

## GROUP HEALTH & ACCIDENT CARE POLICY

### PROSPECTUS

#### I. INTRODUCTION

Group Accident & Illness Care Insurance policy can protect the policy holder from economic concerns arising from the events such as hospitalization due to illness, accident or critical illness that may occur during the coverage period. It is essential that people understand the features, advantages and the necessity of insurance policies in detail.

Acko General Insurance provides the following benefits to its customers:

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

#### II. BENEFIT:

- 1. Accidental Death Benefit:** If an Insured Person suffers an Injury due to an Accident that occurs during the Policy 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.
- 2. Permanent Total Disability:** If an Insured Person suffers an Injury due to an Accident that occurs during the Policy 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

- 3. Permanent Partial Disability:** If an Insured Person suffers an Injury due to an Accident that occurs during the Policy 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
i. Total and irrecoverable loss of sight in one eye	50%
ii. Loss of one hand or one foot	50%
iii. Loss of all toes - any one foot	10%
iv. Loss of toe great - any one foot	5%
v. Loss of toes other than great, if more than one toe lost, each	2%
vi. Total and irrecoverable loss of hearing in both ears	50%
vii. Total and irrecoverable loss of hearing in one ear	15%
viii. Total and irrecoverable loss of speech	50%
ix. Loss of four fingers and thumb of one hand	40%
x. Loss of four fingers	35%
xi. Loss of thumb- both phalanges	25%
xii. Loss of thumb- one phalanx	10%
xiii. Loss of index finger-three phalanges	10%
xiv. Loss of index finger-two phalanges	8%
xv. Loss of index finger-one phalanx	4%
xvi. Loss of middle/ring/little finger-three phalanges	6%
xvii. Loss of middle/ring/little finger-two phalanges	4%

xviii. Loss of middle/ring/little finger-one phalanx	2%
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4. **Temporary Total Disability:** If an Insured Person suffers an Injury due to an Accident that occurs during the Policy Period and that Injury solely and directly results in the disability of the Insured Person which prevents the Insured Person from engaging in any employment or occupation on a temporary basis, then We will pay the amount specified in the Certificate of Insurance at the frequency specified in the Certificate of Insurance for the duration that the Temporary Total Disability continues.
5. **Medical Expenses Reimbursement:** If an Insured Person requires Hospitalization or Day Care Treatment due to an Injury or Illness specified in the Schedule / Certificate of Insurance, suffered or contracted during the Coverage Period, then We will reimburse the costs incurred on Medical Expenses up to the limit specified in the Certificate of Insurance including the Post-Hospitalization Medical Expenses incurred for up to 90 days following the Insured Person's discharge from Hospital.
6. **Loan Protector:** If an Insured Person suffers an Injury due to an Accident that occurs during the Policy Period, We will pay an amount equal to the outstanding loan principal amount in respect of the Insured Person's outstanding Loan, subject to this amount not exceeding the amount specified in the Certificate of Insurance.
7. **OPD Treatment:** If an Insured Person requires OPD Treatment for any of the treatments/tests/consultations specified in the Certificate of Insurance, due to an Injury or Illness specified in the Schedule / Certificate of Insurance, suffered or contracted during the Coverage Period, then We will reimburse the costs incurred on Medical Expenses up to the limit specified in the Certificate of Insurance.
8. **Child Education Cover:** We will pay the amount specified in the Certificate of Insurance at the frequency specified in the Certificate of Insurance in respect of each surviving Dependent Child, irrespective of whether the child is an Insured Person under this Policy.  
  
