



ACKO GROUP CREDIT SHIELD COMBI PLAN

SALES LITERATURE

I. INTRODUCTION

Acko Life Insurance Limited (“Acko Life”) & Acko General Insurance Limited (“Acko General”) have come together to offer you “**Acko Group Credit Shield Combi**” plan (UIN : 164Y007V01). This product helps you to be financially prepared to overcome the uncertainties of life and covers both your death as well as health issues.

II. BENEFITS:

Life

The death benefit would be: the sum assured payable on death is equal to the loan outstanding amount (as per the loan schedule) at the time of death as mentioned in the Certificate of Insurance (COI)

- Type of cover:
 - Loan Cover: The loans include housing loans, personal loans, car loans, consumer loans, education loans, agriculture loans, heavy vehicle loans, credit card balance, working capital loan or any other loan offered by a financial institution. All loans whether repayable by Equated Monthly Installment (EMI), Equated Quarterly / Half-yearly / Yearly installment, interest-only loans or capital-only loans or the like would be covered.
 - Both level cover and reducing cover option is covered.
- Moratorium:
 - A minimum of 1 year and a maximum of 7 years moratorium period would be allowed.
 - Moratorium period can also arise if the sanctioned loan is disbursed in tranches. This may arise in housing loans or education loans, for example. In housing loans, the disbursements happen as and when the pre-defined milestones are reached. In education loans, the disbursements happen as per the fee schedule for the course. In such cases, the loan outstanding and hence the sum assured would increase due to the disbursements and / or interest amounts due and would start decreasing from that level from the end of the moratorium period when EMIs would commence.
 - During the moratorium period, interest accrues on the initial loan outstanding. The accrued interest may be paid separately by the member or may be added to the initial loan disbursed.
 - If the accrued interest is paid separately by the member to the financial institution, then the loan outstanding and hence the sum assured would remain the same during the moratorium period and would start decreasing from the end of the moratorium period when EMIs would commence.
 - If the accrued interest is to be added to the initial loan, then the loan outstanding and hence the sum assured would increase during the moratorium period and would start decreasing from that level from the end of the moratorium period when EMIs would commence.



- In all the above cases, the pricing would be done considering the moratorium period, loan disbursement dates, interest rate applicable on the loan and whether the interest would be paid separately or would be included in the loan.

All the options mentioned above need to be chosen by the policyholder at inception.

Benefits payable on death or survival or surrender or lapse for the death portion of the premiums:

Events	How and when Benefits are payable	Size of such benefits/policy monies
Death	<p>Payable immediately on death during the term of the policy</p> <p>For co-borrower, depending on the facility chosen:</p> <ul style="list-style-type: none"> • Full loan outstanding on death of first life OR • Loan outstanding for respective share of the outstanding balance for each life (in case of co-borrower); cover would continue for remaining respective loan share; cover would cease on death of both i.e. borrower and co-borrowers. 	<p>Sum assured on death, defined as loan cover at inception (in case of level cover) or loan cover as per the loan schedule or as mentioned in the COI (in case of reducing cover) would be paid on death.[^]</p>
Maturity	No maturity benefit is payable	Not Applicable
Surrender	Payable immediately on the date of surrender for in-force policies, if surrender value (SV) available	$SV = (50\% \times \text{Total Premiums Paid}^*) \times (\text{Unexpired term} / \text{Policy Term}) \times \min([\text{current sum assured} / \text{initial sum assured}], 1)^{\wedge\wedge}$
Non forfeiture	No lapse benefit/paid-up is payable	Not Applicable

[^]If the Sum Assured/death benefit is higher than the outstanding loan amount, the excess amount will be paid to the nominee.

^{^^}Note: The ratio is capped at 1, for a loan with moratorium period as the current loan can be higher than the initial sum assured

*Total Premiums paid, is the premium paid for the Death benefit portion of the Combi-Product

“Single premium” means the single premium payable at policy inception, excluding underwriting extra premiums and loadings for modal premiums, if any.

“Sum Assured on Death” is equal to the loan amount at inception (in case of level cover), OR loan outstanding amount at the time of death as mentioned in the Certificate of Insurance (COI) (in case of reducing cover)

“Total Premiums Paid” means total of all the premiums received, excluding any extra premium, any rider premium and taxes.

Non-forfeiture benefits:



- Surrender Value: $\text{Surrender Value (SV)} = 50\% \times \text{Premium(s) paid} \times (\text{Unexpired term} / \text{Total term}) \times (\text{current sum assured} / \text{initial sum assured})$
- Paid – up value: Not applicable

Free Look Period

The Master Policyholder and/or the Member have a free look period of 30 days beginning from the date of receipt of policy document and/or the Certificate of Insurance, as the case may be, whether received electronically or otherwise, to review the terms and conditions of this Policy and/or the Certificate of Insurance. If You/ the Member disagree to any of the terms or conditions of the Policy/Certificate of Insurance, You/the Member have an option to return the original Policy/Certificate of Insurance to Us by stating the objections/reasons for such disagreement in writing. If the Master Policyholder and/or the Member disagrees to any of the terms or conditions of this Policy, the Master Policyholder or the Member, as the case may be, has an option to return this original Policy or original Certificate of Insurance to Us by stating the objections/reasons for such disagreement. Upon return of this Policy by the Master Policyholder or the Certificate of Insurance by the Member, this Policy or Insurance as specified in the Certificate of Insurance shall terminate forthwith and all rights, benefits and interests under this Policy shall cease. We will only refund the Premiums received by Us, after deducting the proportionate risk Premium for the period of cover, charges of stamp duty paid and the expenses incurred on medical examination of the Members, if any.

Please note the Free Look option, if exercised, will be applicable to the entire policy, that is both the Life and Health component.

Health

2.1 In-Patient Hospitalization (“IPD”) Indemnity Category

The Section defines the Benefits under this coverage category. The following Benefits shall trigger in the event related to Hospitalization of the Insured Person on an in-patient basis. Claims under this coverage category will be admissible subject to the fulfilment of the following conditions with respect to the Insured Person’s Hospitalization:

- The Hospitalization of the Insured Person is caused solely and directly due to an Illness contracted or an Injury sustained by the Insured Person, during the Coverage Period, as specified in the Policy Schedule / Certificate of Insurance.
- The Date of Admission is within the Coverage Period.
- The Hospitalization is for Medically Necessary Treatment, and commences and continues on the written advice of the treating Medical Practitioner.

2.1.1. Base Benefits

In-patient Hospitalization Cover

We will indemnify the following Covered In-patient Medical Expenses of an Insured Person incurred during Hospitalization for the Illness or Injury, as specified in the Policy Schedule / Certificate of Insurance:

- Room Rent
- ICU/CCU/HDU charges,
- Operation theatre cost,
- Medical Practitioner fees,
- Specialist fee,
- Surgeon’s fee,
- Anaesthetist fee,



- viii. Radiologist fee,
- ix. Pathologist fee,
- x. Assistant Surgeon fee,
- xi. Qualified Nurses fee,
- xii. Medication,
- xiii. Cost of diagnostic tests as an in-patient such as but not limited to radiology, pathology, X-rays, MRI and CT Scans, physiotherapy and drugs, consumables, blood, oxygen, and
- xiv. Surgical Appliances and/or Medical Appliances, required as a direct consequence of the Illness or Injury.

