



GROUP TRAVEL INSURANCE POLICY PROSPECTUS

I. INTRODUCTION

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

Acko General Insurance provides the following benefits to its customers:

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

II. BENEFITS:

2.1 Accidental Death

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

2.2 Permanent Total Disability

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

2.3 Permanent Partial Disability

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

2.4 Temporary Total Disability

If an Insured Person suffers an Injury due to an Accident that occurs during the Travel Period and that Injury solely and directly results in the 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.

2.5 Medical Expense Reimbursement

If an Insured Person requires Hospitalization or undergoes Day Care Treatment due to Injury or Illness, as specified in the Policy Schedule / Certificate of Insurance, suffered or contracted during the Travel Period, then We will reimburse the costs incurred on Medical Expenses, including the Post-Hospitalization Medical Expenses incurred for up to 90 days following the Insured Person's discharge from Hospital.

2.6 Day Care Treatment

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.

2.7 Hospital Fixed Allowance

If an Insured Person requires Hospitalization due to Injury or Illness, as specified in the Policy Schedule / Certificate of Insurance, suffered or contracted during the Travel Period, for at least the minimum number of consecutive days specified in the Policy Schedule / Certificate of Insurance, then We will pay the amount specified in the Policy Schedule / Certificate of Insurance.

2.8 Hospital Daily Allowance

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

2.9 Compassionate Visit

If an Insured Person requires Hospitalization due to Injury or Illness, as specified in the Policy Schedule / Certificate of Insurance, suffered or contracted during the Travel Period, then We will pay the amount incurred for direct route return (two way) economy class tickets or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance for an Immediate Relative of the Insured Person, to travel from the City of Residence to the place of Hospitalization of the Insured Person.

2.10 Compassionate Visit Stay

If an Insured Person requires Hospitalization due to Injury or Illness, as specified in the Policy Schedule / Certificate of Insurance, suffered or contracted during the Travel Period, then We will pay accommodation expenses or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance for an Immediate Relative of the Insured Person to stay at the place of Hospitalization of the Insured Person during the Travel Period.

2.11 Emergency Visit

If an Insured Person needs to travel to the City residence of an Immediate Relative due to death or emergency Hospitalisation of such Immediate Relative, during the Coverage Period, We will pay the amount incurred for direct route return (two way) economy class tickets or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance towards the travel expenses.

2.12 Ambulance and Emergency Transportation

If an Insured Person suffers from Injury or Illness, as specified in the Policy Schedule / Certificate of Insurance, suffered or contracted during the Travel Period and that Injury or Illness solely and directly requires the Insured Person to be transported to a Hospital by an Ambulance or any public transport for the purpose of availing Emergency Care, then We shall pay the costs incurred towards such transportation or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance.

2.13 Evacuation (Medical & Catastrophe)

We will pay the costs incurred up to the Sum Insured or a fixed amount, as specified in the Policy Schedule or Certificate of Insurance for the air or surface transportation of the Insured Person during the Travel Period, including costs incurred for medical care during such transportation.

2.14 Repatriation of Mortal Remains

We will pay the expenses incurred up to the Sum Insured or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance for transportation of mortal remains from the place of death of the Insured Person during

the Travel Period to the residence of the Insured Person in the City of Residence, in case of death due to Injury or Illness suffered or contracted during the Travel Period.

2.15 Funeral Expense

We will pay the cost incurred up to the Sum Insured or a fixed amount, as specified in the Policy Schedule / Certificate 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 of the Insured Person due to Injury or Illness during the Travel Period.

2.16 Mobility Cover

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

2.17 Child Education Cover

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

2.18 Physiotherapy

If an Insured Person suffers an Injury due to an Accident that occurs during the Travel Period and that Injury solely and directly requires the Insured Person to undergo physiotherapy, then We will pay the costs incurred on physiotherapy or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance.

2.19 Disappearance

If an Insured Person disappears during the Travel Period due to an Accident followed by a forced landing, stranding, sinking or wrecking of a conveyance, earthquake or flood during the Travel Period, 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.