**Dependent Child** means a child of the Insured Person who is less than Age 25 and does not have any independent source of income.
9. **Hospital Fixed Allowance:** If an Insured Person requires Hospitalization due to an Injury or Illness specified in the Schedule / Certificate of Insurance, suffered or contracted during the Coverage Period, for at least the minimum number of consecutive days specified in the Certificate of Insurance, then We will pay the amount specified in the Certificate of Insurance.
10. **Disappearance Cover:** If an Insured Person disappears during the Policy Period due to an Accident followed by a forced landing, stranding, sinking or wrecking of a conveyance, earthquake or flood during the Policy Period and is legally declared dead (declared death in absentia or legal presumption of death), We will pay the amount specified in the Certificate of Insurance to the Nominee after the specific tenure as specified in the Policy Schedule.
11. **Repatriation of Mortal Remains:** We will pay the amount specified in the Certificate of Insurance for transportation of mortal remains from the place of death to the residence of the Insured Person.
12. **Mobility Cover:** We will reimburse the expenses incurred up to the limit specified in the Certificate of Insurance on the purchase of support items including but not limited to crutches, artificial limbs, wheelchairs, tri-cycles or any other item which in the opinion of the treating Medical Practitioner is necessary for the Insured Person to resume normal living following the Injury sustained in the Accident during the Policy Period.
13. **Funeral Expenses:** We will pay the amount specified in the Certificate of Insurance towards expenses on the funeral, cremation or burial and transportation of the body to the place of the funeral ceremony for the Insured Person.
14. **Compassionate Visit:** If an Insured Person requires Hospitalization due to an Injury or Illness specified in the Schedule / Certificate of Insurance, suffered or contracted during the Coverage, then We will reimburse an amount incurred for return economy class tickets up to the limit specified in the Certificate of Insurance for an Immediate Relative of the Insured Person to travel to the place of Hospitalization of the Insured Person.
15. **Compassionate Visit Stay:** If an Insured Person requires Hospitalization due to an Injury or Illness specified in the Schedule / Certificate of Insurance, suffered or contracted during the Coverage Period, then We will pay the daily amount specified in the Certificate of Insurance towards accommodation expenses for an Immediate Relative of the Insured Person to stay at the place of Hospitalization of the Insured Person during the Coverage Period.
16. **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.

- 17. Outstanding Bills Protection Benefit:** If an Insured Person suffers an Injury due to an Accident that occurs during the Policy Period, We will pay the outstanding bills of the Insured Person up to the amount specified in the Certificate of Insurance.
- 18. Ambulance and Emergency Transportation Cover:** If an Insured Person suffers from an Injury or Illness specified in the Schedule / Certificate of Insurance, during the Coverage Period and that Injury or illness solely and directly requires the Insured Person to be transported to the Hospital by an Ambulance or any public transport, then We shall reimburse the costs incurred up to the limits as specified in the Certificate of Insurance.
- 19. Modification of Vehicle/Home:** We will reimburse the costs incurred up to the limit specified in the Certificate of Insurance for improvements to be carried out in the Insured Person's residence or to the Insured Person's vehicle.
- 20. Evacuation (Medical & Catastrophe):** We will reimburse the costs incurred up to the limit specified in the Certificate of Insurance for the air or surface transportation of the Insured Person (and an attending Medical Practitioner if it is certified in writing as medically necessary) including reasonable costs incurred for medical care during such transportation, from a Hospital to the nearest Hospital, whether in India or any other country, to provide the necessary medical treatment if such medical treatment cannot be provided at the Hospital where the Insured Person is situated.
- 21. Physiotherapy:** If an Insured Person suffers an Injury due to an Accident that occurs during the Policy Period and that Injury solely and directly requires the Insured Person to undergo physiotherapy, then We will reimburse the costs incurred on physiotherapy up to the limit specified Certificate of Insurance.
- 22. Chauffeur Benefit:** We will pay the per day allowance specified in the Certificate of Insurance in respect of a chauffeur to drive the Insured Person
- 23. Emergency Hotel Requirement:** We will reimburse the costs upto the limit specified in the Certificate of Insurance towards the stay of the Insured Person in a hotel due to the Insured Person or any Immediate Relative travelling with the Insured Person suffering Injury in an Accident or Illness or Hospitalization during the Coverage Period.
- 24. Hospital Daily Allowance:** If an Insured Person requires Hospitalization due to an Injury or Illness specified in the 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 Certificate of Insurance, for each continuous and completed period of 24 hours of Hospitalisation;
- 25. EMI Protection:** If an Insured Person is unable to pay the EMI Amounts payable under his/her Loan due to an Injury or Illness specified in the 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 Certificate of Insurance, subject to this amount not exceeding the amount specified in the Certificate of Insurance.
- 26. Missed Bill Payment:** We will pay or reimburse an amount as specified in Certificate of Insurance for the payment of bills such as Electricity bill, Credit Card bill, any penalty fee, gas bill, etc., if an Insured suffers an Injury or illness that occurs during the Coverage Period.
- 27. Personal Liability:** We will reimburse any actual legal liability, including Defence Costs, incurred by the Insured Person in his/her private capacity to pay damages to a third party arising out of the third party's death, Injury or property being damaged during the Travel Period upto the limit specified in the Certificate of Insurance.
- 28. Loss of Baggage and Personal Effects:** We will reimburse the actual loss upto the limit specified in the Certificate of Insurance incurred in relation to the permanent and total loss of the Insured Person's luggage and personal possessions during the Travel Period.
- 29. Electronic Equipment Cover:** We will reimburse the actual loss incurred up to the amount specified in the Certificate of Insurance in relation to the permanent and total loss of the Insured Person's Portable Electronic Equipment due to any Accidental damage, loss or theft during the Travel Period.
- 30. Hardship Allowance:** If an Insured Person suffers an Injury as specified in the Certificate of Insurance / Schedule that occurs during the Coverage Period, We will pay the Sum Insured specified in the Certificate of Insurance for the Medically Necessary Treatment of the Insured Person.
- 31. 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 Certificate of Insurance, then We shall indemnify the beneficiary up to the limit specified in the 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 previously 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.