Worldwide In-patient Hospitalization

We will indemnify the Covered In-patient Medical Expenses, incurred during Hospitalization of an Insured Person anywhere in the world for the Illness or Injury, as specified in the Policy Schedule / Certificate of Insurance.

In-patient Hospitalization Fixed Benefit

We will pay a fixed benefit amount, in the event of a Hospitalization solely and directly due to the Illness or Injury, as specified in the Policy Schedule / Certificate of Insurance.

Daily Hospital Cash

If an Insured Person requires Hospitalization due to an Illness or Injury, as specified in the Policy Schedule / Certificate of Insurance, suffered or contracted during the Coverage Period, then We will pay the daily allowance amount specified against this Benefit in the Policy Schedule / Certificate of Insurance, for each continuous and completed period of 24 hours of Hospitalisation;

Day Care Treatment Cover

We will indemnify the Medical Expenses incurred towards the Day Care Treatment or Surgery undertaken that requires less than 24 hours Hospitalization due to advancement in technology and which is undertaken by an Insured Person in a Hospital / Nursing Home / Day Care Centre for the Illness or Injury, as specified in the Policy Schedule / Certificate of Insurance. Any treatment in Out-Patient department is not covered under this Benefit.

Road Ambulance

We will indemnify the reasonable costs incurred towards transportation of an Insured Person to a Hospital or Day Care Centre by an Ambulance for treatment of the Illness or Injury, as specified in the Policy Schedule / Certificate of Insurance, in case of the Insured Person requiring Emergency Care.

Compassionate Visit

We will indemnify the reasonable costs necessarily incurred for one way or two way transportation as specified in Policy Schedule / Certificate of Insurance of an Immediate Family Member of an Insured Person by air (up to economy class fare) or by rail (up to first class fare) in a scheduled common carrier from the place of his/her residence in India to the place of Hospitalization of the Insured Person in case the Insured Person is Hospitalized for Illness or Injury, as specified in the Policy Schedule / Certificate of Insurance.



Compassionate Visit Stay

If an Insured Person requires Hospitalization due to an Illness or Injury, as specified in the Policy Schedule / Certificate of Insurance, suffered or contracted during the Coverage Period, then We will pay the daily amount specified in the Policy Schedule / 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.

Loss of Pay due to Hospitalization

If an Insured Person suffers an Involuntary Unemployment due to an Illness or Injury, as specified in the Schedule / Certificate of Insurance, suffered or contracted during the Coverage Period, resulting in loss of Income, then We will pay the monthly amount specified in the Policy Schedule / Certificate of Insurance against this Benefit, for the duration of such Unemployment, up to the number of months / days specified in the Policy Schedule / Certificate of Insurance from the date of such Involuntary Unemployment.

EMI Protection

If an Insured Person is unable to pay the EMI Amounts payable under his/her Loan due to an Illness or Injury, as specified in the Policy Schedule / Certificate of Insurance, suffered or contracted during the Coverage Period, then We will pay an amount equal to the EMI Amount which is due on the Insured's outstanding Loan in the number of months immediately following the date of such occurrence, as is specified in the Policy Schedule / Certificate of Insurance, subject to this amount not exceeding the amount specified in the Policy Schedule / Certificate of Insurance.

Missed Bill Payment

If an Insured Person defaults on payment of a credit card bill or an essential utility bill such as water, electricity or gas, on or before the due date for making such payment due to an Illness or Injury, as specified in the Policy Schedule / Certificate of Insurance, suffered or contracted during the Coverage Period, then We will pay the amount specified in Policy Schedule / Certificate of Insurance towards the penalty levied on the Insured Person for non-payment of such bill amount within the due date.

Hardship Allowance

If an Insured Person suffers an Injury solely and directly due to any pilferage, theft, robbery, dacoity or any other Accident occurs during the Coverage Period, which requires the Insured Person to undergo Medically Necessary Treatment, We will pay the amount specified in the Policy Schedule / Certificate of Insurance.

This Benefit will be payable provided that the Insured Person provides Us with a copy of a police complaint reporting the incident.

We shall not be liable to reimburse any expenses for any loss of Valuables, Money, luggage, any kinds of securities or tickets.

Income Protection Plan

We will pay the daily allowance amount specified against this Benefit in the Policy Schedule / Certificate of Insurance, for each continuous and completed day, on which the Insured Person is



unable to do his/her regular employment/ business or professional activity due to an Illness or Injury, as specified in the Policy Schedule / Certificate of Insurance, suffered or contracted during the Coverage Period.

Maternity

We will indemnify the Covered In-patient Medical Expenses, in the event of Hospitalization of an Insured Person for delivery of a baby and/or related to a Medically Necessary Treatment following a pregnancy and/or lawful medical termination of pregnancy.

New Born Baby Medical Expenses

We will indemnify the Covered In-patient Medical Expenses, incurred towards the Hospitalization of an Insured Person's New Born Baby which is born during a Hospitalization covered and admitted under Benefit 2.1.1.14 "Maternity".

Pre Post Natal

We will indemnify the Medical Expenses incurred towards the Insured Person's pre- natal check-ups post confirmation of pregnancy, post-natal check-ups up to a period of six weeks from delivery, prescribed pre-natal medicines and diagnostic tests provided that the Benefit 2.1.1.14 "Maternity" has been opted by the Insured Person.

Vaccination

We will indemnify the reasonable costs necessarily incurred towards the vaccination of the New Born Baby, as per the WHO recommendations for routine immunisation.

Repatriation of Mortal Remains

We will reimburse the expenses incurred up to the limit specified in the Policy Schedule / Certificate of Insurance for transportation of mortal remains from the place of death to the residence of the Insured Person, in case of death due to illness or injury as specified in the Policy Schedule / Certificate of Insurance.

Funeral Expenses

We will reimburse the expenses incurred up to the limit specified in the Policy Schedule / 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, in case of death due to illness or injury as specified in the Policy Schedule / Certificate of Insurance.

2.1.2 Benefit Options

The Benefit Options listed below shall be available to the Insured Person if specified to be applicable in the Policy Schedule / Certificate of Insurance.

Claims made in respect of an Insured Person for any of the Benefit Options applicable to the Insured Person shall be subject to the availability of the Sum Insured, applicable Sub-limits for the Benefit Option applicable and the terms, conditions and exclusions of this Policy.

