

CUSTOMER INFORMATION SHEET

(Description is illustrative and not exhaustive)

Sr. No	Title	Description	Policy Clause Number
1	Product Name	Acko Personal Health Policy	
2	Type of Insurance Product/Policy	Indemnity	
3	Sum Insured (Basis)	Individual / Floater (Amount will be mentioned here)	
4	Policy Number	XXXXXX	
5	Policy Coverage	<p>All the below mentioned benefits are covered up to sum insured unless specified otherwise</p> <p>Hospitalization cost for admissions more than 24 hours</p> <p>All necessary Day Care treatments</p> <p>Pre hospitalization medical expenses up to 60 days before admission</p> <p>Post Hospitalization medical expenses up to 120 days post discharge</p> <p>Road ambulance cost</p> <p>Emergency evacuation from anywhere in India</p> <p>Medical treatments or procedures taken at home</p> <p>Organ Donor expenses</p> <p>Second Opinion for alternate evaluation</p> <p>Refill of sum insured up to amount specified in the policy schedule (Not Applicable in case of Unlimited SI)</p> <p>Preventive Health Check-up to insured above 18 years of age</p> <p>Additional sum insured in the subsequent policy namely 'Inflation Protect Sum Insured' (Not Applicable in case of Unlimited SI)</p> <p>Access to a doctor or a general medical practitioner any time of the day for a medical consultation.</p>	<p>Section 3.2.1 & 3.2.2</p> <p>Section 3.2.4</p> <p>Section 3.2.4</p> <p>Section 3.2.5</p> <p>Section 3.2.6</p> <p>Section 3.2.7</p> <p>Section 3.2.8</p> <p>Section 3.2.9</p> <p>Section 3.3.2</p> <p>Section 3.3.11</p> <p>Section 3.3.12</p> <p>Section 3.4.1</p>

		<p>Non-medical expenses not covered by many products, are all covered</p> <p>Please refer to section 6 below for type of treatments, diseases, situations, expenses etc which are not covered in the product</p>	Section 3.3.8 & Annexure 1
6	Exclusions	<p>Waiting period or exclusion of some pre-existing diseases and its direct complications are applicable as specified in the policy schedule</p> <p>Expenses only for diagnostics and evaluation purposes</p> <p>Expenses for enforced bed rest and not for receiving treatment.</p> <p>Surgical treatment of obesity as per conditions specified in section 4.1.6 of the policy wordings</p> <p>Expenses for changing characteristics of the body to those of the opposite sex.</p> <p>Cosmetic or plastic surgery or any treatment to change appearance unless required due to an Accident, Burn(s) or Cancer</p> <p>Treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer</p> <p>Treatments in health hydros, nature cure clinics, spas or similar establishments</p> <p>Dietary supplements and substances that can be purchased without prescription, unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure.</p> <p>Treatment for correction of eye sight due to refractive error less than 7.5 dioptries.</p> <p>Expenses related to sterility and infertility.</p> <p>Medical treatment expenses traceable to childbirth or miscarriage</p> <p>Dental Treatment unless necessitated due to an Accident Medically unnecessary Treatment Prosthetics and Other Devices unless necessitated due to an Accident War and Exposure to Hazardous Substances Hormonal Therapies</p>	<p>Section 4.1.1</p> <p>Section 4.1.4</p> <p>Section 4.1.5</p> <p>Section 4.1.6</p> <p>Section 4.1.7</p> <p>Section 4.1.8</p> <p>Section 4.1.9</p> <p>Section 4.1.10</p> <p>Section 4.1.11</p> <p>Section 4.1.12</p> <p>Section 4.1.13</p> <p>Section 4.1.14</p> <p>Section 4.2.3</p>

7	Waiting Period	<ul style="list-style-type: none"> Initial waiting Period: None Specific Illness (Standard list) waiting period: None Pre-Existing Diseases exclusion / waiting period: None / Disease X waiting period months / Disease Y not covered 	
8	Financial limits of coverage i. Sub-limit ii. Co-payment iii. Deductible iv. Any other limit (as applicable)	<p>This product has no copay or sub-limits applicable on any reasonable costs for treatments covered.</p> <p>Deductible of Rs. on aggregate claim basis</p>	Section 3.2.2, 3.3.4, 3.3.5, 3.3.6 Section 3.3.7
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 or can be checked at the customer care center.</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>Please find the important links/numbers below :-</p> <p>i. Network Hospital Details: Acko App or www.acko.com</p> <p>ii. Helpline Number: 1860 266 2256</p> <p>iii. Hospitals which are backlisted or from where no claims will be accepted by the insurer: Acko App or www.acko.com</p> <p>iv. Downloading getting the claim form: Acko App or www.acko.com</p>	Section 6.1
10	Policy Servicing/ Grievances/ Complaints	<ul style="list-style-type: none"> Company Officials: Acko General Insurance Limited, 2nd floor, #36/5, Hustlehub One East, 27th Main Rd, Sector 2, HSR Layout, Bengaluru, Karnataka - 560102 Our website: www.acko.com Email: grievance@acko.com Toll Free: 1860 266 2256 	Section 6.3

11	Things to remember	<p>You may cancel the policy within 15 days of receipt without any charges. And if there are no claims during this period.</p> <p>We will not deny renewal of your policy if you wish to renew with us as long as the applicable premium is paid on time.</p> <p>Migration and Porting of this Policy is allowed as per the applicable rules.</p> <p>For Detailed Guidelines on Migration, kindly refer the link:- https://irdai.gov.in/document-detail?documentId=393128</p> <p>For Detailed Guidelines on Portability, kindly refer the link:- https://irdai.gov.in/document-detail?documentId=393128</p> <p>Changes in Policy coverage such as change in sum insured, addition/deletion of insured etc are allowed subject to underwriting by the company.</p> <p>We will not deny any claim after the moratorium period of 8 years of continuous coverage unless due to fraud or permanent exclusion.</p>	<p>Section 5.1.18</p> <p>Section 5.1.15</p> <p>Section 5.1.14</p> <p>Section 5.2.13</p> <p>Section 5.1.20</p>
12	Insured's Obligations	<p>If any of the facts provided to us to purchase this Policy are found to be incorrect, incomplete, suppressed or not disclosed, the policy shall be canceled without refund of premium after 30 days' notice. Any claim made under such Policy, shall be rejected.</p>	<p>Section 5.1.1, Section 5.2.2</p>
<p>Legal Disclaimer Note: 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.</p>			

Declaration by the Policy Holder;
I have read the above and confirm having noted the details.

Place:
Date:

Signature of the Policy Holder