

## CUSTOMER INFORMATION SHEET

(Description is illustrative and not exhaustive)

This document provides only key information about your policy. Please refer to the policy document for detailed terms and conditions.

SI No	Title	Description	Policy / Clause Number										
1	Product Name	Compulsory Personal Accident (Owner-Driver) under Motor Insurance Policies											
2	Unique Identification Number (UIN)	IRDAN157RP0024V01201819											
3	Structure	Benefit Basis: Personal Accident Cover for Owner-driver (If opted)											
4	Interests Insured	<ul style="list-style-type: none"><li>Personal Accident cover for Owner- Driver of the Insured Vehicle</li></ul>											
5	Sum Insured / Motor Insured Declared Value	Please refer your policy schedule for the details of Sum Insured applicable to your policy											
6	Policy Coverage	<p>Personal Accident for Owner- Driver of the Insured Vehicle</p> <p>The Company undertakes to pay compensation as per the following scale for bodily injury/death sustained by the owner-driver of the vehicle, in direct connection with the vehicle insured or whilst driving or mounting into/dismounting from the vehicle insured or whilst travelling in it as a co-driver, caused by violent accidental external and visible means which independent of any other cause shall within six calendar months of such injury result in:</p> <table><thead><tr><th>Nature of injury</th><th>Scale of Compensation</th></tr></thead><tbody><tr><td>(i) Death</td><td>100%</td></tr><tr><td>(ii) Loss of two limbs or sight of two eyes or one limb and sight of one eye</td><td>100%</td></tr><tr><td>(iii) Loss of one limb or sight of one eye</td><td>50%</td></tr><tr><td>(iv) Permanent total disablement from injuries other than named above</td><td>100%</td></tr></tbody></table> <p>Provided always that</p> <ul style="list-style-type: none"><li>Compensation shall be payable under only one of the items (i) to (iv) above in respect of the owner- driver arising out of any one occurrence and the total liability of the insurer shall not in the aggregate exceed the sum as mentioned in the Schedule during any one period of insurance.</li><li>No compensation shall be payable in respect of</li></ul>	Nature of injury	Scale of Compensation	(i) Death	100%	(ii) Loss of two limbs or sight of two eyes or one limb and sight of one eye	100%	(iii) Loss of one limb or sight of one eye	50%	(iv) Permanent total disablement from injuries other than named above	100%	<b>PERSONAL ACCIDENT COVER FOR OWNER-DRIVER</b>
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		<p>death or bodily injury directly or indirectly wholly or in part arising or resulting from or traceable to (1) intentional self-injury suicide or attempted suicide physical defect or infirmity or (2) an accident happening whilst such person is under the influence of intoxicating liquor or drugs.</p> <ul style="list-style-type: none"> <li>Such compensation shall be payable directly to the insured or to his/her legal representatives whose receipt shall be the full discharge in respect of the injury to the insured.</li> </ul> <p>This cover is subject to</p> <ol style="list-style-type: none"> <li>the owner-driver is the registered owner of the vehicle insured herein;</li> <li>the owner-driver is the insured named in this policy;</li> </ol> <p>the owner-driver holds an effective driving license, in accordance with the provisions of Rule 3 of the Central Motor Vehicles Rules, 1989, at the time of the accident.</p>	
7	Add-on Cover	Not Applicable	
8	Loss Participation	As mentioned in the Policy Schedule and applicable to the Policy	
9	Exclusion	<p>The Company shall not be liable under this Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:</p> <ol style="list-style-type: none"> <li>Any accidental death or disability caused sustained or incurred outside the geographical area;</li> <li>Any accidental death or disability caused sustained or incurred whilst the vehicle insured herein is <ol style="list-style-type: none"> <li>being used otherwise than in accordance with the 'Limitations as to Use' or</li> <li>being driven by or is for the purpose of being driven by him/her in the charge of any person other than a Driver as stated in the Driver's Clause.</li> </ol> </li> <li>Any accidental death or disability directly or indirectly caused by or contributed to by or arising from ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception, combustion shall include any self-sustaining process of nuclear fission.</li> <li>Any accidental death or disability directly or indirectly caused by or contributed to by or</li> </ol>	<b>General Exceptions</b>