Room Rent Limits / Room Type Options

We will limit the Room Rent up to the selected room category or the amount/percentage of the Sum Insured specified in the Policy Schedule / Certificate of Insurance against this Benefit Option, in the



event that the Insured Person is admitted in a Hospital for a claim admissible under any Benefit under Section 1.1.1.

If the Insured Person is admitted in a room where the room category or the Room Rent incurred is higher than that which is specified in the Policy Schedule / Certificate of Insurance, then the You/ Insured Person shall bear a ratable proportion of the Covered In-patient Medical Expenses (including surcharge or taxes thereon) in the proportion of the Room Rent actually incurred less room rent of the entitled room category and divided by the Room Rent actually incurred.

ICU Limits

We will limit the ICU charges up to the selected amount/percentage of the Sum Insured specified in the Policy Schedule / Certificate of Insurance, in the event that the Insured Person is admitted in a Hospital for a claim admissible under any Benefit under Section 1.1.1.

If the insured member is admitted in an ICU where the ICU charges incurred is higher than the ICU limit specified in COI, then the insured member shall bear the ratable proportion of the Covered In-patient Medical Expenses (including surcharge or taxes thereon) incurred in the Intensive Care Unit in the proportion of the ICU charges incurred less ICU charges limit and divided by the ICU charges actually incurred.

Pre and Post Hospitalization Medical Expense Cover

We will indemnify:

the Pre-hospitalization Medical Expenses of an Insured Person incurred immediately prior to the Insured Person's Date of Admission and

the Post-Hospitalization Medical Expenses of an Insured Person immediately post the date of discharge from the Hospital or Day Care Treatment.

provided that the Hospitalization claim has been admitted for the same condition under Section 1.1.1.

Pre-Existing Disease Waiting Period

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed, that a waiting period of the length specified in the Policy Schedule / Certificate of Insurance shall apply to all Pre-Existing Diseases for each Insured Person before Benefits under the Policy are available.

Initial Waiting Period for Hospitalization

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that a Waiting Period of the duration specified in the Policy Schedule / Certificate of Insurance shall apply to any claims in relation to a Hospitalization of the Insured Person including any Medical Expenses incurred thereof, other than for any Hospitalization due to an Accident.

Specific Illness Waiting period

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that a Waiting Period of the duration specified in the Policy Schedule / Certificate of Insurance shall apply to the to a Hospitalization of the Insured Person, including any Medical Expenses incurred thereof, caused due to or as a result of any of the following listed Illnesses and the Surgical Procedures:

Cataract,

Hysterectomy for Menorrhagia or Fibromyoma or prolapse of Uterus unless necessitated by malignancy myomectomy for fibroids,



Knee Replacement Surgery (other than caused by an Accident), Non-infectious Arthritis, Gout, Rheumatism, Osteoarthritis and Osteoporosis, Joint Replacement Surgery (other than caused by Accident), Prolapse of Intervertebral discs (other than caused by Accident), all Vertebrae Disorders, including but not limited to Spondylitis, Spondylosis, Spondylolisthesis, Congenital Internal,

Varicose Veins and Varicose Ulcers,

Stones in the urinary uro-genital and biliary systems including calculus diseases,

Benign Prostate Hypertrophy, all types of Hydrocele,

Fissure, Fistula in anus, Piles, all types of Hernia, Pilonidal sinus, Hemorrhoids and any abscess related to the anal region.

Chronic Suppurative Otitis Media (CSOM), Deviated Nasal Septum, Sinusitis and related disorders, Surgery on tonsils/Adenoids, Tympanoplasty and any other benign ear, nose and throat disorder or surgery.

Gastric and duodenal ulcer, any type of Cysts/Nodules/Polyps/internal tumors/skin tumors, and any type of Breast lumps (unless malignant), Polycystic Ovarian Diseases,

Any Surgery of the genito-urinary system unless necessitated by malignancy.

Notwithstanding anything contained under this Benefit Option, if any of the foregoing listed Illnesses are Pre-Existing Diseases at the time of proposal or subsequently found to be Pre-Existing Diseases, the Pre-Existing Disease Waiting Periods as specified in the Policy Schedule / Certificate of Insurance shall apply.

Domiciliary Treatment Cover

We will indemnify the Medical Expenses incurred on the Domiciliary Treatment of an Insured Person during the Coverage Period which would otherwise have been covered under Section 1.1.1.1, provided that if a claim has been accepted under this Benefit, Post-hospitalization Medical Expenses shall not be payable.

Donor Expenses

We will indemnify the Covered In-patient Medical Expenses incurred by the Insured Person's organ donor towards harvesting of the organ.

Daily Cash for choosing lower category room

We will pay the daily cash benefit amount specified in the Policy Schedule / Certificate of Insurance, if the Insured Person is Hospitalized in a lower category room as compared to the highest eligibility specified in the Policy Schedule / Certificate of Insurance for each continuous and completed period of 24 hours, if a claim has been admitted by Us under Section 1.1.1.

Restoration of Sum Insured

If this Benefit Option is in force for the Insured Person, We will restore the percentage of Sum Insured available for a Benefit or a set of Benefits, as specified in Policy Schedule / Certificate of Insurance.

Sub-Limits for Specific Condition

If this Benefit Option is in force for the Insured Person, We will apply a Sub-limit of the amount specified in the Policy Schedule / Certificate of Insurance towards any indemnity amounts payable under the Policy towards any and all claims made under a Specific Condition.



Cumulative Bonus

If this Benefit Option is in force for the Insured Person, We will add / deduct an amount to / from the existing Cumulative Bonus as a percentage of Base Sum Insured or as a fixed amount, as specified in the Policy Schedule / Certificate of Insurance. The Cumulative Bonus will never be less than zero and the Sum Insured will never be less than the Base Sum Insured.

Additional Buffer Sum Insured for the Group

If this Option Benefit is opted for under the Policy, We will provide a separate amount specified in the Policy Schedule / Certificate of Insurance as additional Sum Insured available to the Insured Members of the Policy who have exhausted their Sum Insured in the current Policy Year. This Sum Insured is at the Group level on a Floater basis as per the conditions specified in the Policy Schedule / Certificate of Insurance.

Annual Aggregate Deductible

If this Benefit Option is in force for the Insured Person, We will indemnify the Insured Persons for claims only when the total admissible claim amount during the Policy Year exceeds the Annual Aggregate Deductible amount specified in the Policy Schedule / Certificate of Insurance, and subject to any other conditions specified against this Benefit Option in the Policy Schedule / Certificate of Insurance.

If the Insured Persons are covered on a family floater basis, We will indemnify the Insured Persons for claims only when the total admissible claim amount for all insured members of the Floater unit during the Policy Year exceeds the Annual Aggregate Deductible amount and subject to other conditions under this Benefit Option in the Policy Schedule / Certificate of Insurance.

Per Claim Deductible

If this Benefit Option is in force for the Insured Person, the Deductible amount specified in the Policy Schedule / Certificate of Insurance shall be deducted from each and every claim made by an Insured Person during the Coverage Period.

