons having financial interest in the property.					
<b>DETAILS OF LOSS/ACCIDENT</b>					
Date of loss:			Time of loss:		
Address where the loss can be inspected:					
Describe Cause of Loss/Damage:					
Estimated Loss (₹):					
Building		Additional Structures		Others	
General Home Contents		Loss of Rent / Rent for Alternative Accommodation			
<b>Witness Details:</b>					
Were there any witnesses to the loss/accident?			Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name of the persons:					
Address:					
Contact Details	Phone	Mobile	Email ID		

<b>Information to authority</b>				
Has the loss been reported to an Authority?			Yes <input type="checkbox"/> No <input type="checkbox"/>	
If 'No', reason for not reporting				
If 'Yes', provide details	Fire <input type="checkbox"/>	Police <input type="checkbox"/>	Municipality <input type="checkbox"/>	Others <input type="checkbox"/>
Name of authority				
Information Report No/ Authority Reference No.				
Date				
Contact Person Name				
Address				
Contact Details	Phone		Mobile	Email ID
<b>DETAILS OF OTHER INSURANCE</b>				
Is the loss/damage covered under any other Insurance?			Yes <input type="checkbox"/> No <input type="checkbox"/>	
If 'Yes', specify details and attach a copy of the policy				
Name of the Insurer:				
Policy No				
Sum Insured				
Policy Period:		From:	To:	
<b>Note:</b> If Insurance is effected with the other Companies, copies of such Policies to be attached.				
<b>DETAILS OF OTHER INTEREST</b>				
Is the Insured the Sole Owner of the property?			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Nature of interest				
Address				
Contact Details	Phone		Mobile	Email ID
<b>DETAILS OF PREVIOUS LOSSES (Losses during the 3 preceding years)</b>				
Date of Loss	Claim Description and Cause of Loss	Value of Loss (Rs.)		Insurer
<b>DETAILS OF OTHER INFORMATION</b>				

## VI. DOCUMENTS REQUIRED FOR SUBMISSION OF CLAIM:

### Base Benefits:

Name of Benefit	Documents required
Common Documents	<ul style="list-style-type: none"> <li>Our claim form duly completed and signed;</li> <li>Name and address of the Insured Person in respect of whom the claim is being made;</li> <li>Copies of valid KYC documents of the Nominee/claimant, any other regulatory requirements, as amended from time to time;</li> </ul>

Name of Benefit	Documents required
Personal Accident Category	<ul style="list-style-type: none"> <li>Copies of valid KYC documents of the Nominee/claimant (such as Passport/ PAN Card/Aadhar number etc);</li> <li>Legal heir certificate, in the event of death where the Nominee is also deceased or information about the Nominee has not been provided by the proposer at the time of policy issuance.</li> <li>Copy of FIR/MLC</li> </ul>
In Patient ("IPD") Indemnity Category	<ul style="list-style-type: none"> <li>Hospital main bill, break-up bill, bill payment receipt, discharge summary, operation theatre notes, Doctor's request for investigation</li> <li>Death Certificate attested by issuing/ appropriate authority.</li> <li>Leave certificate from the employer (Hospitalization claims)</li> <li>Name and address of the attending Medical Practitioner</li> <li>Medical reports, case histories, investigation reports, treatment papers as applicable</li> </ul>
Out Patient ("OPD") Benefit Category	<ul style="list-style-type: none"> <li>Discharge summary/certificate</li> <li>Certification of disability along with percentage of disability/ Photograph of the injured with reflecting disablement (if applicable);</li> <li>Any other information relevant to the Injury/Hospitalization/illness</li> <li>Additional documents depending on the nature of the claim will be requested as and when required (if applicable)</li> </ul>
Critical Illness Cover	<ul style="list-style-type: none"> <li>Nature of Critical Illness</li> <li>Medical Certificate from treating Doctor</li> <li>Details of any other related document Medical Bills with Prescription</li> <li>Medical reports, case histories, investigation reports, treatment papers as applicable</li> <li>Medical Investigations report with prescription First Consultation and subsequent prescription</li> <li>Discharge summary</li> </ul>