2.20 Hardship Allowance

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

2.21 Income Protection Cover

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 carry out 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.

2.22 Kidnap/Hijack/Extortion Coverage

If an Insured Person is subject to Kidnapping or Hijack during the Travel Period which continues in excess of the number of hours specified in the Policy Schedule / Certificate of Insurance, then We shall indemnify the Insured Person, nominee or any other legal heir or beneficiary.

2.23 Convenient Travel Option

If an Insured Person suffers an Injury due to an Accident that occurs during the Travel Period and that Injury solely and directly requires the Insured Person to return to his/her City of Residence, then We will pay the amount incurred up to the Sum Insured or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance, on tickets on a Common Carrier for the Insured Person's travel back to his/her City of Residence with addition or modification necessitated in the Common Carrier due to such Injury and provided to the Insured Person.

2.24 OPD Treatment

If an Insured Person requires OPD Treatment for any of the treatments/tests/consultations specified in the Policy Schedule / Certificate of Insurance, due to Injury or Illness, as specified in the Policy Schedule / Certificate of Insurance, suffered or contracted during the Travel Period, then We will reimburse the costs incurred on Medical Expenses.

2.25 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.

2.26 Trip Cancellation & Interruption

We will pay the expenses incurred upto the Sum Insured or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance, if an Insured Person's journey is unavoidably cancelled (whether wholly or in part) during the Coverage Period.

2.27 Trip Curtailment

We will pay the cost of additional travel and accommodation expenses or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance, incurred towards any unavoidable curtailment of the Insured Person's booked and confirmed journey.

2.28 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.

2.29 Loss of Checked-in Baggage

We will pay the actual loss or a fixed amount, as 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.

2.30 Loss of Baggage and Personal Effects

We will pay the actual loss or a fixed amount, as 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.

2.31 Loss of Passport

If the Insured Person loses his/her original passport during the Travel Period, We will pay the legal cost incurred by the Insured Person up to the Sum Insured or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance towards obtaining a duplicate or new passport during the Travel Period.

2.32 Loss of Identification Documents

If the Insured Person loses his/her original identification documents during the Travel Period, We will pay the cost incurred by the Insured Person up to the Sum Insured or a fixed amount, as specified in the Policy Schedule/Certificate of Insurance towards obtaining a duplicate or new identification document.

2.33 Visa Rejection/Denial

If the Insured Person's application for a visa for a covered trip is rejected on arrival or before travel or Entry is denied by the issuing authorities or the visa arrival is delayed for more than the number of days specified in the Policy Schedule / Certificate of Insurance over the Expected Days of Visa Arrival then for the covered reasons as specified in the Certificate of Insurance, We will pay the following costs incurred or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance.

2.34 Personal Legal 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.

2.35 Financial Emergency Cash

We will pay the actual loss incurred or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance 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.

2.36 Carrier Cancellation

We will pay the amount upto the Sum Insured or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance, if the Insured Person's booked and confirmed journey is cancelled, prior to the scheduled departure by the Common Carrier.

2.37 Cancellation of Carrier by Insured Person

We will pay the cost of travel fares paid or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance for a booked and confirmed journey is cancelled by the Insured Person, due to any unavoidable reasons.

2.38 Travel Cancellation

We will pay the expenses incurred upto the Sum Insured or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance, due to cancellation of booked and confirmed tickets/booking by the Insured Person including but not limited to Common Carrier, hotel accommodation or any Event booking, which are specified in the Policy Schedule / Certificate of Insurance during the Travel Period.

2.39 Denied Boarding – Carrier

We will pay the difference amount in fare or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance if an Insured Person is denied boarding of the booked Common Carrier during the Travel Period and the Insured Person has booked a new ticket and travelled within the number of hours from the scheduled departure time of the original booking specified in the Policy Schedule/Certificate of Insurance.

2.40 Missed Carrier

We will pay the cost of the booking on the Common Carrier or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance, 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 Travel Period.