Group Deductible

If this Option Benefit is opted for, We will indemnify the Insured Persons for claims only when the total admissible claim amount for all members of the Group during the Policy Year exceeds the Group Deductible amount specified in the Policy Schedule / Certificate of Insurance, and subject to other conditions under this Benefit Option in the Policy Schedule / Certificate of Insurance.

Reimbursement Only Cover

If this Benefit Option is in force for the Insured Person, all the claims admitted by Us as payable in respect of the Insured Person under the Policy, will be payable on a reimbursement basis only. The provision for Cashless Facility will not be available for that Insured Person under the Policy.

First Notification of Claim (FNOC) Cover

If this Benefit Option is in force for the Insured Person, all the claims admitted by Us as payable in respect of the Insured Person under the Policy, will be payable only if the first notification of claim is provided to us within 48 hours of admission to the Hospital or before the date of discharge of the insured person.



Network limited to specific geographies

If this Benefit Option is in force for the Insured Person, the Insured Person can avail Cashless Facilities only at the Network Hospitals located in the geographical regions specified in the Policy Schedule / Certificate of Insurance or Our website.

If any Claim is incurred in a Hospital outside the specified geographical regions, the Insured Person shall bear a compulsory Co-payment of the percentage of the final claim amount assessed by Us, as specified in the Policy Schedule / Certificate of Insurance.

Network limited to preferred providers

If this Benefit Option is in force for the Insured Person, We will cover the Medical Expenses incurred towards an Insured Person only in Hospitals/Network Providers that are specified in the “Preferred Provider Network” list in the Policy Schedule / Certificate of Insurance, or Our website.

If any Claim is incurred in a Hospital outside such Preferred Provider Network, the Insured Person shall bear a compulsory Co-payment of the percentage of the final claim amount assessed by Us, as specified in the Policy Schedule / Certificate of Insurance.

Coverage Continuity in case of Pink Slip

We will provide continuity of coverage under this Policy for an Insured Person until the end of the Coverage Period if the Insured Person suffers an Involuntary Unemployment during the Coverage Period resulting in loss of Income, notwithstanding any outstanding premium payment or premium payment instalment.

Rewards for Healthy Behaviour

We encourage the Insured Persons to regularly assess their health status and engage in activities which aid in improving their overall well-being. Any one or a combination of the following activities will be offered under this program, as specified in the Policy Schedule / Certificate of Insurance:

Enrolment into a wellness program

Health Assessment

Gym Membership

Participating in health initiatives

Preventive Health Check Up

Expert opinion

We will indemnify the Insured Person for expenses incurred towards seeking a second opinion from a Specialist Medical Practitioner of his/her choice, on an out-patient consultation basis, after being advised for Hospitalization or Day Care Treatment by a Medical Practitioner during the Coverage Period.

Healthy Pregnancy Program

We will arrange customised, online and telephonic general tips and suggestions to an expectant Person towards antenatal support, labour preparation and post-partum support, including any advice towards customised diet plan, fitness, emotional support, educating on changes in the body, caution signs, required tests and scans, labour pain management, lactation counselling and counselling on breathing exercises for the expectant Insured Person.



Child Protect Cover

If an Insured Person who is less than 15 years of Age is admitted in an ICU or a Neo-natal ICU or a Cardiac Care Unit of a Hospital, then We will cover the expenses of the Insured Person’s mother to stay with the Insured Person in the same Hospital.

2.2 Personal Accident Category

The Section defines the Benefits under this coverage category. The following Benefits shall trigger in the event of the Insured Person suffering an Injury due to an Accident. Claims under this coverage category will be admissible subject to the fulfilment of the following conditions with respect to the Insured Person’s Injury:

- i. The date of Accident is within the Coverage Period as specified in the Policy Schedule / Certificate of Insurance
- ii. The Hospitalization is certified as Medically Necessary by the treating Medical Practitioner

Accidental Death Benefit

If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that 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.

Permanent Total Disability

If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage 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

Permanent Partial Disability

If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage 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 of Permanent Partial Disability	Percentage of the Sum Insured payable
Total and irrecoverable loss of sight in one eye	50%
Loss of one hand or one foot	50%



Loss of all toes - any one foot	10%
Loss of toe great - any one foot	5%
Loss of toes other than great, if more than one toe lost, each	2%
Total and irrecoverable loss of hearing in both ears	50%
Total and irrecoverable loss of hearing in one ear	15%
Total and irrecoverable loss of speech	50%
Loss of four fingers and thumb of one hand	40%
Loss of four fingers	35%
Loss of thumb- both phalanges	25%
Loss of thumb- one phalanx	10%
Loss of index finger-three phalanges	10%
Loss of index finger-two phalanges	8%
Loss of index finger-one phalanx	4%
Loss of middle/ring/little finger-three phalanges	6%
Loss of middle/ring/little finger-two phalanges	4%
Loss of middle/ring/little finger-one phalanx	2%

Temporary Total Disability

If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage 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 Policy Schedule / Certificate of Insurance at the frequency specified in the Policy Schedule / Certificate of Insurance for the duration that the Temporary Total Disability continues.

Child Education Cover

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

Dependent Child means a child of the Insured Person who is less than Age 25 and does not have any independent source of income.

Disappearance Cover

If an Insured Person disappears during the Coverage Period due to an Accident followed by a forced landing, stranding, sinking or wrecking of a conveyance, earthquake or flood during the Coverage Period. We will pay the amount specified in the Policy Schedule / Certificate of Insurance to the Nominee after the specific tenure as specified in the Policy Schedule.

Loan Protector

If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage 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 Policy Schedule / Certificate of Insurance.



Outstanding Bills Protection Benefit

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

Convenient Travel Option

If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage 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, up to the limit specified in the Policy Schedule / Certificate of Insurance.

Modification of Vehicle/Home

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

Chauffer Benefit

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

Benefits Options

The Section defines the Benefits Options under this coverage category. The following Benefits shall trigger in the event of the Insured Person suffering an Injury due to an Accident. Claims under this coverage category will be admissible subject to the fulfilment of the following conditions with respect to the Insured Person's Injury:

The date of Accident is within the Coverage Period as specified in the Policy Schedule / Certificate of Insurance;

The Hospitalization is certified as Medically Necessary by the treating Medical Practitioner.

Personal Accidental (Common Carrier)

If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage 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 Policy Schedule / Certificate of Insurance.

Additional Permanent Total Disability

If the Policy Schedule / Certificate of Insurance specifies that this Cover Option is in force for the Insured Person, then If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage 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

Additional Temporary Total Disability

If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage 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 Policy Schedule / Certificate of Insurance at the frequency specified in the Policy Schedule / Certificate of Insurance for the duration that the Temporary Total Disability continues.

