

GROUP DOMESTIC TRAVEL INSURANCE POLICY

PROSPECTUS

I. INTRODUCTION

Travel Insurance policy can protect the policy holder and his / her spouse from economic concerns such as loss of income, medicinal expenditure, loss of personal belongings, personal liability and inconvenience that may occur during travel. It is essential that people understand the features, advantages and the necessity of insurance policies in detail.

Acko General Insurance provides the following benefits to its customers:

- Wide range of Sum Insured Limit
- Easy & Transparent buying Process
- Guidance from Trained Professionals: Get unbiased insurance related advice from Acko's trained professionals.
- Quick Claim Settlement: When a claim is filed, Acko tries to settle it in a quick and hassle free manner.

II. BENEFITS:

1. Accidental Medical Expense Reimbursement

If an Insured Person suffers an Injury due to an Accident that occurs during the Travel Period and that Injury solely and directly requires the Insured Person to be Hospitalized or undergo Day Care Treatment, then We will reimburse the costs incurred on Medical Expenses upto limit specified in Certificate of Insurance. We will also reimburse Post-hospitalisation Medical Expenses incurred for up to 90 days immediately following the Insured Person's discharge from Hospital.

2. Accidental Hospital Fixed Allowance

If an Insured Person suffers an Injury due to an Accident that occurs during the Travel Period and that Injury solely and directly requires the Insured Person to be Hospitalized for at least the minimum number of consecutive days specified in the Certificate of Insurance, then We will pay the amount specified in the Certificate of Insurance.

3. Hospital Daily Allowance:

If an Insured Person suffers an Injury due to an Accident that occurs during the Travel Period and that Injury solely and directly requires the Insured Person to be Hospitalized then We will pay the daily allowance amount specified in the Certificate of Insurance, for each continuous and completed period of 24 hours of Hospitalisation.

4. Compassionate Visit:

We will reimburse the amount incurred on tickets on a Common Carrier for an Immediate Relative of the Insured Person to travel to the place of Hospitalization of the Insured Person during the Coverage Period upto the limit specified in the Certificate of Insurance.

5. Compassionate Visit Stay:

We will pay the daily amount specified in the Certificate of Insurance towards accommodation expenses for an Immediate Relative of the Insured Person to stay at the place of Hospitalization of the Insured Person during the Coverage Period.

6. OPD Treatment

If an Insured Person suffers an Injury due to an Accident that occurs during the Travel Period and that Injury solely and directly requires the Insured Person to undergo OPD Treatment for any of the



treatments/tests/consultations specified in the Certificate of Insurance or for treatment of fractures, burns or Dental Treatment then We will reimburse the costs incurred on Medical Expenses.

7. Convenient Travel Option:

If an Insured Person suffers an Injury due to an Accident that occurs during the Travel Period and that Injury solely and directly requires the Insured Person to return to his place of residence, then We will reimburse the amount incurred on tickets on a Common Carrier for the Insured Person's travel back to his place of residence with addition or modification necessitated in the Common Carrier due to such Illness/Injury and provided to the Insured Person.

8. Ambulance Transportation Cover:

If the Insured Person suffers an Injury due to an Accident and such Injury requires the Insured Person to be transported to the Hospital by an Ambulance, then We shall reimburse the costs incurred upto the limit specified in the Certificate of Insurance on the transportation of the Insured Person by the Ambulance to the Hospital.

9. Illness Cover:

If an Insured Person suffers an Illness during the Travel Period and that Illness solely and directly requires the Insured Person to be Hospitalized during the Travel Period, then We will reimburse the costs incurred on Medical Expenses upto limit specified in the Certificate of Insurance.

10. Pre-Existing Illness Cover

We will reimburse the Medical Expenses incurred in respect of the Medically Necessary Treatment rendered on the Insured Person during the Travel Period on an emergency basis as a life saving measure only for any sudden, unexpected or unforeseen development attributable to a Pre-Existing Disease upto limit specified in the Certificate of Insurance. We will be liable to make payment under this Cover Benefit only if the treatment pertains to any of the following Illnesses:

- Hypertension;
- Diabetes:
- Heart ailments;
- Cerebral Nervous System diseases;
- Chronic Obstructive Pulmonary diseases, including asthma;
- Oncological diseases;
- Pregnancy related complications.

11. Accidental Death Benefit

If an Insured Person suffers an Injury due to an Accident that occurs during the Travel Period and Injury solely and directly results in the Insured Person's death within 365 days from the date of the Accident, We will pay the Sum Insured.

12. Personal Accident (Common Carrier)

If an Insured Person suffers an Injury due to an Accident that occurs during the Travel Period while the Insured Person is travelling as a passenger on a Common Carrier and that Injury solely and directly results in the Insured Person's death or permanent total disability within 365 days from the date of the Accident, We will pay the amount specified in the Certificate of Insurance.

13. Permanent Total Disability:

If an Insured Person suffers an Injury due to an Accident that occurs during the Travel Period and that Injury solely and directly results in the Permanent Total Disability of the Insured Person which is of the nature specified in the table below, within 365 days from the date of the Accident, We will pay the Sum Insured.



