

**CUSTOMER INFORMATION SHEET**  
(Description is illustrative and not exhaustive)

Sr. No.	TITLE	DESCRIPTION	Refer to policy clause number												
1.	<b>Product Name</b>	<b>Corona Kavach Policy, Acko General Insurance Limited</b>													
2.	<b>What am I covered for</b>	<p><b>a. Hospitalization expense:</b> Medical expenses incurred on hospitalization for Covid for minimum period of 24 hours including pre-hospitalization expenses for a period of 15 days and post hospitalization expenses for a period of 30 days.</p> <p><b>b. Ambulance Charges:</b> Expenses on road Ambulance subject to a maximum of Rs.2000/- per hospitalization.</p> <p><b>c. Home Care treatment expenses:</b> Costs of treatment incurred by the insured person on availing treatment at home maximum up to 14 days per admission as per policy terms and conditions including pre-hospitalization expenses for a period of 15 days and post hospitalization expenses for a period of 30 days.</p> <p><b>d. AYUSH Coverage:</b> Medical expenses incurred on hospitalization for Covid under AYUSH Treatment</p> <p><b>e. Hospital Daily Cash (Optional Cover)</b></p>	<p>4.1, 4.4, 4.5</p> <p>4.1</p> <p>4.2</p> <p>4.3</p> <p>5.1</p>												
3.	<b>What are the Major exclusions in the policy</b>	<p>Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions:</p> <p>a. Admission primarily for investigation &amp; evaluation</p> <p>b. Admission primarily for rest Cure, rehabilitation and respite care</p> <p>c. Any claim in relation to Covid where it has been diagnosed prior to Policy Start Date.</p> <p>d. Day Care treatment and OPD treatment</p>	<p></p> <p>7.1</p> <p>7.2</p> <p>7.5</p> <p>7.6</p>												
4.	<b>Waiting period</b>	Expenses related to the treatment of Covid within 15 days from the policy commencement date shall be excluded	6.1												
5.	<b>Payment basis</b>	The Base Cover is on indemnity basis and Optional Cover is on Benefit Basis													
6.	<b>Cancellation</b>	The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts fraud by the Insured Person by giving 7 days' written notice.	9.9												
8.	<b>Claims</b>	<p>a. For Cashless Service: Please visit <a href="http://www.acko.com">www.acko.com</a> for complete list of our Network Hospitals.</p> <p>b. For Reimbursement of Claim: For reimbursement of claims the insured person may submit the necessary documents to TPA/Company within the prescribed time limit as specified hereunder.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Sr. No.</th> <th style="text-align: center;">Type of Claim</th> <th style="text-align: center;">Prescribed Time limit</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td>Reimbursement of hospitalization and pre hospitalization expenses</td> <td>Within thirty days of date of discharge from hospital</td> </tr> <tr> <td style="text-align: center;">2</td> <td>Reimbursement of post hospitalization expenses</td> <td>Within fifteen days from completion of post hospitalization treatment</td> </tr> <tr> <td style="text-align: center;">3</td> <td>Reimbursement of Home Care expenses</td> <td>Within thirty days from completion of home care treatment</td> </tr> </tbody> </table> <p>For details on claim procedure please refer the policy document.</p>	Sr. No.	Type of Claim	Prescribed Time limit	1	Reimbursement of hospitalization and pre hospitalization expenses	Within thirty days of date of discharge from hospital	2	Reimbursement of post hospitalization expenses	Within fifteen days from completion of post hospitalization treatment	3	Reimbursement of Home Care expenses	Within thirty days from completion of home care treatment	<p>8.1,8.2</p>
Sr. No.	Type of Claim	Prescribed Time limit													
1	Reimbursement of hospitalization and pre hospitalization expenses	Within thirty days of date of discharge from hospital													
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3	Reimbursement of Home Care expenses	Within thirty days from completion of home care treatment													