2.3 Critical Illness Category

If an Insured Person is First Diagnosed to be suffering from a Critical Illness of the nature specified in the Policy Schedule / Certificate of Insurance, during the Coverage Period, then We will pay the Sum Insured under this Benefit as specified in the Policy Schedule / Certificate of Insurance.

Details of Covers under Critical Illness Benefit along with the grouping

S.No.	CRITICAL ILLNESS	GROUP			
		15 CI's	18 CI's	25 CI's	36 CI's
1	Cancer of Specified Severity	√	√	√	√
2	Kidney Failure Requiring Regular Dialysis	√	√	√	√
3	Multiple Sclerosis with Persisting Symptoms	√	√	√	√
4	Major Organ / Bone Marrow Transplant	√	√	√	√
5	Open Heart Replacement or Repair of Heart Valves	√	√	√	√
6	Open Chest CABG	√	√	√	√
7	Permanent Paralysis of Limbs	√	√	√	√
8	Myocardial Infarction (First Heart Attack – of Specific Severity)	√	√	√	√
9	Stroke Resulting in Permanent Symptoms	√	√	√	√



S.No.	CRITICAL ILLNESS	GROUP			
10	Benign Brain Tumor	√	√	√	√
11	Parkinson's Disease	√	√	√	√
12	Coma of Specified Severity	√	√	√	√
13	End Stage Liver Failure	√	√	√	√
14	Alzheimer's Disease	√	√	√	√
15	Aorta Graft Surgery	√	√	√	√
16	Major Burns	x	√	√	√
17	Loss of Hearing (Deafness)	x	√	√	√
18	Loss of Speech	x	√	√	√
19	Loss of Vision (Blindness)	x	x	√	√
20	Motor Neurone Disease with Permanent Symptoms	x	x	√	√
21	Loss of Limbs	x	x	√	√
22	Aplastic Anaemia	x	x	√	√
23	End Stage Lung Failure	x	x	√	√
24	Primary (Idiopathic) Pulmonary Hypertension	x	x	√	√
25	Bacterial Meningitis	x	x	√	√
26	Apallic Syndrome or Persistent Vegetative State (PVS)	x	x	x	√
27	Coronary Angioplasty (PTCA)[1]	x	x	x	√
28	Encephalitis	x	x	x	√
29	Fulminant Hepatitis	x	x	x	√
30	Chronic Relapsing Pancreatitis	x	x	x	√
31	Major Head Trauma	x	x	x	√
32	Medullary Cystic Disease	x	x	x	√
33	Muscular Dystrophy	x	x	x	√
34	Poliomyelitis	x	x	x	√
35	Systemic Lupus Erythematous	x	x	x	√
36	Brain Surgery	x	x	x	√

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.*

2.4 Domestic Travel Category

Trip Delay

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



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 Policy Schedule / Certificate of Insurance of its scheduled departure or scheduled arrival time, during the Coverage Period due to one of the circumstances specified below:

- a. Any unforeseen death, disablement (whether of a permanent or temporary nature), Injury due to an Accident, Illness or Hospitalization of the Insured Person, leading to emergency Hospitalisation for minimum period of 48 hours;
- b. Any unforeseen death, disablement (whether of a permanent or temporary nature), Injury due to an Accident, Illness or Hospitalization of an Immediate Relative of the Insured Person travelling with the Insured/Insured Person, leading to emergency Hospitalisation for a minimum period of 48 hours;
- c. Any irrecoverable costs of travel fares or accommodation incurred due to cancellation of the Insured Person's booked and confirmed journey by the Common Carrier, agent or any other provider of travel;
- d. Any public event such as mass bandhs, or widespread strikes which the Insured Person could not reasonably avoid or plan for ahead in time;
- e. On the occurrence of a Catastrophe during the Coverage Period.

Trip Curtailment

We will reimburse the cost of additional travel and accommodation expenses upto the limit specified in the Policy Schedule / Certificate of Insurance incurred towards any unavoidable curtailment of the Insured Person's booked and confirmed journey due to one of the circumstances specified below:

- a. Any unforeseen death, disablement (whether of a permanent or temporary nature), Injury due to an Accident, Illness or Hospitalization of the Insured Person, leading to emergency Hospitalisation for minimum period of 48 hours;
- b. Any unforeseen death, disablement (whether of a permanent or temporary nature), Injury due to an Accident, Illness or Hospitalization of an Immediate Relative of the Insured Person travelling with the Insured/Insured Person, leading to emergency Hospitalisation for a minimum period of 48 hours;
- c. Any irrecoverable costs of travel fares or accommodation incurred due to cancellation of the Insured Person's booked and confirmed journey by the Common Carrier;
- d. Any public event such as mass bandhs, or widespread strikes which the Insured Person could not reasonably avoid or plan for ahead in time;
- f. On the occurrence of a Catastrophe during the Coverage Period.

Delay of Checked-in Baggage

We will pay the amount specified in the Policy Schedule / 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 Policy Schedule / Certificate of Insurance, by the Common Carrier on which the Insured Person was travelling as a passenger, during the Travel Period.

Loss of Checked-in Baggage

We will reimburse the actual loss upto the limit specified in the Policy Schedule / 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.

Loss of Baggage and Personal Effects

We will reimburse the actual loss upto the limit specified in the Policy Schedule / 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.

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 Policy Schedule / Certificate of Insurance.

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.

This Cover Benefit will be payable provided that the Insured Person provides Us with a copy of a police complaint reporting the incident.

We shall not be liable to reimburse any expenses for:

- a. Any loss which will be paid or refunded by the Common Carrier, hotel, agent or any other provider of travel and/or accommodation;
- b. Any loss of Valuables, any kinds of securities or tickets;
- c. Any loss of travel funds contained in Checked-in Baggage.

Kidnap / Hijack / Extortion Coverage

If an Insured Person is subject to Kidnapping, Hijack or Extortion which continues in excess of the number of hours specified in the Policy Schedule / Certificate of Insurance, then We shall indemnify the beneficiary up to the limit specified in the Policy Schedule / Certificate of Insurance for such Insured losses during the Coverage Period which includes:

1. Kidnap, Hijack or Extortion payments made, insofar as the payment was coordinated with and approved by the Crisis Consultant and
2. Any fees or expenses of engaging any third party negotiator, consultant or and/or interpreter.



For the purpose of this Benefit:

- (i) Kidnap shall mean any actual event of seizing or detaining an Insured Person by force or fraud for the purpose of demanding ransom;
- (ii) Extortion shall mean making of illegal threats, either directly or indirectly, to the Insured Person to cause Injury or death for the purpose of demanding ransom;
- (iii) Hijack shall mean the attempted or actual illegal holding under duress of an Insured Person while traveling in a Common Carrier for the purpose of demanding ransom.

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 Policy Schedule / Certificate of Insurance, prior to the scheduled departure by the Common Carrier.

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.

Denied Boarding- Carrier

We will pay the amount specified in the Policy Schedule / 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 Policy Schedule / Certificate of Insurance of the scheduled departure time.