Nature of Permanent Total Disability

Total and irrecoverable loss of sight in both eyes

Loss by physical separation or total and permanent loss of use of both hands or both feet

Loss by physical separation or total and permanent loss of use of one hand and one foot

Total and irrecoverable loss of sight in one eye and loss of a Limb

Total and irrecoverable loss of hearing in both ears and loss of one Limb/ loss of sight in one eye

Total and irrecoverable loss of hearing in both ears and loss of speech

Total and irrecoverable loss of speech and loss of one Limb/ loss of sight in one eye

Permanent, total and absolute disability (not falling under any one the above) which results in the Insured Person being unable to engage in any employment or occupation or business for remuneration or profit, of any description whatsoever which results in Loss of Independent Living

14. Permanent Partial Disability:

If an Insured Person suffers an Injury due to an Accident that occurs during the Travel Period and that Injury solely and directly results in the Permanent Partial Disability of the Insured Person which is of the nature specified in the table below within 365 days from the date of the Accident, We will pay the amount specified in the table below:

Nature	e of Permanent Partial Disability	Percentage of the Sum Insured payable
i.	Total and irrecoverable loss of sight in one eye	50%
ii.	Loss of one hand or one foot	50%
iii.	Loss of all toes - any one foot	10%
iv.	Loss of toe great - any one foot	5%
V.	Loss of toes other than great, if more than one toe lost, each	2%
vi.	Total and irrecoverable loss of hearing in both ears	50%
vii.	Total and irrecoverable loss of hearing in one ear	15%
viii.	Total and irrecoverable loss of speech	50%
ix.	Loss of four fingers and thumb of one hand	40%
х.	Loss of four fingers	35%
xi.	Loss of thumb- both phalanges	25%
xii.	Loss of thumb- one phalanx	10%
xiii.	Loss of index finger-three phalanges	10%
xiv.	Loss of index finger-two phalanges	8%
XV.	Loss of index finger-one phalanx	4%
xvi.	Loss of middle/ring/little finger-three phalanges	6%
xvii.	Loss of middle/ring/little finger-two phalanges	4%
xviii.	Loss of middle/ring/little finger-one phalanx	2%

15. Total Temporary Disability:

If an Insured Person suffers an Injury due to an Accident that occurs during the Travel Period and that Injury solely and directly results in the disability of the Insured Person which prevents the Insured Person from engaging in any employment or occupation on a temporary basis, then We will pay the amount specified in the Certificate of Insurance at the frequency specified in the Certificate of Insurance for the duration that the Temporary Total Disability continues.

16. Repatriation of Mortal Remains:

We will reimburse the expenses incurred for transportation of mortal remains from the place of death to the residence of the Insured Person.

17. Evacuation (Medical & Catastrophe):

We will reimburse the costs incurred for the air or surface transportation of the Insured Person during the Travel Period (and an attending Medical Practitioner if it is certified in writing as being medically necessary) including costs incurred for medical care during such transportation



18. Mobility Cover:

We will reimburse the expenses incurred on the purchase of support items including but not limited to crutches, artificial limbs, wheelchairs, tri-cycles intra-ocular lenses, spectacles, hearing aids, dentures, artificial teeth, imported medicines or any other item which in the opinion of the treating Medical Practitioner is necessary for the Insured Person to resume normal living following the Injury sustained in the Accident during the Travel Period.

19. Child Education Cover:

We will pay the amount specified in the Certificate of Insurance at the frequency specified in the Certificate of Insurance in respect of each surviving Dependent Child, irrespective of whether the child is an Insured Person under this Policy.

20. Disappearance:

If an Insured Person disappears during the Travel Period due to an Accident followed by a forced landing, stranding, sinking or wrecking of a conveyance, earthquake or flood during the Travel Period and is legally declared dead (declared death in absentia or legal presumption of death) We will pay the amount specified in the Certificate of Insurance to the Nominee.

21. Funeral Expense:

We will pay the amount specified in the Certificate of Insurance towards expenses on the funeral, cremation/ or burial and transportation of the body to the place of the funeral ceremony for the Insured Person.

22. Physiotherapy:

If an Insured Person suffers an Injury due to an Accident that occurs during the Travel Period and that Injury solely and directly requires the Insured Person to undergo physiotherapy, then We will reimburse the costs incurred on physiotherapy.

23. Loan Protector:

If an Insured Person suffers an Injury due to an Accident that occurs during the Policy Period, We will pay an amount equal to the outstanding loan principal amount in respect of the Insured Person's outstanding Loan, subject to this amount not exceeding the amount specified in the Certificate of Insurance.

24. Outstanding Bills Protection Benefit:

If an Insured Person suffers an Injury due to an Accident that occurs during the Policy Period, We will pay the outstanding bills of the Insured Person up to the amount specified in the Certificate of Insurance.