9	<b>Policy Servicing</b>	<ul style="list-style-type: none"><li>● <b>Company Officials:</b> Acko General Insurance Limited, #36/5, Hustlehub One East, 27th Main Rd, Sector 2, HSR Layout, Bengaluru, Karnataka - 560102</li><li>● <b>Our website:</b> <a href="http://www.acko.com">www.acko.com</a></li><li>● <b>Email:</b> <a href="mailto:hello@acko.com">hello@acko.com</a></li><li>● <b>Toll Free:</b> 1800 266 2256</li></ul>	
	<b>Grievances/Complaints</b>	<p>a. Details of Grievance redressal officer Acko General Insurance Limited, #36/5, Hustlehub One East, 27th Main Rd, Sector 2, HSR Layout, Bengaluru, Karnataka - 560102 <b>Our website:</b> <a href="http://www.acko.com">www.acko.com</a> <b>Email:</b> <a href="mailto:grievance@acko.com">grievance@acko.com</a> <b>Toll Free:</b> 1800 266 2256</p> <p>b. IRDAI Integrated Grievance Management System - <a href="https://igms.irda.gov.in/">https://igms.irda.gov.in/</a></p> <p>c. Insurance Ombudsman – The contact details of the Insurance Ombudsman offices have been provided as Annexure-B of Policy document.</p>	10
10	<b>Insured's Rights</b>	<ul style="list-style-type: none"><li>● TAT for pre-authorization in cashless claims is 5 hours</li><li>● TAT for settlement of reimbursement claims is 20 days</li></ul>	
11	<b>Insured's Obligations</b>	<ul style="list-style-type: none"><li>● Please disclose all pre-existing disease/s or condition/s before buying a policy.</li><li>● Non-disclosure may result in claim not being paid.</li></ul>	
<b>Legal Disclaimer Note:</b> The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.			

**ANNEXURE: BENEFIT ILLUSTRATION**

**Illustration 1:**

Age of the Members Insured	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on floater basis with overall Sum Insured (Only one sum insured is available for the entire family)			
	Premium (₹)	Sum Insured (₹)	Premium (₹)	Discount (if any)	Premium after discount (₹)	Sum Insured (₹)	Premium or consolidated premium for all members of the family (₹)	Floater discount (if any)	Premium after discount (₹)	Sum Insured (₹)
16 - 20	4,405	3,00,000	4,405	0	4,405	3,00,000	1,04,559	9,752	94,807	3,00,000
21 - 25	4,405	3,00,000	4,405	0	4,405	3,00,000				
36 - 40	7,047	3,00,000	7,047	0	7,047	3,00,000				
36 - 40	7,047	3,00,000	7,047	0	7,047	3,00,000				
51 - 55	17,619	3,00,000	17,619	0	17,619	3,00,000				
56 - 60	18,555	3,00,000	18,555	0	18,555	3,00,000				
61 - 65	19,492	3,00,000	19,492	0	19,492	3,00,000				
66 - 70	25,989	3,00,000	25,989	0	25,989	3,00,000				
Total Premium for all members of the family is ₹ 1,04,559 when each member is covered separately.			Total Premium for all members of the family is ₹ 1,04,559 when they are covered under a single policy.				Total Premium when policy is opted on a floater basis is ₹ 94,807.			
Sum Insured available for each member separately is ₹ 3,00,000			Sum Insured available for each family member is ₹ 3,00,000				Sum Insured ₹ 3,00,000 is available for the entire family			

**Coverage assumptions:**

1. The family of the proposer comprises spouse, one daughter and one son.
2. Parents and parent-in-laws are covered additionally
3. Age band of family members:

Relationship	Age Band
Self	36 – 40
Spouse	31 – 35
Father	56 – 60

Father-in-Law	66 – 70
Mother	51 - 55
Mother-in-Law	61 – 65
Son	16 – 20
Daughter	21 – 25

4. Coverage is standard.

**Illustration 2:**

Age of the Members Insured	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on floater basis with overall Sum Insured (Only one sum insured is available for the entire family)			
	Premium (₹)	Sum Insured (₹)	Premium (₹)	Discount (if any)	Premium after discount (₹)	Sum Insured (₹)	Premium or consolidated premium for all members of the family (₹)	Floater discount (if any)	Premium after discount (₹)	Sum Insured (₹)
16 – 20	4,405	3,00,000	4,405	0	4,405	3,00,000	1,00,981	7,809	93,173	3,00,000
21 – 25	4,405	3,00,000	4,405	0	4,405	3,00,000				
41 - 45	9,691	3,00,000	9,691	0	9,691	3,00,000				
46 – 50	11,012	3,00,000	11,012	0	11,012	3,00,000				
71- 75	32,486	3,00,000	32,486	0	32,486	3,00,000				
76 +	38,983	3,00,000	38,983	0	38,983	3,00,000				
Total Premium for all members of the family is ₹ 1,00,981 when each member is covered separately.			Total Premium for all members of the family is ₹ 1,00,981 when they are covered under a single policy.				Total Premium when policy is opted on a floater basis is ₹ 93,173.			
Sum Insured available for each member separately is ₹ 3,00,000			Sum Insured available for each family member is ₹ 3,00,000				Sum Insured ₹ 3,00,000 is available for the entire family			

**Coverage assumptions:**

1. The family of the proposer comprises spouse, one daughter and one son.
2. Parents are covered additionally
3. Age band of family members:



Relationship	Age Band
Self	46 – 50
Spouse	41 – 45
Son	16 – 20
Daughter	21 – 25
Mother	71 – 75
Father	76 +

4. Coverage is standard.