Missed Carrier

We will reimburse the cost of the booking up to the limit specified in the Policy Schedule / 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.

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 Policy Schedule / Certificate of Insurance.

Missed Connection

We will reimburse the cost of additional travel and accommodation expenses upto the limit specified in the Policy Schedule / 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 Policy Schedule / Certificate of Insurance in the arrival of the Common Carrier which was connecting to the booked journey onwards.



Fare Lock

We will reimburse the fare difference upto the limit specified in the Policy Schedule / 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 Policy Schedule / Certificate of Insurance from the time of intimation of the fare to Us.

Fare Dip

We will reimburse the fare difference upto the limit specified in the Policy Schedule / 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 Policy Schedule / Certificate of Insurance.

Electronic Equipment Cover

We will reimburse the actual loss incurred up to the amount specified in the Policy Schedule / 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.

For the purpose of this Cover Benefit,

Portable Electronic Equipment shall mean any computer equipment or communication devices carried by the Insured Person.

Denied Hotel Accommodation

We will reimburse the cost upto the limit specified in the Policy Schedule / 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.

Emergency Hotel Requirement

We will reimburse the costs up to the limit specified in the Policy Schedule / 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 undergoing Hospitalization during the Coverage Period.

Home Insurance Cover

We will reimburse any actual loss incurred upto the limit specified in the Policy Schedule / 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.

Fire and Allied Perils (Home Building & Contents)

In consideration of the Insured named in the Schedule hereto having paid to us, the full premium mentioned in the said schedule, we agree, (Subject to the Conditions and Exclusions contained herein or endorsed or otherwise expressed hereon) that if, after payment of the premium the Property Insured described in the said Schedule or any part of such Property be destroyed or damaged by any of the perils specified hereunder during the period of insurance named in the said schedule or of any subsequent period in respect of which the Insured shall have paid and the We shall have accepted the premium required for the



renewal of the policy, We shall pay to the Insured the value of the Property at the time of the happening of its destruction or the amount of such damage or at its option reinstate or replace such property or any part thereof.

Travel with Pet Cover

If the Insured Person is travelling with his/her pet as detailed in the Policy Schedule / Certificate of Insurance during the Travel Period, We will provide the following:

- a. 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.
- b. We will reimburse 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.



2.5 Out-patient (“OPD”) and Wellness Benefit Category

This Section defines the Benefits under this coverage category. The following Benefits shall trigger in the event of the Insured Person undergoing any Medically Necessary Treatment as an Out-Patient, or incurring Medical Expenses in relation to such Medically Necessary Treatment. Claims under this coverage category will be admissible subject to the fulfilment of the following conditions with respect to the Insured Person’s OPD Treatment or Medical Expenses incurred:

- i. The Insured Person incurs the Medical Expenses during the Coverage Period.
- ii. The date of consultation / diagnostics / Treatment is within the Coverage Period.
- iii. The Medically Necessary Treatment is undergone on the written advice of a qualified Medical Practitioner, and the Medical Expenses are certified to be for such Medically Necessary Treatment by the treating Medical Practitioner.

Out-Patient Treatment Cover (OPD)

We will indemnify the Medical Expenses incurred by an Insured Person in respect of any Medically Necessary Treatment availed, in a Hospital or Day Care Centre as an Out-Patient, of the following nature and subject to the limits as specified in the Policy Schedule / Certificate of Insurance.

Dental Cover

We will indemnify the Medical Expenses incurred by an Insured Person towards Dental Treatment, provided that the Policy Schedule / Certificate of Insurance specifies that the cover is in force for the Insured Person.

Vision Expenses Cover

We will indemnify for any of the following Medical Expenses specified in Policy Schedule / Certificate of Insurance incurred during the Coverage Period, by the Insured:

- i. Eye examination by an optometrist or ophthalmologist
- ii. Cost of lenses to correct refractory errors

LASIK

We will indemnify the Medical Expenses incurred by the Insured Person during the Coverage Period, for Laser-Assisted In Situ Keratomileusis (LASIK) Surgery, including refractive keratotomy (RK) and photorefractive keratectomy (PRK) or any other advanced Surgical Procedures conducted to correct the refractive errors beyond +/- 5 to change the refraction of one or both eyes, provided that:

We will not be liable to make any payment under this Benefit in respect of any other non-Surgical Procedures.

Preventive Health check-up

We will indemnify the expenses incurred for the preventive health check-ups specified in the Policy Schedule / Certificate of Insurance.

Prescribed Diagnostics

We will indemnify the Medical Expenses incurred in respect of any diagnostic tests of the nature of an MRI or a CT Scan.



2.6 Special Services

Domestic Emergency Evacuation

In case of an Emergency during the Coverage Period in respect of an Insured Person, if adequate medical facilities are not available locally, we will on a reimbursement basis, pay the amount up to the Limit specified in the Policy Schedule / Certificate of Insurance for this Benefit towards the arrangement of or arrange an Emergency evacuation of the Insured Person to the nearest facility capable of providing adequate care.

International Emergency Evacuation

We will provide the emergency medical evacuation worldwide, when an Insured Person, during the Coverage Period, is located outside India for a period of less than 90 (ninety) days.

Medical Equipment Cover

We will indemnify the reasonable costs necessarily incurred towards the medical equipment for which a written prescription is provided by the treating Medical Practitioner following the Insured Person's Hospitalization, which is/are otherwise classified as non-payable items under Annexure II of this Policy.



III. EXCLUSIONS:

Life

No other exclusion except suicide claim in the first year of risk coverage for death benefit.

Health

We shall not be liable to make any payment under this Policy for this coverage category and any Benefits arising from or caused by any of the following:

In Patient Hospitalization Protection Exclusions:

1. Stem cell implantation/Surgery, harvesting, storage or any kind of Treatment using stem cells.
2. Dental Treatment, dentures or Surgery of any kind unless necessitated due to an Accident and requiring minimum 24 hours Hospitalization. Treatment related to gum disease or tooth disease or damage unless related to irreversible bone disease involving the jaw which cannot be treated in any other way.
3. Circumcision unless necessary for Treatment of an Illness or Injury not excluded hereunder or due to an Accident.
4. Birth control procedures, contraceptive supplies or services including complications arising due to supplying services, hormone replacement therapy and voluntary termination of pregnancy, surrogate or vicarious pregnancy.
5. Routine medical, eye examinations, cost of spectacles, laser Surgery for cosmetic purposes or corrective Surgeries or contact lenses.
6. Ear examinations, cost of hearing aids or cochlear implants.
7. Vaccinations except post-bite Treatment.
8. Any physical, psychiatric or psychological examinations or testing, any Treatment and associated expenses for alopecia, baldness, wigs, or toupees and hair fall Treatment and products, issue of medical certificates and examinations as to suitability for employment or travel.
9. Laser Surgery for Treatment of focal error correction other than for focal error of +/- 7 or more and is a Medically Necessary Treatment.
10. Vitamins and tonics unless forming part of Treatment for Illness or Injury and prescribed by a Medical Practitioner.
11. Instrument used in Treatment of Sleep Apnea Syndrome (C.P.A.P.) and Continuous Peritoneal Ambulatory Dialysis (C.P.A.D.) and Oxygen Concentrator for Bronchial Asthmatic condition, Infusion pump or any other external devices used during or after Treatment.
12. Artificial life maintenance, including life support machine use, where such Treatment will not result in recovery or restoration of the previous state of health.
13. Treatment for developmental problems including learning difficulties eg. Dyslexia, behavioural problems including attention deficit hyperactivity disorder (ADHD).
14. Treatment for general debility, ageing, convalescence, sanatorium Treatment, rehabilitation measures, private duty nursing, respite care, run down condition or rest cure.
15. External Congenital Anomaly or defects, inherited disorders or any complications or conditions arising therefrom including any developmental conditions of the Insured Person.