**32. Loss of Job:** We If an Insured Person suffers an Involuntary Unemployment during the Coverage Period due to an Injury or Illness 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 Certificate of Insurance against this Benefit, or the number of EMI Amount(s) as specified in the Certificate of Insurance falling due in respect of the Loan Account Number specified against this benefit in the Certificate of Insurance, as applicable, for each continuous and completed month specified in the Certificate of Insurance from the date of such Involuntary Unemployment.

Specific Exclusions:

1. Any Involuntary Unemployment of the Insured Person that is attributed to any dishonesty, misconduct or fraud, or any wilful violation by the Insured Person of any internal rules/regulations/policies, or any laws or any directives issued by a public authority and in force, or any disciplinary action initiated against the Insured Person by his/her employer.
2. Unemployment from any occupation or job which is a Temporary or Seasonal Job, or where the Insured Person is not on the direct payroll of the employer.
3. Any voluntary unemployment, self-resignation, or voluntary retirement.
4. Any Involuntary Unemployment or suspension of the Insured Person at his/her primary occupation, which is temporary in nature.
5. Any unemployment from any occupation or job in which no salary was ever provided to the Insured Person.
6. Any unemployment occurring while the Insured Person, who is a Salaried Individual, is still under his/her probation, including any unemployment resulting from non-confirmation of his/her employment by the employer during or after the period on probation.
7. Any suspension of the Insured Person from his/her primary occupation on account of any pending enquiry being conducted by the employer or a public authority.
8. Any unemployment if it arises as a result of the place of employment or part thereof being temporary closed down for a period not exceeding the minimum number of days specified in Certificate of Insurance/Schedule due to lay off, lockout, strike or any other reason.
9. Any unemployment due to non-extension of a maternity/paternity leave, either as per the Maternity Benefit Act 1961, as amended from time to time, or as per the employer's internal regulation/policy in force at the time of any event or occurrence that may give rise to a claim.
10. Any unemployment due to any strike or labour disturbance in which the Insured Person is directly or indirectly involved.
11. Any reasonable belief that the Insured Person was aware that such loss of Income was likely to happen, whether or not any official communication was provided, at the time of Risk Commencement Date.
12. Withdrawal of offer of employment by an employer.
13. Medical exclusions
  - a. Any unemployment if it arises as a result of intentional self-inflicted injuries.
  - b. Any unemployment if it arises as a result of termination of service on the grounds of a Pre-Existing Diseases.
  - c. Any unemployment if it arises as a result of intake of alcohol or drugs by the Insured Person.
  - d. Any unemployment if it arises as a result of insured person being on family leave or sick leave due to childbirth or pregnancy.

**33. Critical Illness Fixed Benefit:** If an Insured Person is First Diagnosed to be suffering from a Critical Illness of the nature specified in Annexure A of the Policy, during the Coverage Period, then We will pay the Sum Insured under this Benefit as specified in the 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	√	√	√	√
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 Erythematosus	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.

### III. OPTIONAL COVERS:

- A. Personal Accident (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 Certificate of Insurance.
- B. Additional Permanent Total Disability:** If an Insured Person suffers an Injury due to an Accident that occurs during the Policy 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