2.41 Missed Event

We will pay irrecoverable costs of the Insured Person's Event tickets paid in advance or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance, 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.

2.42 Missed Connection

We will pay the cost of additional travel and accommodation expenses incurred or a fixed amount, as specified in the Policy Schedule/Certificate of Insurance 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.

2.43 Denied Hotel Accommodation

We will pay the cost of alternative accommodation required by the Insured Person or a fixed amount, as specified in the Policy Schedule or Certificate of Insurance due to any cancellation of the Insured Person's booked and confirmed accommodation by a hotel or any other provider of accommodation.

2.44 Emergency Hotel Requirement

We will pay the costs towards the stay of the Insured Person in a hotel or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance 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 Travel Period.

2.45 Emergency Return of Immediate Relative

If the Insured Person requires Hospitalization due to an Injury or Illness, as specified in Policy Schedule / Certificate of Insurance during the Travel Period, then We will pay the costs of a direct route economy class airfare or a fixed amount, as specified in Policy Schedule / Certificate of Insurance for the Insured Person's Immediate Relative as specified in Policy Schedule / Certificate of Insurance to return to the City of Residence from the place of Hospitalization of the Insured Person.

2.46 Replacement of Staff

If the Insured Person requires Hospitalization due to an Injury or Illness, as specified in Policy Schedule / Certificate of Insurance during the Travel Period, then We will pay the costs of a direct route economy class airfare or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance, for a replacement staff member of Insured Person's organisation to travel from the Country of Residence/City of Residence to the place of Hospitalization of the Insured Person.

2.47 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 Injury or Illness, as specified in the Policy Schedule / Certificate of Insurance, suffered or contracted during the Travel 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.

2.48 EMI Protection

If an Insured Person is unable to pay the EMI Amounts payable under his/her Loan due to Injury or Illness, as specified in the Policy Schedule / Certificate of Insurance, suffered or contracted during the Travel 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.

2.49 Fraudulent Charges (Payment Card Security)

We will indemnify the Insured Person for theft of the funds suffered by the Insured Person from his/her account as a result of Unauthorized Access of or Hacking of credit/debit card, mobile wallets or any prepaid card of the nature as specified in the Policy Schedule / Certificate of Insurance, by a third party upto the amount as specified in the Policy Schedule / Certificate of Insurance during the Travel Period.

2.50 Rental / Third Person's Vehicle Damage Protection

We will pay the actual loss incurred or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance, in relation to any permanent and total loss, physical damage or theft caused to the Rental / Third Person's Vehicle due to an Accident while the Insured Person is travelling / driving the Rental / Third Person's Vehicle during the Travel Period. We will also pay the expenses for an alternative mode of conveyance and towing services, from the place of Accident to the intended destination.

2.51 Loss/Damage of Rented Equipment

We will pay the actual loss incurred or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance, in relation to any permanent and total loss, physical damage, theft, or any fine/penalty charged for a delayed return of at least 12 hours, in relation to any Rental Equipment during the Travel Period.

2.52 Golfers's Hole-in-one

In the event of an Insured Person being declared winner for a "hole-in-one" at any internationally recognized 18-hole golf course during the Travel Period, then We will pay the expenses or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance, incurred by the Insured Person in celebration of such accomplishment.

2.53 Loss/Damage of Own Equipment

We will pay the actual loss incurred or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance, in relation to the partial, permanent or total loss of the Insured Person's Portable Equipment due to any Accidental damage, loss or theft during the Travel Period.

2.54 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.

2.55 Fire and Allied Perils (Home Building & Contents)

In consideration of the Insured Person named in the Policy Schedule hereto having paid to us, the full premium mentioned in the said Policy Schedule, we agrees, (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 Policy 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 Policy 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:

- a. Fire.
- b. Lightning.

