

## CUSTOMER INFORMATION SHEET

(Description is illustrative and not exhaustive)

Sr. No	Title	Description	Policy Clause Number
1	<b>Product Name</b>	Acko Personal Health Policy	
2	<b>Type of Insurance Product/Policy</b>	Indemnity	
3	<b>Sum Insured (Basis)</b>	Individual / Floater (Amount will be mentioned here)	
4	<b>Policy Number</b>	XXXXXX	
5	<b>Policy Coverage</b>	<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 &amp; 3.2.2</p> <p>Section 3.2.3</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>

		Please refer to section 6 below for type of treatments, diseases, situations, expenses etc which are not covered in the product	
<b>6</b>	<b>Exclusions</b>	<p>Waiting period or exclusion of some pre-existing diseases and its direct complications are applicable as specified in the policy schedule</p> <p>Specified disease/procedure listed in section 4.1.2 of the policy wordings excluded until the number of months as specified</p> <p>Treatment of any kind for the first 30 days since first policy commencement</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>Expenses for Non-Medical Expenses as listed in Annexure 1 in the policy wordings for any hospitalization, day care or domiciliary treatment</p>	<p>Section 4.1.1</p> <p>Section 4.1.2</p> <p>Section 4.1.3</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 4.2.1</p>

		<p>Self-inflicted Injury Breach of law HIV and AIDS Other sexually transmitted diseases Hazardous or Adventure Sports Unproven and Experimental Treatment Treatment taken outside India External Congenital Anomaly or defects Treatment other than Allopathic treatment or AYUSH Treatment Other Specific Treatments (please refer the section in the policy wordings) Sleep Disorders Substance abuse and addictions</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 4.2.2</p> <p>Section 4.2.3</p>
7	<b>Waiting Period</b>	<ul style="list-style-type: none"> <li>Initial waiting Period: 30 days for illnesses (not applicable in case of continuous renewals or accidents) / None</li> <li>Specific Illness (Standard list) waiting period: Covered after 24 months / None</li> <li>Pre-Existing Diseases exclusion / waiting period: None / Disease X waiting period ..... months / Disease Y not covered</li> </ul>	<p>Section 4.1.1, Section 4.1.2, Section 4.1.3</p>
8	<b>Financial limits of coverage</b>  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>	<p>Section 3.2.2, 3.3.4, 3.3.5, 3.3.6</p> <p>Section 3.3.7</p>
9	<b>Claims/ Claims Procedure</b>	<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 centre.</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>Section 6.1</p>

		<p>Please find the important links/numbers below :-</p> <p>i. Network Hospital Details: <a href="#">Acko App</a> or <a href="http://www.acko.com">www.acko.com</a></p> <p>ii. Helpline Number: <a href="tel:18602662256">1860 266 2256</a></p> <p>iii. Hospitals which are backlisted or from where no claims will be accepted by the insurer: <a href="#">Acko App</a> or <a href="http://www.acko.com">www.acko.com</a></p> <p>iv. Downloading getting the claim form: <a href="#">Acko App</a> or <a href="http://www.acko.com">www.acko.com</a></p>	
10	<b>Policy Servicing/ Grievances/ Complaints</b>	<ul style="list-style-type: none"> <li>Company Officials: Acko General Insurance Limited, 2<sup>nd</sup> floor, #36/5, Hustlehub One East, 27th Main Rd, Sector 2, HSR Layout, Bengaluru, Karnataka - 560102</li> <li>Our website: <a href="http://www.acko.com">www.acko.com</a></li> <li>Email: <a href="mailto:grievance@acko.com">grievance@acko.com</a></li> <li>Toll Free: 1860 266 2256</li> </ul>	Section 6.3
11	<b>Things to remember</b>	<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:- <a href="https://irdai.gov.in/document-detail?documentId=393128">https://irdai.gov.in/document-detail?documentId=393128</a></p> <p>For Detailed Guidelines on Portability, kindly refer the link:- <a href="https://irdai.gov.in/document-detail?documentId=393128">https://irdai.gov.in/document-detail?documentId=393128</a></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	<b>Insured's Obligations</b>	<p>i. 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,</p> <p>Section 5.2.2</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.

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

Place:

Date:

\_\_\_\_\_  
Signature of the Policy Holder

Draft