- C. Additional Temporary Total Disability:** If an Insured Person suffers an Injury due to an Accident that occurs during the Policy Period and that Injury solely and directly results in the disability of the Insured Person which prevents the Insured Person from engaging in any employment or occupation on a temporary basis, then We will pay the amount specified in the Certificate of Insurance at the frequency specified in the Certificate of Insurance for the duration that the Temporary Total Disability continues.
- D. Global Coverage:** If this Benefit is in force for the Insured Person, then WE will cover events and occurrences taking place anywhere in the world unless limited in any benefit or through endorsement.
- E. 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.
- F. 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.
- G. 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:
1. Cataract,
  2. Hysterectomy for Menorrhagia or Fibromyoma or prolapse of Uterus unless necessitated by malignancy myomectomy for fibroids,
  3. Knee Replacement Surgery (other than caused by an Accident), Non-infectious Arthritis, Gout, Rheumatism, Oestoarthritis and Osteoposrosis, 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,
  4. Varicose Veins and Varicose Ulcers,
  5. Stones in the urinary uro-genital and biliary systems including calculus diseases,
  6. Benign Prostate Hypertrophy, all types of Hydrocele,
  7. Fissure, Fistula in anus, Piles, all types of Hernia, Pilonidal sinus, Hemorrhoids and any abscess related to the anal region.
  8. 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.
  9. 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,
  10. Any Surgery of the genito-urinary system unless necessitated by malignancy.



11. Notwithstanding anything contained under this Cover 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.

**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.*

Details of Cover, its benefit type, its minimum and maximum Sum Insured and what is covered

S. No.	Name of the Benefit	Benefit Type	What is Covered	Sum Insured (INR)	
				Min	Max
1	Accidental Death Benefit	Fixed	Accidental Death	1,000	250,000,000
2	Permanent Total Disability / Additional Permanent Total Disability	Fixed	Injury that results in PTD	1,000	250,000,000
3	Permanent Partial Disability	Indemnity	Injury that results in PPD	1,000	250,000,000
4	Temporary Total Disability / Additional Temporary Total Disability	Indemnity	Injury that results in disability which prevents insured from engaging in employment or occupation temporarily	1,000	250,000,000
5	Medical Expenses Reimbursement	Indemnity	Costs incurred on Medical Expenses during hospitalization or day care treatment	1,000	5,000,000
6	Loan Protector	Loan Outstanding Amount at time of AD and PTD	Re-payment of Insured's person outstanding loans	1,000	5,00,00,000
7	OPD Treatment	Indemnity	If person requires treatment outside hospital due to Accident	250	100,000
8	Child Education Cover	Fixed	Each Dependent Child who is less than Age 25 and does not have any independent source of income (Max of 2)	1,000	5,000,000
9	Hospital Fixed Allowance	Fixed	Injury that solely and directly requires Insured person to be hospitalized for at least minimum number of consecutive days	1,000	500,000
10	Disappearance Cover	Fixed	Accident followed by a forced landing, stranding, sinking or wrecking of a conveyance, earthquake or flood and is legally declared dead (in absentia or legal presumption of death)	1,000	250,000,000
11	Repatriation of Mortal Remains	Indemnity	Transportation of mortal remains from place of death to residence to Insured person	1,000	5,000,000
12	Mobility Cover	Indemnity	If Insured requires crutches, artificial limbs, wheelchair, etc	1,000	1,000,000
13	Funeral Expenses	Indemnity	Expenses on funeral, cremation/burial and transportation of body to the place of funeral ceremony	1,000	1,000,000
14	Compassionate Visit	Indemnity	For relative to visit Location of the Insured where he is hospitalized	1,000	500,000
15	Compassionate Visit Stay	Indemnity	In case of compassionate visits, accommodation expenses shall be reimbursed	1,000	500,000