- c. Explosion/Implosion.
- d. Aircraft Damage.
- e. Riot, Strike and Malicious Damage.
- f. Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Flood and Inundation.
- g. Impact Damage.
- h. Subsidence and Landslide including Rock slide.
- i. Bursting and/or overflowing of Water Tanks, Apparatus and Pipes.
- j. Missile Testing operations.
- k. Leakage from Automatic Sprinkler Installations.
- l. Bush Fire.
- m. Earthquake (Fire and Shock) Earthquake (Fire and Shock) Endorsement.

2.56 Home Insurance Cover

We will reimburse any actual loss incurred during the Travel Period towards any theft or burglary 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.

2.57 Study Interruption

We will reimburse the Insured Person the tuition fees which has already been paid in advance to the Educational Institution, upto the amount as specified in the Policy Schedule / Certificate of Insurance, during the Coverage Period in the event that the Insured Person is required to repeat the academic semester.

2.58 Sponsor Protection

We will reimburse the Insured Person for the balance tuition fees incurred for the remaining period of regular classroom study for the educational course for which the Insured Person is enrolled, in the event of death or permanent disability of the Sponsor, up to the Sum Insured or the amount as specified in the Policy Schedule / Certificate of Insurance.

2.59 Bail Bond

We will reimburse the legal costs of procuring a bail bond You incurred, which is required to be furnished in the event of the Insured Person's arrest as a result of any inadvertent law breaking or false arrest or wrongful detention during the Coverage Period, by the police or any judicial authorities, provided that the copy of every notice, writ, summons or process and all documents relating to the claim/event shall be forwarded to Us immediately on receipt by the Insured Person.

2.60 University Insolvency

We will pay the Insured Person the actual additional expenses incurred or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance, for the Insured Person's expenses incurred towards travelling back to the City of Residence in a Common Carrier, and the accommodation expenses in case the Educational Institution in which the Insured Person applied for studying has become insolvent.

2.61 Vision Care

We shall pay the costs incurred or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance, incurred by the Insured Person towards vision check-up or damage to the eye vision corrective spectacles (provided that such damage is caused solely and directly due to an Accident) for the Insured Person during the Travel Period.

2.62 Additional Services

We or Our Assistance Service Provider will arrange for the Insured Person to avail any of the following services, subject to details as specified in the Policy Schedule / Certificate of Insurance, including but not limited to:

- Doctor on Call

- Medical Assistance Services
- Medical Practitioner/Hospital Referral.
- Arrangement of Hospital Admission.
- Arrangements of Appointments with local Medical Practitioners for Treatment.
- Medical Translation Service.
- Delivery of Essential Medicine.
- Arrangement of Compassionate Visit.
- Arrangement of Return of Minor Child.
- Arrangement of Parent Accommodation.
- Inoculation and Visa Requirement Information.
- Embassy Referral.
- Emergency Document Delivery.
- Home Care Assistance.
- Lifestyle Services.
- Diet and nutrition consultation.
- Online Chat with Medical Practitioners.
- Health risk assessment (HRA).
- Crisis Management Services.
- Tele Support.
- Discounts.

Cover Options

i. Pre-Existing Disease (In case of life-threatening medical condition)

We will reimburse the Medical Expenses incurred in respect of the Medically Necessary Treatment rendered on the Insured Person during the Travel Period on an emergency basis for a Life-Threatening Condition only for any sudden, unexpected or unforeseen development which is attributable to a Pre-Existing Disease, upto the Sum Insured specified in the Policy Schedule / Certificate of Insurance.

ii. Extended Cover in the Country of Residence

If We have admitted a claim under Benefit 1.5 (Medical Expenses Reimbursement) in respect of the Insured Person, then We will also indemnify the Insured Person for:

- I. The Medical Expenses incurred on the Hospitalization of the Insured Person in the Country of Residence/City of Residence for a maximum period of 30 days or as specified in the Policy Schedule / Certificate of Insurance from the expiry of the Travel Period.
- II. The costs of direct route economy class airfare for the Insured Person and one accompanying attendant to return to the Country of Residence/City of Residence from the place of occurrence of the Illness or Injury.