25. Modification of Vehicle/Home:

We will reimburse the costs incurred up to the limit specified in the Certificate of Insurance for improvements to be carried out in the Insured Person's residence or to the Insured Person's vehicle.

26. Chauffer Benefit:

We will pay the per day allowance specified in the Certificate of Insurance in respect of a chauffeur to drive the Insured Person

27. Personal Liability

We will reimburse any actual legal liability, including Defence Costs, incurred by the Insured Person in his/her private capacity to pay damages to a third party arising out of the third party's death, Injury or property being damaged during the Travel Period upto the limit specified in the Certificate of Insurance.

28. Trip Delay



We will pay the amount specified in the Certificate of Insurance if an Insured Person's journey on a Common Carrier is delayed beyond the number of hours specified in the Certificate of Insurance of its scheduled departure or scheduled arrival time, during the Travel Period.

29. Carrier Cancellation

We will pay the Sum Insured if the Insured Person's booked and confirmed journey is cancelled within the number of hours/days specified in the Certificate of Insurance, prior to the scheduled departure by the Common Carrier.

30. Hijack Daily Allowance:

We will pay the daily amount specified in the Certificate of Insurance if the Common Carrier in which the Insured Person is travelling is hijacked for more than 12 hours, for each continuous 24-hour period the Insured Person is detained by hijackers.

31. Delay of Checked-in Baggage:

We will pay the amount specified in the Certificate of Insurance, towards purchasing essential medication, toiletries or clothing if the delivery of the Insured Person's accompanying Checked-in Baggage is delayed for more than the number of hours specified in the Certificate of Insurance, by the Common Carrier on which the Insured Person was travelling as a passenger, during the Travel Period.

32. Denied Boarding - Carrier:

We will pay the amount specified in the Certificate of Insurance if an Insured Person is denied boarding of the Common Carrier during the Travel Period, within the number of hours specified in the Certificate of Insurance of the scheduled departure time.

33. Loss of Checked-in Baggage

We will reimburse the actual loss upto the limit specified in the Certificate of Insurance incurred towards the permanent and total loss or destruction of the Insured Person's Checked-in Baggage, by the Common Carrier on which the Insured Person was travelling as a passenger, during the Travel Period.

34. Missed Carrier

We will reimburse the cost of the booking up to the limit specified in the Certificate of Insurance on the Common Carrier due to the Insured Person's failure to reach the original departure point of the booked journey caused by the delayed arrival of a public transport or any other Common Carrier that the Insured Person was travelling in as a passenger, or due to any Accident during the Coverage Period.

35. Missed Event

We will reimburse irrecoverable costs of the Insured Person's Event tickets paid in advance in case of the Insured Person's failure to reach the Event during the Travel Period, due to any unavoidable reasons beyond the control of the Insured Person upto the limit specified in the Certificate of Insurance.

36. Cancellation of Carrier by Insured Person

We will reimburse the cost of travel fares paid for a booked and confirmed journey by the Insured Person, due to any unavoidable reasons beyond the control of the Insured Person.

37. Fare Lock

We will reimburse the fare difference upto the limit specified in the Certificate of Insurance towards any increase in fare of a Common Carrier, subject to the Insured Person booking the Common Carrier within the period of time specified in the Certificate of Insurance from the time of intimation of the fare to Us.



38. Fare Dip

We will reimburse the fare difference upto the limit specified in the Certificate of Insurance towards any decrease in fare of a Common Carrier, from the date of the Insured Person booking the fare until the period of time specified in the Certificate of Insurance.

39. Loss of Baggage and Personal Effects:

We will reimburse the actual loss upto the limit specified in the Certificate of Insurance incurred in relation to the permanent and total loss of the Insured Person's luggage and personal possessions during the Travel Period.

40. Electronic Equipment Cover:

We will reimburse the actual loss incurred up to the amount specified in the Certificate of Insurance in relation to the permanent and total loss of the Insured Person's Portable Electronic Equipment due to any Accidental damage, loss or theft during the Travel Period.

41. Financial Emergency Cash:

We will reimburse the actual loss incurred in relation to the permanent and total loss of the Insured Person's travel funds due to any pilferage, theft, loss, robbery or dacoity during the Travel Period.

42. Trip Cancellation & Interruption:

We will reimburse the expenses incurred if an Insured Person's journey on a Common Carrier is unavoidably cancelled or delayed beyond the number of hours specified in the Certificate of Insurance of its scheduled departure or scheduled arrival time due to unforeseen death or injury of self or immediate relative, any public event or catastrophe during the Coverage Period.

43. Trip Curtailment:

We will reimburse the cost of additional travel and accommodation expenses upto the limit specified in the Certificate of Insurance incurred towards any unavoidable curtailment of the Insured Person's booked and confirmed journey due to unforeseen death or injury of self or immediate relative, any public event or catastrophe during the Coverage Period.

44. Missed Connection:

We will reimburse the cost of additional travel and accommodation expenses upto the limit specified in the Certificate of Insurance incurred due to the Insured Person's failure to reach the original departure point of the booked and confirmed journey owing to a delay beyond the number of hours specified in the Certificate of Insurance in the arrival of the Common Carrier which was connecting to the booked journey onwards.

