CUSTOMER INFORMATION SHEET

(Description is illustrative and not exhaustive)

Sr. No	Title	Description	Policy Clause Number
1	**Product Name**	Acko Personal Health Policy	
2	**Type of Insurance Product/Policy**	Indemnity	
3	**Sum Insured (Basis)**	Individual / Floater (Amount will be mentioned here)	
4	**Policy Number**	XXXXX	
5	**Policy Coverage**	All the below mentioned benefits are covered up to sum insured unless specified otherwise	
		Hospitalization cost for admissions more than 24 hours	Section 3.2.1 & 3.2.2
		All necessary Day Care treatments	Section 3.2.3
		Pre hospitalization medical expenses up to 60 days before admission	Section 3.2.4
		Post Hospitalization medical expenses up to 120 days post discharge	
		Road ambulance cost	Section 3.2.5
		Emergency evacuation from anywhere in India	Section 3.2.6
		Medical treatments or procedures taken at home	Section 3.2.7
		Organ Donor expenses	Section 3.2.8
		Second Opinion for alternate evaluation	Section 3.2.9
		Ayush Treatment	Section 3.2.10
		Modern Treatment	Section 3.2.11
		Refill of sum insured up to amount specified in the policy schedule (Not Applicable in case of Unlimited SI)	Section 3.3.2
		Preventive Health Check-up to insured above 18 years of age	Section 3.3.11

		Additional sum insured in the subsequent policy namely 'Inflation Protect Sum Insured' (Not Applicable in case of Unlimited SI)	Section 3.3.12
		Access to a doctor or a general medical practitioner any time of the day for a medical consultation.	Section 3.4.1
		Non-medical expenses not covered by many products, are all covered	Section 3.3.8 & Annexure 1
		Please refer to section 6 below for type of treatments, diseases, situations, expenses etc which are not covered in the product	
6	**Exclusions**	Waiting period or exclusion of some pre-existing diseases and its direct complications are applicable as specified in the policy schedule	Section 4.1.1
		Expenses only for diagnostics and evaluation purposes	Section 4.1.4
		Expenses for enforced bed rest and not for receiving treatment.	Section 4.1.5
		Surgical treatment of obesity as per conditions specified in section 4.1.6 of the policy wordings	Section 4.1.6
		Expenses for changing characteristics of the body to those of the opposite sex.	Section 4.1.7
		Cosmetic or plastic surgery or any treatment to change appearance unless required due to an Accident, Burn(s) or Cancer	Section 4.1.8
		Treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer	Section 4.1.9
		Treatments in health hydros, nature cure clinics, spas or similar establishments	Section 4.1.10
		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.	Section 4.1.11
		Treatment for correction of eye sight due to refractive error less than 7.5 dioptres.	Section 4.1.12
		Expenses related to sterility and infertility.	Section 4.1.13
		Medical treatment expenses traceable to childbirth or miscarriage	Section 4.1.14

		Dental Treatment unless necessitated due to an Accident Prosthetics and Other Devices unless necessitated due to an Accident War and Exposure to Hazardous Substances Hormonal Therapies	Section 4.2.3
7	**Waiting Period**	• Initial waiting Period: None • Specific Illness (Standard list) waiting period: None • Pre-Existing Diseases exclusion / waiting period: None / Disease	
8	**Financial limits of coverage** **i. Sub-limit** **ii. Co-payment** **iii. Deductible** **iv. Any other limit (as applicable)**	This product has no copay or sub-limits applicable on any reasonable costs for treatments covered. Deductible of Rs.....on aggregate claim basis as mentioned in the Policy Schedule.	Section 3.2.2, 3.3.4, 3.3.5, 3.3.6 Section 3.3.7
9	**Claims/ Claims Procedure**	Cashless claim facility can be availed in all network hospitals. The list of network hospitals are available on our website or can be checked at the customer care center. 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. Please find the important links/numbers below :- i. Network Hospital Details: Acko App or www.acko.com/gi ii. Helpline Number: 1860 266 2256 iii. Hospitals which are backlisted or from where no claims will be accepted by the insurer: Acko App or www.acko.com/gi iv. Downloading getting the claim form: Acko App or www.acko.com/gi	Section 6.1

10	**Policy Servicing/ Grievances/C**	• Company Officials: Acko General Insurance Limited, 2nd floor, #36/5, Hustlehub One East, 27th Main Rd, Sector 2, HSR Layout, Bengaluru, Karnataka - 560102	Section 6.3
	omplaints	• Our website: www.acko.com/gi • Email: grievance@acko.com • Toll Free: 1860 266 2256 For resolution of any query or grievance, insured may contact the company on our helpline number **1800 266 2256** or toll free number **1860 266 2256** or may write an e-mail at hello@acko.com. If there is lack of response or if the response provided does not meet your expectation, you can write to grievance@acko.com. Your complaint will be acknowledged by us within 24 working hours. If in case you are dissatisfied with the decision/resolution provided through details indicated above on your Complaint or have not received any response within 15 working days, you may write or email to, Chief Grievance Officer Acko General Insurance Limited 2nd Floor, 36/5 Hustlehub One East, Somasandrapalya, 27th Main Road Sector 2, HSR Layout, Karnataka Bangalore – 560102 Phone: 1800 266 2256 (Toll-Free) or 1860 266 2256 Email: gro@acko.com If your issue remains unresolved within 30 days of lodging a complaint with us and you wish to pursue other avenues for redressal of grievances, you may approach IRDAI by calling on the Toll-Free no. 155255 or you can register an online complaint on the website Bima Bharosa Insurance Ombudsman for Redressal, whose details are given below: General Manager Consumer Affairs Department- Grievance Redressal Cell Website: https://cioins.co.in/Ombudsman In the event of an unsatisfactory response from the Grievance Officer, he/she may register a complaint in the Integrated Grievance Management System (IGMS) of the IRDAI.	

11	**Things to remember**	You may cancel the policy within 30 days of receipt without any charges. And if there are no claims during this period. 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. Migration and Porting of this Policy is allowed as per the applicable rules. For Detailed Guidelines on Migration, kindly refer the link:- https://irdai.gov.in/document-detail?documentId=393128 For Detailed Guidelines on Portability, kindly refer the link:- https://irdai.gov.in/document-detail?documentId=393128 Changes in Policy coverage such as change in sum insured, addition/deletion of insured etc are allowed subject to underwriting by the company. We will not deny any claim after the moratorium period of 5 years of continuous coverage unless due to fraud or permanent exclusion.	Section 5.1.18 Section 5.1.15 Section 5.1.14 Section 5.2.13 Section 5.1.20
12	**Insured's Obligations**	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.	
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