iii. Automatic Extension

We will automatically extend the Travel Period, and consequently, the Coverage Period, upto the number of days as specified in Policy Schedule / Certificate of Insurance from the date of expiry of the Travel Period.

iv. Adventure Sports Injury

If an Insured Person suffers an Injury while engaged in Adventure Sports during the Travel Period which requires Hospitalization, then We shall indemnify the costs incurred on Medical Expenses as specified under the Benefit 1.5 (Medical Expenses Reimbursement).

v. Treatment for Alcoholism and Drugs Dependency

We shall indemnify the costs incurred on Medical Expenses incurred by the Insured Person for the treatment for any alcoholism and/or drugs related dependency under Benefit 1.5 (Medical Expenses Reimbursement) in case of Hospitalization only.

vi. Maternity

We will reimburse the Medical Expenses incurred during the Coverage Period 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.

vii. New Born Baby Medical Expenses

We will reimburse the Medical Expenses incurred during the Coverage Period towards the Hospitalization of an Insured Person's New Born Baby which is born during a Hospitalization covered and admitted under the Maternity Benefit Cover Option:

viii. Additional Buffer Sum Insured for the Group

If this Cover Option is opted for under the Policy, We will provide a separate amount as 'the Corporate Floater Sum Insured' 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.

ix. Group Deductible

If this Cover Option 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 Cover Option in the Policy Schedule / Certificate of Insurance.

x. Restoration of Sum Insured

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

xi. Personal Accident (Common Carrier)

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

xii. 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:

xiii. 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.

xiv. Loss of Valuables/Money/Any Kind of Securities

We will pay the actual loss or a fixed amount, as specified in the Policy Schedule/Certificate of Insurance incurred in relation to the permanent and total loss of the Insured Person's Valuables, Money, any kind of securities or tickets specified in the Policy Schedule / Certificate of Insurance during the Travel Period.

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

S. N. O.	Name of the Benefit	What is Covered	Capital Sum Insured (INR)		Deductible		Co-pay		Sub Limit	
			Min	Max	Min	Max	Min	Max	Min	Max
1	Accidental Death Benefit	Accidental Death	₹ 1,000	₹ 250,000,000	NA	NA	NA	NA	None	None
2	Permanent Total Disability	Injury that results in PTD	₹ 1,000	₹ 250,000,000	NA	NA	NA	NA	None	None
3	Permanent Partial Disability	Injury that results in PPD	₹ 1,000	₹ 250,000,000	NA	NA	NA	NA	None	None
4	Temporary Total Disability	Injury that results in disability which prevents insured from engaging in employment or occupation temporarily	₹ 1,000	₹ 250,000,000	NA	NA	NA	NA	None	None
5	Medical Expenses Reimbursement	Costs incurred on Medical Expenses during In-patient hospitalization	₹ 1,000	₹ 250,000,000	₹ 0	₹ 50,00,000	0%	90%	None	None
6	Day Care Treatment Cover	Medical Expenses of covered Day Care Treatment/Procedure	₹ 1,000	₹ 250,000,000	₹ 0	₹ 50,00,000	0%	90%	None	None
7	Hospital Fixed Allowance	Injury/Illness that solely and directly requires Insured person to be hospitalized for at least minimum number of consecutive days	₹ 1,000	₹ 250,000,000	NA	NA	NA	NA	None	None
8	Hospital Daily Allowance	Injury/Illness that solely and directly requires Insured person to be hospitalized for at least minimum number of consecutive days	₹ 500	₹ 5,000,000	0 day of Hospitalization	45 days of Hospitalization	NA	NA	None	None
9	Compassionate Visit	Expenses of transportation of immediate family member of the insured person, by two-way airfare (economy class) to the place of Hospitalisation of the Insured Person	₹ 1,000	₹ 5,000,000	₹ 0	₹ 500,000	0%	90%	None	None
10	Compassionate Visit Stay	In case of compassionate visits, accommodation expenses will be covered	₹ 1,000	₹ 5,000,000	₹ 0	₹ 500,000	0%	90%	None	None
11	Emergency Visit	Travel expenses of insured person to visit location of the Immediate relative	₹ 1,000	₹ 5,000,000	₹ 0	₹ 500,000	0%	90%	None	None
12	Ambulance and Emergency Transportation	Ambulance or Emergency Transport to the Hospital in case of accident / illness	₹ 50	₹ 1,000,000	₹ 0	₹ 50,000	0%	90%	None	None
13	Evacuation (Medical & Catastrophe)	Cost of air or surface transportation of the Insured Person, including costs incurred for medical care during such transportation	₹ 1,000	₹ 5,000,000	₹ 0	₹ 1,00,000	0%	90%	None	None
14	Repatriation of Mortal Remains	Transportation of mortal remains from place of death to residence to Insured person	₹ 1,000	₹ 5,000,000	₹ 0	₹ 5,00,000	0%	90%	None	None
15	Funeral Expense	Expenses on the funeral, cremation/ or burial and transportation of the body to the place of the funeral ceremony	₹ 1,000	₹ 5,000,000	₹ 0	₹ 5,00,000	0%	90%	None	None
16	Mobility Cover	Pay for prescription medical equipment that are medically necessary like hearing aids, Prostheses,	₹ 1,000	₹ 5,000,000	₹ 0	₹ 1,00,000	0%	90%	None	None