45. Denied Hotel Accommodation:

We will reimburse the cost upto the limit specified in the Certificate of Insurance of alternative accommodation required by the Insured Person due to any cancellation of the Insured Person's booked and confirmed accommodation by a hotel or any other provider of accommodation.

46. Emergency Hotel Requirement:

We will reimburse the costs upto the limit specified in the Certificate of Insurance towards the stay of the Insured Person in a hotel due to the Insured Person or any Immediate Relative travelling with the Insured Person suffering Injury in an Accident or Illness or Hospitalization during the Travel Period.



47. Home Insurance Cover

We will reimburse any actual loss incurred upto the limit specified in the Certificate of Insurance during the Travel Period towards any theft of personal possessions or property stored within the Insured Person's usual place of residence that was left vacant for the duration of the Travel Period.

48. Fire and Allied Perils (Home Building & Contents):

We will reimburse any actual loss incurred upto the limit specified in the Certificate of Insurance during the Travel Period towards the damage to the property of the insured due to fire and allied perils.

49. Travel with Pet Cover

If the Insured Person is travelling with his/her pet during the Travel Period We will reimburse the expenses incurred on the medical treatment of the Insured Person's pet if the pet suffers an Injury due to an Accident during the Travel Period and the costs incurred on additional travel and accommodation expenses by the Insured Person if the Insured Person's journey is cancelled or curtailed due to the Insured Person's pet suffering death or an Injury due to an Accident, during the Coverage Period.

50. Inconvenience Due to Non-confirmation of the Waiting List Ticket

We will pay the amount specified in the Certificate of Insurance if the Insured Person's Waiting List Ticket is not confirmed prior to the scheduled departure by the Common Carrier.

This In-Built Benefit will be payable provided that the Insured Person provides Us with proof of the nonconfirmation of the waiting ticket or the same is available to us directly from a reliable source in the public domain.

We shall not be liable to reimburse any expenses under this In-built Benefit for:

- a. Any cancellation of the journey by the Insured Person.
- b. Any cancellation of the travel bookings by the Common Carrier.

Waiting List Ticket means that the passenger is on the waiting list and may not get a seat in the Common Carrier.

Note:

The Benefits specified above shall be subject to the terms and conditions of this Policy, and you are advised to read the policy for a full description of the terms, conditions and provisos applicable to each of the Benefits specified above.

Table: Details of Cover, its minimum and maximum Sum Insured

Benefit number	NAME OF THE BENEFIT	SUM INSURED (in ₹)	
as per Wordings.		MIN	MAX
	In-Built Benefits		
1.1	Accidental Medical Expense Reimbursement	1,000	50,00,000
1.2	Accidental Hospital Fixed Allowance	1,000	5,00,000
1.3	Accidental Death Benefit	1,000	25,00,00,000
1.4	Personal Accident (Common Carrier)	1,000	25,00,00,000
1.5	Loan Protector	1,000	5,00,00,000
1.6	Personal Liability	1,000	25,00,00,000