#### Optional Benefits:

Common Documents as per Coverage claimed*	<ul style="list-style-type: none"> <li>Duly filled claim form</li> <li>Copy of vehicle RC and driver's license</li> <li>Photographs (if required by insurer)</li> <li>Any other document (if required)</li> <li>Provide regulatory requirements as amended from time to time, NEFT (to enable direct credit of claim amount in Bank account) and KYC (recent ID/address proof and photograph) details of the Insured Person.</li> <li>Name and address of the Insured Person in respect of whom the claim is being made;</li> <li>Copies of valid KYC documents of the Nominee/claimant, any other regulatory requirements, as amended from time to time.</li> </ul>
Key Replacement Cover	<ul style="list-style-type: none"> <li>FIR copy</li> <li>Receipts for replacing locks and/or keys</li> </ul>
Garage Cash	<ul style="list-style-type: none"> <li>Repair invoice and job card</li> <li>Proof of vehicle downtime</li> </ul>
Loss of Income due to damage of Vehicle	<ul style="list-style-type: none"> <li>Repair invoice and job card</li> <li>Proof of vehicle downtime</li> <li>Income proof</li> </ul>
Business Shutdown	<ul style="list-style-type: none"> <li>Repair Estimates or Bills of business premise</li> <li>Shop License / Registration Certificate</li> <li>Proof of Business Interruption like, Bank statement showing drop in revenue, GST returns, Sales ledgers, Accountant's certificate (if asked)</li> <li>Fire Department Report (if applicable)</li> <li>Municipal/Local Authority Certificate (if applicable)</li> </ul>
Loss of Income	<ul style="list-style-type: none"> <li>Any documents stating reason for termination/retrenchment/dismissal/Redundancy;</li> <li>Last 3 months salary slips of the Insured Person.</li> <li>Proof of vehicle downtime Proof of loss of income/Non-employment - Form 26AS and Employee Provident Fund passbook copy of the Insured Person. T</li> <li>Termination letter and relieving letter from the Employer of the Insured Person;</li> <li>Appointment / confirmation letter issued by the Employer of the Insured Person;</li> </ul>

	<ul style="list-style-type: none"> <li>• Contact details of human resource personnel - mobile, email id, address and name of Employer and HR personnel;</li> <li>• Proof of the Insured Person's job profile/role becoming redundant.</li> <li>• Current Loan account statement</li> </ul> <p><b>For concurrent loss of income</b></p> <ul style="list-style-type: none"> <li>• Marriage Certificate/Proof of marriage</li> <li>• Last 3 months Salary Slips for Both 3. Proof of Loss of Income/Non-Reemployment - Form 26AS and Employee Provident Fund Passbook for Both</li> <li>• Appointment/Confirmation letter from the employer at the time of Claim for Both</li> <li>• Termination letter of employer for Both</li> <li>• Salary Bank account statement for Both.</li> </ul>
Digital Theft of Funds	<ul style="list-style-type: none"> <li>• Copy of FIR filed with police authorities / cyber cell or complaint letter acknowledgement from the police,</li> </ul>
Identity Theft	<ul style="list-style-type: none"> <li>• Copy of FIR filed with police authorities / cyber cell or complaint letter acknowledgement from the police.</li> </ul>
Fraudulent charges on Loss of card	<ul style="list-style-type: none"> <li>• Proof of Disabling of Card facility at core banking Proof (to be done within 24 hours from the date of realization of loss)</li> <li>• Card Statement/ Account Statement for last 6 months indicating Fraudulent Transactions/Unauthorized Use and loss liability.</li> <li>• Card Copy / Declaration from the Bank/ financial institution</li> <li>• Copy of FIR filed with police authorities / cyber cell or complaint letter acknowledgement from the police.</li> </ul>
ATM Assault & Robbery	<ul style="list-style-type: none"> <li>• In case of ATM Robbery, FIR must indicate the exact time of ATM Robbery and distance from the ATM from which the money was withdrawn.</li> <li>• Medical bills in case if bodily injury</li> </ul>
Loss of Wallet	<ul style="list-style-type: none"> <li>• Original invoice/ proof of purchase of the lost wallet</li> <li>• Receipt of cost incurred as replacement costs for the new wallet.</li> <li>• Receipts for fee payable to the concerned authorities incurred to applying for / obtain new personal papers and/ or cards</li> </ul>
Home Building and Home Content Cover	<ul style="list-style-type: none"> <li>• Proof of the incident or Loss</li> <li>• Copy of FIR attested by the issuing authority</li> <li>• Final Police Report (wherever applicable)</li> <li>• Copies of valid KYC documents of the Nominee/ claimant (such as Passport/ PAN Card/ Aadhar number etc);</li> <li>• Any additional document might be asked by Us, if required.</li> </ul>
Loan repayment to Loan Provider	<ul style="list-style-type: none"> <li>• Investigation reports</li> <li>• Photograph of the injured with reflecting disablement</li> <li>• FIR / MLC Copy (if MLC is done) / Spot Panchnama-where applicable- Attested by issuing authority</li> <li>• Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor</li> <li>• Copy of loan approval letter</li> <li>• Medical reports, case histories, investigation reports, treatment papers as applicable</li> <li>• Death Certificate attested by issuing/ appropriate authority</li> <li>• Post Mortem Report where applicable- attested by issuing authorities</li> <li>• Loan due statement</li> <li>• Last EMI paid proof</li> </ul>
Trip Cancellation	<ul style="list-style-type: none"> <li>• Claim Form duly filled and signed</li> <li>• Original pre-authorisation request</li> <li>• Copy of pre-authorisation approval letter (s)</li> <li>• Copy of Photo ID of Insured Person verified by the Hospitals</li> <li>• Original discharge/death summary</li> <li>• Operation theatre notes (if applicable)</li> <li>• Original Hospital main bill and break up bill</li> <li>• Original investigation reports, X Ray, MRI, CT Films, HPE</li> <li>• Medical Practitioner's reference slips for investigations/pharmacy</li> <li>• Original pharmacy bills</li> <li>• MLC/FIR report/post mortem report (if applicable and conducted)</li> </ul>
Theft and Burglary Or Robbery	<ul style="list-style-type: none"> <li>• Duly filled and signed Claim Form (attested by an Acko official wherever necessary)</li> <li>• Original Policy (Wherever applicable)</li> <li>• Invoice of the Equipment/Proof of ownership, care or custody (Wherever applicable)</li> </ul>