16. Sterility, fertility, infertility including IVF and other assisted conception procedures and its complications, subfertility, impotency, venereal disease, puberty, menopause.
17. Intentional self-Injury, suicide or attempted suicide (whether sane or insane).
19. Certification / diagnosis / Treatment by a family member, or a person who stays with the Insured Person, or from persons not registered as Medical Practitioners under the respective Medical Councils, or from a Medical Practitioner who is practicing outside the discipline that he is licensed for, or any diagnosis or Treatment that is not scientifically recognised or Unproven/Experimental treatment, or any form of clinical trials or any kind of self-medication and its complications.
20. Ailment requiring Treatment due to use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen and Treatment for de-addiction, or rehabilitation by the Insured Person.
21. Any Illness or Hospitalization arising or resulting from the Insured Person or any Dependents committing any breach of law with criminal intent.
22. Any Treatment received in convalescent homes, convalescent Hospitals, health hydros, nature cure clinics or similar establishments.
23. Prostheses, corrective devices and and/or Medical Appliances, which are not required intra-operatively for the Illness / Injury for which the Insured Person was Hospitalised.
24. Any stay in Hospital without undertaking any Treatment or any other purpose other than for receiving eligible Treatment of a type that normally requires a stay in the Hospital.
25. Any Cosmetic Surgery, aesthetic Treatment unless forming part of Treatment for cancer or burns, any elective Surgery or cosmetic procedure that improve physical appearance, Surgery for sex change or Treatment of obesity/morbid obesity (unless certified to be life threatening) and weight control programs, or Treatment/Surgery / complications/Illness arising as a consequence thereof.
26. Treatment received outside India.
27. Any robotic, remote Surgery or Treatment using cyber knife.
28. Charges incurred primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and Treatment even if the same requires confinement at a Hospital.
29. Costs of donor screening or costs incurred in an organ transplant Surgery involving organs not harvested from a human body.
30. Any Injury caused while engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports or involving a naval military or air force operation.
31. Injury caused whilst flying or taking part in aerial activities (including cabin) except as a fare-paying passenger in a regular scheduled airline or air charter company.
32. All Illness/expenses caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel nuclear, chemical or biological attack.



33. All expenses directly or indirectly, caused by or arising from or attributable to foreign invasion, act of foreign enemies, hostilities, civil war, public defence, rebellion, revolution, insurrection, military or usurped power.
34. All non-medical expenses including but not limited to convenience items for personal comfort not consistent with or incidental to the diagnosis and Treatment of the Illness/Injury for which the Insured Person was Hospitalised, such as, ambulatory devices, walker, crutches, belts, collars, splints, slings, braces, stockings of any kind, diabetic footwear, glucometer/thermometer and any medical equipment that is subsequently used at home except when they form part of room expenses.
35. For complete list of non-medical expenses, please refer to the Annexure II "Non-Medical Expenses" and also on Our website. Any opted Deductible (Per claim / Aggregate / Group) amount or percentage of admissible claim under Co-Payment, Sub Limit if applicable and as specified in the Policy Schedule / Certificate of Insurance to this Policy.
36. Any physical, or medical condition or Treatment or service that is specifically excluded in the Policy Schedule / Certificate of Insurance under special conditions.

Accidental Protection Exclusions:

1. Any Pre-Existing Disease unless disclosed to Us in advance, and coverage for such Pre-Existing Disease is expressly extended and endorsed by Us on the Certificate of Insurance.
2. Suicide or attempted suicide, intentional self-inflicted Injury or acts of self-destruction, whether the Insured Person is medically sane or insane.
3. Working in underground mines, tunnelling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaging in Hazardous Activities.
4. 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 Policy Schedule / Certificate of Insurance.
5. Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
6. Certification of disability by a family member, or a person who stays with the Insured Person, or from persons not registered as Medical Practitioners under the respective Medical Councils, or from a Medical Practitioner who is practicing outside the discipline that he is licensed for.
7. Death or disability arising from or caused due to use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen by the Insured Person.
8. Death or disability arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion with criminal intent.
9. Death or disability 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.
10. Death or disability caused by participation of the Insured Person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
11. Death or disability arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, participation in any naval, military or air-force operation, civil war, public defence, rebellion, revolution, insurrection, military or usurped power.
12. Death or disability 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.



13. Death or disability caused other than by an Accident.
14. Person is declared death in absentia provided that he/she has not opted for Disappearance Cover under this policy.
15. 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.
16. 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.

Critical Illness Exclusions:

1. Any Illness or Critical Illness contracted within first 30 days of the Risk Commencement Date as an initial Waiting Period.
2. Any Illness or Critical Illness arising within the Waiting Period(s) specified in the Policy Schedule / Certificate of Insurance. This Waiting Period commences at the Risk Commencement Date and concurrently with the first 30 days of the Risk Commencement Date specified in Exclusion (1) of this Section.
3. The above Waiting Periods in Exclusions (1) and (2) would be considered to have been served if the Insured Person was insured continuously and without interruption for at least 1 year under another Indian insurer's individual health / family health insurance policy for the reimbursement of medical costs for Inpatient Care in a Hospital.
4. Any Pre-Existing Disease unless disclosed to Us in advance, and coverage for such Pre-Existing Disease is expressly extended and endorsed by Us on the Certificate of Insurance.
5. Suicide or attempted suicide, intentional self-inflicted Injury or acts of self-destruction, whether the Insured Person is medically sane or insane.
6. 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 Policy Schedule / Certificate of Insurance.
7. Any External Congenital Anomalies or in consequence thereof.
8. Certification / diagnosis / Treatment by a family member, or a person who stays with the Insured Person, or from persons not registered as Medical Practitioners under the respective Medical Councils, or from a Medical Practitioner who is practicing outside the discipline that he is licensed for, or any diagnosis or Treatment that is not scientifically recognised or Unproven/Experimental treatment, or any form of clinical trials or any kind of self-medication and its complications.
9. Hospitalization, if applicable, for the following treatments:
 - i. Laser treatment for correction of eye due to refractive error;
 - ii. Aesthetic or change-of-life treatments of any description such as sex transformation operations, treatment towards changes in appearance or any procedure which is aimed to improve physical appearance;
 - iii. Cosmetic treatments (including any complications arising out of cosmetic treatments) unless necessitated by traumatic Injury, or Illness;
 - iv. Vaccination or inoculation unless forming a part of post-animal bite treatment;
 - v. Treatment of obesity (including morbid obesity) and any other weight control program, general debility, convalescence, run—down conditions, rest cure, treatment of sleep apnea.
 - vi. Naturopathy Treatments.