S. N. O.	Name of the Benefit	What is Covered	Capital Sum Insured (INR)		Deductible		Co-pay		Sub Limit	
			Min	Max	Min	Max	Min	Max	Min	Max
		corrective devices and Medical Appliances etc.								
17	Child Education Cover	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	NA	NA	NA	NA	None	None
18	Physiotherapy	Injury that solely and directly requires Insured person to undergo physiotherapy	₹ 1,000	₹ 5,000,000	₹ 0	₹ 500,000	0%	90%	None	None
19	Disappearance Cover	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	NA	NA	NA	NA	None	None
20	Hardship Allowance	Medical Expenses if an Insured Person suffers an Injury due to any pilferage, theft, loss, robbery, dacoity or any other Accident	₹ 50	₹ 5,000,000	NA	NA	NA	NA	None	None
21	Income Protection Cover	Fixed Benefit per day, when Insured Person is unable to do his/her regular employment/ business or professional	₹ 500	₹ 5,000,000	NA	NA	NA	NA	None	None
22	Kidnap/Hijack Cover	Kidnap / Hijack	₹ 1,000	₹ 250,000,000	₹ 0	₹ 10,000,000	0%	90%	None	None
23	Convenient Travel Option	If met with an accident/sickness due to which it requires insured to return through any class/multiple bookings	₹ 500	₹ 5,000,000	₹ 0	₹ 5,00,000	0%	90%	None	None
24	OPD Treatment	If person requires treatment outside hospital due to Accident	₹ 500	₹ 5,000,000	₹ 0	₹ 1,00,000	0%	90%	None	None
25	Trip Delay	Delay of scheduled departure or arrival time of carrier beyond specified hours	₹ 50	₹ 5,000,000	0 Hours	24 Hours	NA	NA	None	None
26	Trip Cancellation & Interruption	Payment of travel and accommodation expenses if outward journey is unavoidably cancelled due to listed conditions.	₹ 1,000	₹ 5,000,000	₹ 0	5,00,000	0%	90%	None	None
27	Trip Curtailment	Payment of travel and accommodation if outward journey is unavoidably curtailed due to listed conditions	₹ 1,000	₹ 5,000,000	₹ 0	5,00,000	0%	90%	None	None
28	Delay of Checked-in Baggage	For purchasing essential items if baggage is delayed by carrier	₹ 500	₹ 5,000,000	0 Hours	7 days	NA	NA	None	None
29	Loss of Checked-in Baggage	For purchasing new items if baggage is lost by carrier	₹ 50	₹ 5,000,000	₹ 0	1,00,000	0%	90%	None	None
30	Loss of Baggage and Personal Effects	Loss of baggage and Personal Effects during Coverage Period	₹ 50	₹ 5,000,000	₹ 0	1,00,000	0%	90%	None	None
31	Loss of Passport	Payment will be made if the Insured loses his/her Passport during the travel period	₹ 50	₹ 5,000,000	₹ 0	1,00,000	0%	90%	None	None