NAME OF THE BENEFIT MIN		NAME OF THE BENEFIT	SUM INSURED (in ₹)	
1.8 Carrier Cancellation 50 10,00,000 1.9 Loss of Checked-in Baggage 50 10,00,000 1.10 Missed Carrier 50 10,00,000 1.11 Missed Event 50 10,00,000 1.12 Cancellation of Carrier by Insured Person 50 10,00,000 1.13 Fare Lock 50 10,00,000 1.14 Fare Dip 50 10,00,000 1.15 Home Insurance Cover 1,000 25,00,00,000 1.16 Travel with Pet Cover 1,000 50,00,000 1.A Hospital Daily Allowance 250 2,00,000 1.B Compassionate Visit 1,000 5,00,000 1.C Compassionate Visit Stay 1,000 5,00,000 1.D OPD Treatment 250 1,00,000 1.E Convenient Travel Option 250 50,000 1.F Ambulance Transportation Cover 250 50,000 1.G Illness Cover 1,000 5,00,00,000 1.H<			MIN	MAX
1.9 Loss of Checked-in Baggage 50 10,00,000 1.10 Missed Carrier 50 10,00,000 1.11 Missed Event 50 10,00,000 1.12 Cancellation of Carrier by Insured Person 50 10,00,000 1.13 Fare Lock 50 10,00,000 1.14 Fare Dip 50 10,00,000 1.15 Home Insurance Cover 1,000 25,00,00,000 1.16 Travel with Pet Cover 1,000 50,00,000 1.A Hospital Daily Allowance 250 2,00,000 1.B Compassionate Visit 1,000 5,00,000 1.C Compassionate Visit Stay 1,000 5,00,000 1.D OPD Treatment 250 1,00,000 1.E Convenient Travel Option 250 50,00,000 1.F Ambulance Transportation Cover 250 50,000 1.G Illness Cover 1,000 5,00,00,000 1.H Pre-Existing Illness Cover 1,000 5,00,00,000	1.7	Trip Delay	50	10,00,000
1.10 Missed Carrier 50 10,00,000 1.11 Missed Event 50 10,00,000 1.12 Cancellation of Carrier by Insured Person 50 10,00,000 1.13 Fare Lock 50 10,00,000 1.14 Fare Dip 50 10,00,000 1.15 Home Insurance Cover 1,000 25,00,00,000 1.16 Travel with Pet Cover 1,000 50,00,000 Cover Benefits 1.A Hospital Daily Allowance 250 2,00,000 1.B Compassionate Visit 1,000 5,00,000 1.C Compassionate Visit 1,000 5,00,000 1.D OPD Treatment 250 1,00,000 1.E Convenient Travel Option 250 50,00,000 1.F Ambulance Transportation Cover 250 50,000 1.G Illness Cover 1,000 5,00,000 1.H Pre-Existing Illness Cover 1,000 5,00,000 1.J Permanent Total Disability 1,000 25,00,000 1.J Permanent Partial Disability 1,000 25,00,000 1.K Temporary Total Disability 1,000 25,00,00,000 1.L Repatriation of Mortal Remains 1,000 50,00,000 1.M Evacuation (Medical & Catastrophe) 1,000 10,00,000 1.N Mobility Cover 1,000 50,00,000 1.P Disappearance Cover 1,000 50,00,000 1.P Disappearance Cover 1,000 50,00,000 1.P Disappearance Cover 1,000 50,00,000 1.Q Funeral Expenses 1,000 10,00,000 1.R Physiotherapy 1,000 10,00,000	1.8	Carrier Cancellation	50	10,00,000
1.11 Missed Event 50 10,00,000 1.12 Cancellation of Carrier by Insured Person 50 10,00,000 1.13 Fare Lock 50 10,00,000 1.14 Fare Dip 50 10,00,000 1.15 Home Insurance Cover 1,000 25,00,00,000 1.16 Travel with Pet Cover 1,000 50,00,000 1.2 Cover Benefits 250 2,00,000 1.8 Compassionate Visit 1,000 5,00,000 1.C Compassionate Visit Stay 1,000 5,00,000 1.D OPD Treatment 250 1,00,000 1.E Convenient Travel Option 250 50,00,000 1.F Ambulance Transportation Cover 250 50,00,000 1.G Illness Cover 1,000 5,00,00,000	1.9	Loss of Checked-in Baggage	50	10,00,000
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1.12 Person 50 10,00,000 1.13 Fare Lock 50 10,00,000 1.14 Fare Dip 50 10,00,000 1.15 Home Insurance Cover 1,000 25,00,00,000 1.16 Travel with Pet Cover 1,000 50,00,000 Cover Benefits 1.A Hospital Daily Allowance 250 2,00,000 1.B Compassionate Visit 1,000 5,00,000 1.C Compassionate Visit Stay 1,000 5,00,000 1.D OPD Treatment 250 1,00,000 1.E Convenient Travel Option 250 50,00,000 1.F Ambulance Transportation Cover 250 50,000 1.G Illness Cover 1,000 5,00,00,000 1.H Pre-Existing Illness Cover 1,000 5,00,00,000 1.J Permanent Total Disability 1,000 25,00,00,000 1.K Temporary Total Disability 1,000 25,00,00,000 1.M Evacuation (Medical & Catastrophe) </td <td>1.11</td> <td>Missed Event</td> <td>50</td> <td>10,00,000</td>	1.11	Missed Event	50	10,00,000