	<ul style="list-style-type: none"> <li>FIR or Police Complaint Report</li> </ul>
Damage or Breakdown	<ul style="list-style-type: none"> <li>Duly filled and signed Claim Form (attested by an Acko official wherever necessary)</li> <li>Original Policy (Wherever applicable)</li> <li>Invoice of the Equipment/Proof of ownership, care or custody (Wherever applicable)</li> <li>Duly filled and signed Claim Form (attested by an Acko official wherever necessary)</li> <li>Original Policy (Wherever applicable)</li> <li>Invoice of the Equipment/Proof of ownership, care or custody (Wherever applicable)</li> <li>Manufacturer Warranty Certificate (if not submitted during the issuance of policy wherever necessary)</li> <li>Proof of non-settlement of defects/breakdown by the OEM (optional)</li> <li>The import and/or sale of such Insured Asset is evidenced by an Invoice or a certificate/card issued by such wholesaler or retailer or Service Contractor (optional)</li> </ul>
Temporary Resettlement Expenses Cover	<ul style="list-style-type: none"> <li>Photographs (if required by insurer)</li> <li>Certificate of Uninhabitability</li> <li>Boarding and Lodging receipt</li> <li>Invoices for storage of furniture or valuables</li> <li>Bills for essential household procurement</li> <li>Loss Assessment Report by surveyor (if required)</li> <li>Invoice from packers and movers with GST details</li> </ul>
Personal Liability Cover	<ul style="list-style-type: none"> <li>FIR or Police Complaint (especially in case of injury or significant property damage)</li> <li>Written compensation claim or demand from third party.</li> <li>Identity and Address Proof</li> <li>Legal Notice or Court Summons</li> <li>Legal fee proof</li> </ul>
Brokerage Expenses	<ul style="list-style-type: none"> <li>Broker ID card</li> <li>Verified Brokerage Bill</li> </ul>
Delay in Salary Payment:	<ul style="list-style-type: none"> <li>Employment Proof (Appointment Letter or Employment Contract)</li> <li>Last 3 Salary Slips preceding the delayed salary month</li> <li>Employer Confirmation or letter confirming salary delay</li> <li>Bank Statement showing non-credit of salary for the claimed month</li> <li>Loan statement / EMI schedule showing EMI due</li> </ul>
Rescinding of Offer Letter	<ul style="list-style-type: none"> <li>Copy of the original offer letter from the prospective employer</li> <li>Formal withdrawal letter or email from the employer rescinding the offer</li> <li>Loan statement / EMI schedule showing EMI due</li> <li>Self-declaration confirming current unemployment status</li> </ul>

\*Common documents list is consolidated and will or may differ based on the claim made or the coverage claimed.

Additional documents required with respect to the coverages will be requested as and when required (if applicable).

## VII. DETAILS OF BANK ACCOUNT FOR CLAIM PAYMENT:

Please furnish the details below along with copy of cancelled cheque.