		<p>arising from nuclear weapons material.</p> <p>5. Any accidental death or disability directly or indirectly or proximately or remotely occasioned by contributed to by or traceable to or arising out of or in connection with war, invasion, the act of foreign enemies, hostilities or warlike operations (whether before or after declaration of war) civil war, mutiny rebellion, military or usurped power or by any direct or indirect consequence of any of the said occurrences and in the event of any claim hereunder the insured shall prove that the accidental death or disability arose independently of and was in no way connected with or occasioned by or contributed to by or traceable to any of the said occurrences or any consequences thereof and in default of such proof, the Company shall not be liable to make any payment in respect of such a claim.</p>	
10	Special Conditions and Warranties (if any)	As mentioned in the Policy schedule and applicable to the Policy.	
11	Admissibility of Claim	<ul style="list-style-type: none"> <li>The admissibility of claim under Personal Accident Cover for Owner Driver only in the event of accidental bodily injury sustained by you while driving or mounting into/dismounting from the vehicle insured or whilst traveling in it as a co-driver, subject to terms, conditions and exclusions of the policy.</li> </ul> <p><b>Reporting of Loss Occurrence</b> Call us on 1800 266 2256 or Email us on <a href="mailto:hello@acko.com">hello@acko.com</a> Notice shall be given to the Company immediately upon the occurrence of any accidental loss, damage in the event of any claim. Thereafter You shall give all such information and assistance as the Company shall require. Every letter claim writ summons and/or process or copy thereof shall be forwarded to the Company immediately on receipt by You. Notice shall also be given to the Company immediately if You have knowledge of any impending prosecution, inquest or fatal inquiry in respect of any occurrence which may give rise to a claim under this Policy. The Third Party should lodge a FIR at the local police station. All third-party liability claims are settled in a Motor Accident Claims Tribunal (MACT). The third party must file a case at the local tribunal.</p> <p><b>Situations where your Vehicle Insurance Claim might get Rejected:</b></p> <ul style="list-style-type: none"> <li>Claim filed too late</li> <li>Violating Traffic Rules</li> <li>Due to drunk driving</li> </ul>	

		<ul style="list-style-type: none"> <li>Driving without a valid driving license</li> <li>If a claim is in any respect fraudulent, or if any false declaration is made or used in support thereof, or if any fraudulent means.</li> </ul> <p>Due to exclusions mentioned in the Policy Wordings. Please refer exclusions provided in the Policy Wordings.</p> <p><b>Sample Claim Calculation:</b></p> <ul style="list-style-type: none"> <li>Any claim under the Personal Accident Cover for Owner Driver shall be payable in accordance with the benefit scale specified in the policy wordings and subject to the Sum Insured as mentioned in the Policy Schedule.</li> </ul>	
12	Policy Servicing - Claim Intimation and Processing	<p><u>Step 1:</u> To intimate us about your claim,</p> <ul style="list-style-type: none"> <li>Call us on 1800 266 2256 or</li> <li>Mail us on <a href="mailto:hello@acko.com">hello@acko.com</a> or</li> <li>Write to us at 2nd Floor, #36/5, Hustlehub One East, Somasandrapalya 27th Main Rd, Sector 2, HSR Layout, Bengaluru, Karnataka, 560102</li> </ul> <p>Details of your policy must be provided along with the intimation.</p> <p><u>Step 2:</u> Submit necessary documents such as Driving License, RC Copy, Police FIR Copy and other relevant documents required at the time of claim.</p> <p>Claim Processing for Third Party Liability shall be as per the procedure of law.</p>	
13	Grievance Redressal and Policyholders Protection	<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><u>Our website:</u> <a href="http://www.acko.com/gi">www.acko.com/gi</a></p> <p>Email: <a href="mailto:grievance@acko.com">grievance@acko.com</a></p> <p>Toll Free: 1800 210 4990 (Operating hours: 10 AM – 7 PM, all days of the week)</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><b>Email:</b> <a href="mailto:gro@acko.com">gro@acko.com</a></p> <p>The Chief Grievance Officer will provide a final response within 7 days of receipt of the escalation. If in case your issue remains unresolved within 14 days of lodging a complaint with us and you wish to pursue other avenues for redressal of grievances, you may approach IRDAI by calling on the Toll-Free no. 155255 or you can register an online complaint on the website <a href="https://irdai.gov.in/igms1">https://irdai.gov.in/igms1</a></p> <p>Insurance Ombudsman for Redressal, whose details</p>	<b>Grievance Redressal</b>

		are given below: General Manager Consumer Affairs Department- Grievance Redressal Cell Website: <a href="https://cioins.co.in/Ombudsman">https://cioins.co.in/Ombudsman</a>	
14	Obligations of the Policyholder	<ul style="list-style-type: none"><li>• Insured is at obligation to disclose all material information at the time of purchasing the policy.</li><li>• In the event of misrepresentation, mis- description or non-disclosure of any material fact by the Insured, the Policy shall be void and entire premium will be forfeited. And also claim if any reported will be rejected.</li><li>• In case of any changes/modification/addition to the already declared information, the same needs to be get endorsed in the policy through endorsement immediately to avoid Claim rejection</li></ul>	

Declaration by the Policy Holder;

I have read the above and confirm having noted the details.

Place:

Date: :  
Policyholder)

(Signature of the