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1.A Hospital Daily Allowance 250 2,00,000 1.B Compassionate Visit 1,000 5,00,000 1.C Compassionate Visit Stay 1,000 5,00,000 1.D OPD Treatment 250 1,00,000 1.E Convenient Travel Option 250 50,00,000 1.F Ambulance Transportation Cover 250 50,000 1.G Illness Cover 1,000 5,00,00,000 1.H Pre-Existing Illness Cover 1,000 5,00,00,000 1.J Permanent Total Disability 1,000 25,00,00,000 1.J Permanent Partial Disability 1,000 25,00,00,000 1.K Temporary Total Disability 1,000 25,00,00,000 1.L Repatriation of Mortal Remains 1,000 50,00,000 1.M Evacuation (Medical & Catastrophe) 1,000 1,00,000 1.N Mobility Cover 1,000 50,00,000 1.P Disappearance Cover 1,000 25,00,00,000 1.Q Funeral Expenses <t< td=""><td>1.16</td><td>Travel with Pet Cover</td><td>1,000</td><td>50,00,000</td></t<>	1.16	Travel with Pet Cover	1,000	50,00,000
1.B Compassionate Visit 1,000 5,00,000 1.C Compassionate Visit Stay 1,000 5,00,000 1.D OPD Treatment 250 1,00,000 1.E Convenient Travel Option 250 50,000,000 1.F Ambulance Transportation Cover 250 50,000 1.G Illness Cover 1,000 5,00,00,000 1.H Pre-Existing Illness Cover 1,000 5,00,00,000 1.I Permanent Total Disability 1,000 25,00,00,000 1.J Permanent Partial Disability 1,000 25,00,00,000 1.K Temporary Total Disability 1,000 50,00,000 1.L Repatriation of Mortal Remains 1,000 50,00,000 1.M Evacuation (Medical & Catastrophe) 1,000 1,00,000 1.N Mobility Cover 1,000 50,00,000 1.D Child Education Cover 1,000 50,00,000 1.P Disappearance Cover 1,000 25,00,00,000 1.Q Funeral Expenses		Cover Benefits		
1.C Compassionate Visit Stay 1,000 5,00,000 1.D OPD Treatment 250 1,00,000 1.E Convenient Travel Option 250 50,00,000 1.F Ambulance Transportation Cover 250 50,000 1.G Illness Cover 1,000 5,00,00,000 1.H Pre-Existing Illness Cover 1,000 5,00,00,000 1.I Permanent Total Disability 1,000 25,00,00,000 1.J Permanent Partial Disability 1,000 25,00,00,000 1.K Temporary Total Disability 1,000 50,00,000 1.L Repatriation of Mortal Remains 1,000 50,00,000 1.M Evacuation (Medical & Catastrophe) 1,000 1,00,000 1.N Mobility Cover 1,000 10,00,000 1.O Child Education Cover 1,000 50,00,000 1.P Disappearance Cover 1,000 25,00,00,000 1.Q Funeral Expenses 1,000 1,00,000	1.A	Hospital Daily Allowance	250	2,00,000
1.D OPD Treatment 250 1,00,000 1.E Convenient Travel Option 250 50,00,000 1.F Ambulance Transportation Cover 250 50,000 1.G Illness Cover 1,000 5,00,00,000 1.H Pre-Existing Illness Cover 1,000 5,00,00,000 1.I Permanent Total Disability 1,000 25,00,00,000 1.J Permanent Partial Disability 1,000 25,00,00,000 1.K Temporary Total Disability 1,000 25,00,00,000 1.L Repatriation of Mortal Remains 1,000 50,00,000 1.M Evacuation (Medical & Catastrophe) 1,000 1,00,000 1.N Mobility Cover 1,000 10,00,000 1.O Child Education Cover 1,000 50,00,000 1.P Disappearance Cover 1,000 25,00,00,000 1.Q Funeral Expenses 1,000 10,00,000 1.R Physiotherapy 1,000 1,00,000	1.B	Compassionate Visit	1,000	5,00,000
1.E Convenient Travel Option 250 50,00,000 1.F Ambulance Transportation Cover 250 50,000 1.G Illness Cover 1,000 5,00,00,000 1.H Pre-Existing Illness Cover 1,000 5,00,00,000 1.I Permanent Total Disability 1,000 25,00,00,000 1.J Permanent Partial Disability 1,000 25,00,00,000 1.K Temporary Total Disability 1,000 50,00,00,000 1.L Repatriation of Mortal Remains 1,000 50,00,000 1.M Evacuation (Medical & Catastrophe) 1,000 1,00,000 1.N Mobility Cover 1,000 10,00,000 1.O Child Education Cover 1,000 50,00,000 1.P Disappearance Cover 1,000 25,00,00,000 1.Q Funeral Expenses 1,000 10,00,000 1.R Physiotherapy 1,000 1,00,000	1.C	Compassionate Visit Stay	1,000	5,00,000
1.F Ambulance Transportation Cover 250 50,000 1.G Illness Cover 1,000 5,00,00,000 1.H Pre-Existing Illness Cover 1,000 5,00,00,000 1.I Permanent Total Disability 1,000 25,00,00,000 1.J Permanent Partial Disability 1,000 25,00,00,000 1.K Temporary Total Disability 1,000 25,00,00,000 1.L Repatriation of Mortal Remains 1,000 50,00,000 1.M Evacuation (Medical & Catastrophe) 1,000 1,00,000 1.N Mobility Cover 1,000 10,00,000 1.O Child Education Cover 1,000 50,00,000 1.P Disappearance Cover 1,000 25,00,00,000 1.Q Funeral Expenses 1,000 10,00,000 1.R Physiotherapy 1,000 1,00,000	1.D	OPD Treatment	250	1,00,000