S. No.	Name of the Benefit	Benefit Type	What is Covered	Sum Insured (INR)	
				Min	Max
16	Convenient Travel Option	Indemnity	If met with an accident/sickness due to which it requires insured to return through any class/multiple bookings	250	5,000,000
17	Outstanding Bills Protection Benefit	Bills Outstanding Amount at time of AD and PTD	Payment of outstanding bills of Insured person	1,000	2,00,000
18	Ambulance and Emergency Transportation Cover	Indemnity	Ambulance or Emergency Transport to the Hospital in case of accident / illness	250	50,000
19	Modification of Vehicle/Home	Indemnity	Improvements to be carried out in Insured's person's residence or to the Insured person's vehicle	1,000	10,00,000
20	Evacuation (Medical & Catastrophe)	Indemnity	Costs incurred for the air or surface transportation of the Insured person (and attending Medical Practitioner, if necessary) from hospital where Insured person is being treated to the nearest hospital if such medical treatment cannot be provided at hospital where Insured person is situated	1,000	10,000,000
21	Physiotherapy	Fixed	Injury that solely and directly requires Insured person to undergo physiotherapy	1,000	100,000
22	Chauffer Benefit	Fixed Benefit Per Day	Per day allowance in respect of a chauffeur to drive the Insured person	250	5,000
23	Emergency Hotel Requirement	Indemnity	If stay in hotel needs to be extended	50	1,000,000
24	Hospital Daily Allowance	Fixed Benefit Per Day	Fixed amount for every day when Insured is hospitalised during the Coverage Period	1,000	250,000,000
25	EMI Protection	Indemnity	If an Insured Person is unable to pay the EMI Amounts payable under his/her Loan due to an inadvertent, involuntary and unforeseeable event	100	250,000,000
26	Missed Bill Payment	Indemnity	If an Insured Person defaults on payment of a credit card bill or an essential utility bill such as water, electricity or gas	50	1,000,000
27	Personal Liability	Indemnity	For third party death, bodily injury or property damage	1,000	250,000,000
28	Loss of Baggage and Personal Effects	Indemnity	Loss of baggage and Personal Effects during Coverage Period	50	1,000,000
29	Electronic Equipment Cover	Indemnity	Loss, Theft or Damage to computer equipment or communication devices	50	1,000,000
30	Hardship Allowance	Fixed	Medical Expenses if an Insured Person suffers an Injury due to any pilferage, theft, loss, robbery, dacoity or any other Accident	50	1,000,000
31	Kidnap / Hijack / Extortion Coverage	Indemnity	Kidnap / Ransom / Extortion	1,000	250,000,000
32	Loss of Job	Indemnity	Involuntary Unemployment during the Coverage Period resulting in Loss of Income	1,000	250,000,000

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S. No.	Name of the Benefit	Benefit Type	What is Covered	Sum Insured (INR)	
				Min	Max
33	Critical Illness Benefit	Fixed	If an Insured Suffers covered Critical Illness during the Coverage Period	1,000	250,000,000
34	Personal Accident (Common Carrier)	Fixed	Lumpsum amount in event of accident in carrier	1,000	250,000,000

**Legend:**

- AD = Accidental Death
- PTD = Permanent Total Disability

## 1. EXCLUSIONS:

We shall not be liable to make any payment for any claim under the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

- a. Any Pre-Existing Disease or any Injury or disability arising out of a Pre-Existing Disease or any complication arising therefrom.
- b. Suicide or attempted suicide, intentional self-inflicted Injury or acts of self-destruction, whether the Insured Person is medically sane or insane.
- c. 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.
- d. 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.
- e. Bacterial infections (except pyogenic infection which occurs through a cut or wound due to Accident).
- f. Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
- g. 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.
- h. Any Illness or Critical Illness arising within the Waiting Periods specified in the Policy or in the Schedule or Certificate of Insurance.
- i. All Waiting Periods shall commence concurrently, and would be considered to have been served to the extent that the Insured Person was insured continuously and without interruption under another Indian insurer's individual health / Family Health insurance policy for the reimbursement of medical costs for inpatient treatment in a Hospital.
- j. Any External Congenital Anomalies or in consequence thereof.
- k. Any certification provided by a Medical Practitioner who shares the same residence as the Insured Person or who is an Immediate Relative.
- l. 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.
- m. 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.
- n. 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.
- o. 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.
- p. Any claim arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or air-force operation, civil war, public defence, rebellion, revolution, insurrection, military or usurped power.
- q. 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 attack or weapons, or Biological attack or weapons.
  - i. 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.
  - ii. 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.

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

## 2. CLAIMS PROCEDURE:

- On the occurrence of or discovery of any Injury which may give rise to a claim under this Policy, We shall be provided with the following necessary information and documentation in respect of the claim within 30 days of the occurrence of the Insured Person's Injury:
- For details on the claims procedures and requirements or any assistance during the process, We may be contacted at Our call centre on the toll free number: 9029060000 or through Our website: [www.acko.com](http://www.acko.com) or mail us at [hello@acko.com](mailto:hello@acko.com)

## 3. CONTACT US

1. You can reach Us through any of the following methods:
  - **Call Us on Our toll free number: 9029060000**
  - **Write to us On at: [hello@acko.com](mailto:hello@acko.com)**
  - **Visit Our website: [www.acko.com](http://www.acko.com)**
2. If you have a grievance that You want Us to redress, You may contact Us with details of Your grievance through:
  - **Website: [www.acko.com](http://www.acko.com)**
  - **Email: [grievance@acko.com](mailto:grievance@acko.com)**
  - **Toll Free No: 9029060000**

## 4. SECTION 41 OF INSURANCE ACT, 1938 (PROHIBITION OF REBATES)

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

## 5. DISCLAIMER:

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

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