S. N. O.	Name of the Benefit	What is Covered	Capital Sum Insured (INR)		Deductible		Co-pay		Sub Limit	
			Min	Max	Min	Max	Min	Max	Min	Max
32	Loss of Identification Documents	Payment will be made if the Insured loses their identification documents during the travel period	₹ 50	₹ 5,000,000	₹ 0	1,00,000	0%	90%	None	None
33	Visa Rejection/Denial	Visa application cost will be reimbursed if the Visa of the Insured is rejected/denied	₹ 50	₹ 50,000,000	₹ 0	5,00,000	0%	90%	None	None
34	Personal Legal Liability	For third party death, bodily injury or property damage	₹ 1,000	₹ 250,000,000	₹ 0	50,00,000	0%	90%	None	None
35	Financial Emergency Cash	If Travel funds are lost due to theft, pilferage, robbery or dacoity	₹ 50	₹ 5,000,000	₹ 0	1,00,000	0%	90%	None	None
36	Carrier Cancellation	Refund of Expenses Incurred if Carrier is Cancelled	₹ 50	₹ 5,000,000	₹ 0	₹ 500,000	0%	90%	None	None
37	Cancellation of Carrier by Insured Person	If the Insured due to any reason cancel the Carrier	₹ 50	₹ 5,000,000	₹ 0	₹ 500,000	0%	90%	None	None
38	Travel Cancellation	Cost of cancellation of booked and confirmed tickets/booking by the Insured Person	₹ 50	₹ 50,000,000	₹ 0	₹ 5,000,000	0%	90%	None	None
39	Denied Boarding - Carrier	If Carrier denies boarding/booking	₹ 50	₹ 5,000,000	₹ 0	₹ 500,000	0%	90%	None	None
40	Missed Carrier	Payment will be made if due to genuine reasons Insured misses Carrier	₹ 50	₹ 5,000,000	₹ 0	₹ 500,000	0%	90%	None	None
41	Missed Event	Payment will be made if due to genuine reasons Insured misses pre-booked event	₹ 50	₹ 5,000,000	₹ 0	₹ 500,000	0%	90%	None	None
42	Missed Connection	For accommodation and alternative travel if connecting flight is missed due to delayed arrival of inward flight	₹ 50	₹ 5,000,000	₹ 0	₹ 500,000	0%	90%	None	None
43	Denied Hotel Accommodation	If Hotel rejects a confirmed booking	₹ 50	₹ 5,000,000	₹ 0	₹ 500,000	0%	90%	None	None
44	Emergency Hotel Requirement	If stay in hotel needs to be extended	₹ 50	₹ 5,000,000	₹ 0	1,00,000	0%	90%	None	None
45	Emergency Return of Immediate Relative	Economy Class Airfare for the Insured's Immediate Relatives to return to the City of Residence during the hospitalization of the Insured	₹ 1,000	₹ 5,000,000	₹ 0	₹ 1,00,000	0%	90%	None	None
46	Replacement of Staff	Economy Class Airfare for replacement of staff during the hospitalization of the insured	₹ 1,000	₹ 5,000,000	₹ 0	₹ 1,00,000	0%	90%	None	None
47	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	₹ 50	₹ 5,000,000	₹ 0	₹ 1,00,000	0%	90%	None	None
48	EMI Protection	If an Insured Person is unable to pay the EMI Amounts payable under his/her Loan due to an	₹ 1,000	₹ 250,000,000	₹ 0	₹ 10,000,000	0%	90%	None	None