- Bank Name: \_\_\_\_\_
- Bank Branch: \_\_\_\_\_
- Bank Account Number: \_\_\_\_\_
- IFSC Code: \_\_\_\_\_ MICR Code: \_\_\_\_\_

## VIII. DECLARATION:

I/We hereby agree, affirm and declare that:

- a. The statements/information given/stated by me/us in this claim form are true, correct and complete.
- b. The details of all persons having an interest in the property in respect of which the claim is being made are provided as per the proposal form or by way of an endorsement in the policy. Furthermore, save and



- except as provided or disclosed in this claim form, no claim made hereunder (or the same/similar claim) has been made or lodged with any other insurance company.
- c. No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.
  - d. If I/we have given/made any false or fraudulent statement/information, or suppressed or concealed or in any manner failed to disclose material information, the policy shall be void and that I/We shall not be entitled to all/any rights to recover thereunder in respect of any or all claims, past, present or future.
  - e. The receipt of this claim form/other supporting/related documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the Company reserves the right to process or reject or require further/additional information in respect of the claim

**IX. DIRECT FUND TRANSFER / EFT MANDATE FORM:**

(Submission of documents or bank details or any other information does not in any way, shape or form, imply or express or suggest admission of liability by the company.)

A) Would you like to opt for Electronic Fund Transfer as mode of payment?    Yes    No

B) If Yes, kindly provide the below mentioned details:

Payee Name (as per bank records): \_\_\_\_\_

Payee Account No.: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Name of the Bank: \_\_\_\_\_ Branch Name: \_\_\_\_\_

Address of the Bank: \_\_\_\_\_

IFSC Code of the Bank: \_\_\_\_\_ MICR Code No. of the Bank: \_\_\_\_\_

Permanent Account Number (PAN) of Payee:

1. Please attach an ORIGINAL BLANK CANCELLED CHEQUE signed by the Payee.
2. Please attach a PAN CARD copy of Payee.

Terms and conditions for payment through RTGS / NEFT

1. The details provided by the Customers in the Mandate Form shall be considered as final and Acko General Insurance Ltd. shall not be responsible for cross verification of any of the details provided therein.
2. The RTGS / NEFT facility shall be effective for the respective Customer(s) within 15 days of the receipt of the Mandate Form by Acko General Insurance Ltd. and or within such period as may be reasonably required by Acko General Insurance Ltd. to activate the RTGS / NEFT facility.
3. The customer agrees that under the RTGS / NEFT facility, there may be a risk of non-payment in the Account of Customer on the day of the credit of Payments due to change in the applicable regulations pertaining to RTGS / NEFT facility or due to any other reasons without any fault / inaction / failure on part of Acko General Insurance or any factor beyond the control of Acko General Insurance Limited.
4. The customer agrees to indemnify, without delay or demur, Acko General Insurance Ltd. and its agents and keep Acko General Insurance Ltd. and its agent indemnified harmless at all times from and against any and all claims, damages, losses, costs, and expenses (including attorney's fees) which Acko General Insurance Ltd. may suffer or incur, directly or indirectly, arising from or in connection with, amongst other things, either of the aforesaid reasons stated in above clauses.
5. Acko General Insurance Ltd. may sub-contract and employ agents to carry out any of its obligations under the RTGS / NEFT facility. The Customer may discontinue or terminate the use of RTGS / NEFT facility by giving a minimum of 15 days prior written notice to Acko General Insurance Ltd. The date of notice for Acko will be the date of receipt of such notice by Acko. The notice of such termination should be given to Acko only at its corporate address and be addressed at Acko General Insurance Ltd. F Wing, 3rd Floor, Lotus Corporate Park, Off Western Express Highway, Goregaon (E), Mumbai – 400063.
6. A confirmation of the receipt of termination notice given by the Customer will be acknowledged through a confirmation letter by Acko General Insurance Ltd. In no case can the Customer construe his termination notice



as effective unless a confirmation has been provided by Acko to the Customer stating the date of receipt of such communication by the Customer.

7. The Customer agrees that transaction(s) through RTGS / NEFT facility may attract inward RTGS / NEFT charges, which if levied by the Customer's bank, shall be borne by the Customer.

8. Acko has the absolute discretion to amend or supplement any Terms and Conditions stated herein at any time and will endeavour to give prior notice of Ten days for such changes wherever feasible for the terms and conditions to be applicable. By using the new services, or at the completion of such period, whichever is earlier, the customers shall be deemed to have accepted the changes terms and conditions.

9. Submission of documents or bank details or any other information does not in any way, shape or form, imply or express or suggest admission of liability by the company.

10. Notices under these terms and conditions may be given in writing by delivering them by hand or e-mail or on Acko General Insurance Ltd. website [www.acko.com.gi](http://www.acko.com.gi) or by sending them by post to the last address of the Customer.

11. These terms and conditions will be governed by the laws of India and any legal action or proceedings arising out of these Terms and Conditions shall be initiated in the courts or tribunals at Mumbai in India.

Date: DD/MM/YYYY

Place: \_\_\_\_\_

Signature of Claimant: \_\_\_\_\_