1.G Illness Cover 1,000 5,00,00,000 1.H Pre-Existing Illness Cover 1,000 5,00,00,000 1.I Permanent Total Disability 1,000 25,00,00,000 1.J Permanent Partial Disability 1,000 25,00,00,000 1.K Temporary Total Disability 1,000 50,00,000 1.L Repatriation of Mortal Remains 1,000 50,00,000 1.M Evacuation (Medical & Catastrophe) 1,000 1,00,000 1.N Mobility Cover 1,000 10,00,000 1.O Child Education Cover 1,000 50,00,000 1.P Disappearance Cover 1,000 25,00,00,000 1.Q Funeral Expenses 1,000 10,00,000 1.R Physiotherapy 1,000 1,00,000	1.E	Convenient Travel Option	250	50,00,000
1.H Pre-Existing Illness Cover 1,000 5,00,00,000 1.I Permanent Total Disability 1,000 25,00,00,000 1.J Permanent Partial Disability 1,000 25,00,00,000 1.K Temporary Total Disability 1,000 25,00,00,000 1.L Repatriation of Mortal Remains 1,000 50,00,000 1.M Evacuation (Medical & Catastrophe) 1,000 1,00,000 1.N Mobility Cover 1,000 10,00,000 1.O Child Education Cover 1,000 50,00,000 1.P Disappearance Cover 1,000 25,00,00,000 1.Q Funeral Expenses 1,000 10,00,000 1.R Physiotherapy 1,000 1,00,000	1.F	Ambulance Transportation Cover	250	50,000
1.I Permanent Total Disability 1,000 25,00,00,000 1.J Permanent Partial Disability 1,000 25,00,00,000 1.K Temporary Total Disability 1,000 25,00,00,000 1.L Repatriation of Mortal Remains 1,000 50,00,000 1.M Evacuation (Medical & Catastrophe) 1,000 1,00,00,000 1.N Mobility Cover 1,000 10,00,000 1.O Child Education Cover 1,000 50,00,000 1.P Disappearance Cover 1,000 25,00,00,000 1.Q Funeral Expenses 1,000 10,00,000 1.R Physiotherapy 1,000 1,000,000	1.G	Illness Cover	1,000	5,00,00,000
1.J Permanent Partial Disability 1,000 25,00,00,000 1.K Temporary Total Disability 1,000 25,00,00,000 1.L Repatriation of Mortal Remains 1,000 50,00,000 1.M Evacuation (Medical & Catastrophe) 1,000 1,00,00,000 1.N Mobility Cover 1,000 10,00,000 1.O Child Education Cover 1,000 50,00,000 1.P Disappearance Cover 1,000 25,00,00,000 1.Q Funeral Expenses 1,000 10,00,000 1.R Physiotherapy 1,000 1,00,000	1.H	Pre-Existing Illness Cover	1,000	5,00,00,000
1.K Temporary Total Disability 1,000 25,00,00,000 1.L Repatriation of Mortal Remains 1,000 50,00,000 1.M Evacuation (Medical & Catastrophe) 1,000 1,00,000 1.N Mobility Cover 1,000 10,00,000 1.O Child Education Cover 1,000 50,00,000 1.P Disappearance Cover 1,000 25,00,00,000 1.Q Funeral Expenses 1,000 10,00,000 1.R Physiotherapy 1,000 1,00,000	1.l	Permanent Total Disability	1,000	25,00,00,000
1.L Repatriation of Mortal Remains 1,000 50,00,000 1.M Evacuation (Medical & Catastrophe) 1,000 1,00,00,000 1.N Mobility Cover 1,000 10,00,000 1.O Child Education Cover 1,000 50,00,000 1.P Disappearance Cover 1,000 25,00,00,000 1.Q Funeral Expenses 1,000 10,00,000 1.R Physiotherapy 1,000 1,00,000	1.J	Permanent Partial Disability	1,000	25,00,00,000
1.M Evacuation (Medical & Catastrophe) 1,000 1,00,00,000 1.N Mobility Cover 1,000 10,00,000 1.O Child Education Cover 1,000 50,00,000 1.P Disappearance Cover 1,000 25,00,00,000 1.Q Funeral Expenses 1,000 10,00,000 1.R Physiotherapy 1,000 1,00,000	1.K	Temporary Total Disability	1,000	25,00,00,000
1.N Mobility Cover 1,000 10,00,000 1.O Child Education Cover 1,000 50,00,000 1.P Disappearance Cover 1,000 25,00,00,000 1.Q Funeral Expenses 1,000 10,00,000 1.R Physiotherapy 1,000 1,00,000	1.L	Repatriation of Mortal Remains	1,000	50,00,000
1.O Child Education Cover 1,000 50,00,000 1.P Disappearance Cover 1,000 25,00,00,000 1.Q Funeral Expenses 1,000 10,00,000 1.R Physiotherapy 1,000 1,00,000	1.M	Evacuation (Medical & Catastrophe)	1,000	1,00,00,000
1.P Disappearance Cover 1,000 25,00,00,000 1.Q Funeral Expenses 1,000 10,00,000 1.R Physiotherapy 1,000 1,00,000	1.N	Mobility Cover	1,000	10,00,000
1.Q Funeral Expenses 1,000 10,00,000 1.R Physiotherapy 1,000 1,00,000	1.0	Child Education Cover	1,000	50,00,000
1.R Physiotherapy 1,000 1,00,000	1.P	Disappearance Cover	1,000	25,00,00,000
	1.Q	Funeral Expenses	1,000	10,00,000
1.S Outstanding Bills Protection Benefit 1,000 2,00,000	1.R	Physiotherapy	1,000	1,00,000
	1.S	Outstanding Bills Protection Benefit	1,000	2,00,000