- vii. Sterility, treatment whether to effect or to treat infertility; any fertility, sub—fertility or assisted conception procedure; surrogate or vicarious pregnancy; birth control, contraceptive supplies or services including complications arising due to supplying services;
- viii. Any Dental Treatment or Surgery of a corrective, cosmetic or aesthetic nature unless carried out under general anaesthesia and is necessitated by Illness or Injury during the Coverage Period.
10. Any claim arising from or caused due to use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen by the Insured Person.
11. Any claim arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion with criminal intent.
12. Any claim caused by participation of the Insured Person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
13. Any claim arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, participation in any naval, military or air-force operation, civil war, public defence, rebellion, revolution, insurrection, military or usurped power.
14. Any claim 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.
15. 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.
16. 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.

Domestic Travel Category

- a. Suicide or attempted suicide, intentional self-inflicted Injury or acts of self-destruction, whether the Insured Person is medically sane or insane.
- b. Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
- c. 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.
- d. 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.
- e. 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.
- f. 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.
- g. 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.
- h. 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.
- i. Any intentional illegal or unlawful act or confiscation, detention, destruction by customs or other authorities or any breach of government regulation.
- j. Any failure to take reasonable precautions to avoid a claim under the Policy following a mass media or government issued warning.



- k. 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 by the Insured Person.
- l. 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.
- m. Any act of foreign invasion, act of foreign enemies, hostilities 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.
- n. 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.
- o. Any journey commenced when You are not fit to travel or are travelling against the advice of a Medical Practitioner.
- p. Any journey commenced to obtain medical care, treatment or advice of any kind whether this is the sole purpose of Your journey or not.
- q. 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.
- r. 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.
- s. Any generally excluded non-medical expenses as provided in Policy Wording.

Out-patient (“OPD”) and Wellness Benefit Category

Non-Medical Exclusions

1. Breach of law: Any Insured Person committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide while sane or insane.

Medical Exclusions

2. Substance abuse and de-addiction programs: Abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies.
3. Inpatient Care and Day Care Treatments will not be covered.
4. Naturopathy treatment(s) will not be covered.
5. Laser Surgery for Treatment of focal error correction – other than for focal error of +/- 7 or more and which is a Medically Necessary Treatment.

IV. CLAIMS PROCEDURE:

Life

On the occurrence of death of the policyholder, a claim notification can be made using one of the following communication channels:

- Email notification to central email address claims.life@acko.com



- By completing a manual claim form along with written claim intimation and mailing it to corporate office via the website www.acko.com/life or App whenever available

Post lodging of claim in the claim register the claim team member will connect with claimant for acknowledging the receipt of intimation and to check and verify the address etc. A written acknowledgement of intimation cum letter of document requirement (details mentioned below under documentation requirement section) would be sent to the claimant. This letter will advise claimant to submit the required documents in 15 Days. On receipt of claim documents, claims are reviewed and decided basis coverage terms and final decisions are communicated to the customer.

Health

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: 902906000 or through Our website: www.acko.com/gi or mail us at hello@acko.com

V. CONTACT US

- You can reach Us through any of the following methods:
 - Call Us on Our toll free number: 1800 210 1992
 - Write to us On at: support.life@acko.com
 - Visit Our website: www.Acko.com/life
- 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/life
 - Email: grievance.life@acko.com
 - Toll Free No: 1800 210 1992
- For Health related queries, You can also reach Us through any of the following methods:
 - Call Us on Our toll free number: 9029060000
 - Write to us On at: hello@acko.com
 - Visit Our website: www.acko.com/gi
- 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: 9029060000



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

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew 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 published prospectuses or tables of the insurer.

Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

VII. SECTION 45 OF INSURANCE ACT, 1938 AS AMENDED FROM TIME TO TIME:

The extant provisions in this regard are as follows:

- 1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.
- 2) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based.
- 3) Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer: Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.
- 4) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider is sued: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based: Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.
- 5) Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

VIII. NOMINATION:



Nomination shall be applicable in accordance with provisions of Section 39 of the Insurance Act 1938 respectively, as amended from time-to-time.

IX. 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.

X. OPTIONS AVAILABLE TO POLICYHOLDER FOR COMBI PRODUCT

- The policyholder shall have the option to continue with either the life cover or the health cover and discontinue the other after notifying the same to the Lead Insurer. The benefits to be provided, if any, in case of discontinuance will be as per the respective products benefits and terms & conditions mentioned in the policy document and file & use document.
- In case of withdrawal of tie-up, the Policyholder will be intimated at least 90 days in advance about the withdrawal of the tie-up. In such an event, the policy holder may continue to enjoy the benefits of both the components of this Combi product till expiry of policy term. The policy holder also has the choice of continuing with either of the two separate components with the respective insurer at any point of time during the policy term.

XI. Other Disclosures

- The liability to settle the claim vests with respective insurers, i.e., for health insurance benefits "ACKO General insurance Limited" and for life insurance benefits "ACKO Life insurance Limited".
- The legal/quasi legal disputes, if any, are dealt by the respective insurers for respective benefits.
- Policyholders are to be advised to familiarize themselves with the policy benefits and policy service structure of the 'Combi Product' before deciding to purchase the policy.

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

Address:

Acko Life Insurance Limited

36/5, Hustle Hub One East, Somasandrapalya, 27th Main Road, Sector 2, HSR Layout, Somasandrapalya
HSR 2nd Sector Bus Stop, Bengaluru, Bengaluru Urban, Karnataka, 560102
IRDAI Reg No: 164 | CIN: U66010KA2022PLC163629 | UIN: 164Y007V01
HSN: 997132 | GST: 29AAXCA3119L1Z2
Visit Us at: www.acko.com/life E-mail: support.life@acko.com

Acko General Insurance Limited

2nd Floor, #36/5, Hustlehub One East, Somasandrapalya
27th Main Rd, Sector 2, HSR Layout, Bengaluru, Karnataka, 560102
IRDAI Reg No: 157 | CIN: U66000KA2016PLC138288 | UIN: 164Y007V01
HSN: 9971 | GST: 27AAOCA9055C1ZJ | Mail: hello@acko.com