Benefit number	NAME OF THE BENEFIT	SUM INSURED (in ₹)	
as per Wordings.		MIN	MAX
1.T	Modification of Vehicle/Home	1,000	10,00,000
1.U	Chauffeur Benefit	250	5,000
1.V	Hijack Daily Allowance	1,000	50,000
1.W	Delay of Checked-in Baggage	50	50,000
1.X	Denied Boarding - Carrier	50	10,00,000
1.Y	Loss of Baggage and Personal Effects	50	10,00,000
1.Z	Electronic Equipment Cover	50	10,00,000
1.AA	Financial Emergency Cash	50	10,00,000
1.BB	Trip Cancellation & Interruption	1,000	50,00,000
1.CC	Trip Curtailment	1,000	50,00,000
1.DD	Missed Connection	50	10,00,000
1.EE	Denied Hotel Accommodation	50	10,00,000
1.FF	Emergency Hotel Requirement	50	10,00,000
1.GG	Fire and Allied Perils (Home Building & Contents) Inconvenience Due to Non-	1,000	25,00,00,000
1.HH	confirmation of the Waiting List Ticket:	50	10,00,000

III. EXCLUSIONS:

We shall not be liable to make any payment for any claim under the 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, except where provided to the contrary under any Benefit(s) within the Policy:

- 1. Suicide or attempted suicide, intentional self-inflicted Injury or acts of self-destruction, whether the Insured Person is medically sane or insane.
- 2. Bacterial infections (except pyogenic infection which occurs through a cut or wound due to Accident).
- 3. Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
- 4. Certification of disability by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's family.
- 5. Death, disability or illness directly or indirectly caused by or associated with any venereal disease or sexually transmitted disease.
- 6. Death, disability or illness resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy or a consequence thereof including ectopic pregnancy unless specifically arising due to Accident.
- 7. Death, disability or illness caused by participation of the Insured Person in any flying activity, except as a bona fide passenger on a public aircraft, which is operating under a valid license from the relevant authority for the transportation of passengers.
- 8. Death, disability or illness or Injury arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
- 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.
- 10. Any journey where the Insured Person is travelling as a commercial driver, operator or crew member in, or carrying out any testing or repairs on a Common Carrier.
- 11. Any intentional illegal or unlawful act or confiscation, detention, destruction by customs or other authorities or any breach of government regulation.
- 12. Any failure to take reasonable precautions to avoid a claim under the Policy following a mass media or government issued warning.
- 13. Any event arising from or caused due to use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen.



- 14. Any breach of law or participation of the Insured Person in an actual or attempted felony, riot, crime, misdemeanour or civil commotion with criminal intent.
- 15. Any act of foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), and participation of the Insured Person in any naval, military or air-force operation, civil war, public defence, rebellion, revolution, insurrection, military or usurped power.
- 16. Engaging in any Hazardous Activities, testing of any kind of Common Carrier, engaging in manual work during a journey, engaging in any offshore work activity, mining, tunnelling or any work involving electrical installation with high tension supply, aerial photography, ammunition, explosives, firearms or flight duty, except as a fare-paying passenger.
- 17. Any journey commenced when You are not fit to travel or are travelling against the advice of a Medical Practitioner.
- 18. Any journey commenced to obtain medical care, treatment or advice of any kind whether this is the sole purpose of Your journey or not.
- 19. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disability or death.
- 20. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disability or death.
- 21. Any generally excluded non-medical expenses as provided in Annexure I of the underlying policy.

<u>Note</u>: The policy exclusions are subject to the policy terms and conditions, and you are advised to read the policy for a full description of the terms and conditions thereto.

IV. CLAIMS PROCEDURE:

- On the occurrence of or discovery of any Injury which may give rise to a claim under this Policy, We shall be
 provided with the following necessary information and documentation in respect of the claim within 30 days of
 the occurrence of the Insured Person's Injury:
- For details on the claims procedures and requirements or any assistance during the process, We may be contacted at Our call centre on the toll free number: 1860 266 2256 or through Our website: www.acko.com or mail us at hello@acko.com

V. CONTACT US

- 1. You can reach Us through any of the following methods:
- Call Us on Our toll free number: 1860 266 2256
- Write to us On at: hello@acko.com
- Visit Our website: www.acko.com
- 2. If you have a grievance that You want Us to redress, You may contact Us with details of Your grievance through:

Website: www.acko.com
 Email: grievance@acko.com
 Toll Free No: 1860 266 2256

VI. SECTION 41 OF INSURANCE ACT, 1938 (PROHIBITION OF REBATES, AS AMENDED)

- 1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the prospectus or tables of the insurers.
- 2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to 10 lakh rupees.

VII. DISCLAIMER:



This is only a summary of the product features. The actual benefits available are as described in the policy and will be subject to the policy terms, conditions and exclusions. Please seek the advice of your insurance advisor if you require any further information or clarifications.

Note: Policy Term and Conditions & Premium rates are subject to change with prior approval from IRDAI.