S. N. o.	Name of the Benefit	What is Covered	Capital Sum Insured (INR)		Deductible		Co-pay		Sub Limit	
			Min	Max	Min	Max	Min	Max	Min	Max
		inadvertent, involuntary and unforeseeable event								
49	Fraudulent Charges (Payment Card Security)	If the debit/credit card of the insured is lost/stolen during the travel period	₹ 1,000	₹ 5,000,000	₹ 0	₹ 1,00,000	0%	90%	None	None
50	Rental/Third Person's Vehicle Damage Protection	Any permanent and total loss, physical damage or theft caused to the Rental / Third Person's Vehicle.	₹ 1,000	₹ 5,000,000	₹ 0	1,00,000	0%	90%	None	None
51	Loss/Damage of Rented Equipment	Actual loss incurred due to Permanent and Total Loss/Physical Damage/Theft caused to the Rental Car due to an accident during the travel period	₹ 1,000	₹ 5,000,000	₹ 0	1,00,000	0%	90%	None	None
52	Golfer's Hole-in-one	Expenses incurred by the insured in celebration of such an accomplishment	₹ 1,000	₹ 5,000,000	₹ 0	1,00,000	0%	90%	None	None
53	Loss/Damage of Own Equipment	Loss, Theft or Damage to own equipment	₹ 1,000	₹ 5,000,000	₹ 0	1,00,000	0%	90%	None	None
54	Pet Cover	Expanded options for pet owners, providing coverage if the insured's pet is injured, dead while traveling or additional cost due to trip cancellation or curtailment	₹ 1,000	₹ 5,000,000	₹ 0	5,00,000	0%	90%	None	None
55	Fire and Allied Perils (Home Building & Contents)	Home Building and Contents when person is travelling	₹ 1,000	₹ 250,000,000	₹ 0	2,50,00,000	0%	90%	None	None
56	Home Insurance Cover	Covers any theft related issues at home	₹ 1,000	₹ 250,000,000	₹ 0	2,50,00,000	0%	90%	None	None
57	Study Interruption	We will reimburse the tuition fees where Insured Person is required to repeat the academic semester solely or directly due to hospitalization of the insured person or death/hospitalization of the Insured Person's immediate relative	₹ 1,000	₹ 10,000,000	₹ 0	5,00,000	0%	90%	None	None
58	Sponsor Protection	We will reimburse for the balance tuition fees incurred for the remaining period of regular classroom study, in the event of death or permanent disability of the Sponsor	₹ 1,000	₹ 10,000,000	₹ 0	5,00,000	0%	90%	None	None
59	Bail Bond	We will reimburse the legal costs of procuring a bail bond You incurred	₹ 1,000	₹ 10,000,000	₹ 0	5,00,000	0%	90%	None	None
60	University Insolvency	We will pay for the Insured Person's expenses incurred towards travelling back to the City of Residence and the accommodation expenses, in case the Educational Institution has become insolvent.	₹ 1,000	₹ 10,000,000	₹ 0	5,00,000	0%	90%	None	None



S. N o.	Name of the Benefit	What is Covered	Capital Sum Insured (INR)		Deductible		Co-pay		Sub Limit	
			Min	Max	Min	Max	Min	Max	Min	Max
61	Vision Care	Cost of vision check-up of damage to eye vision corrective spectacles	₹ 1,000	₹ 500,000	₹ 0	1,00,000	0%	90%	None	None
62	Additional Services	We or Our Assistance Service Provider will arrange for the Insured Person to avail any of the services as specified in the Policy Schedule/COI	NA	NA	NA	NA	NA	NA	None	None
63	Pre-Existing Diseases (In case of life-threatening medical condition)	If any sudden and unexpected development attributable to Pre-existing disease which requires the Insured to be hospitalized during the travel period	NA	NA	₹ 0	₹ 5,00,00,000	0%	90%	None	None
64	Extended Cover in the Country of Residence	Economy Class Airfare to return to the Country/City of residence and medical expense incurred post the expiry of travel period	NA	NA	NA	NA	0%	90%	None	None
65	Automatic Extension	We will automatically extend the Travel Period, and consequently, the Coverage Period.	NA	NA	NA	NA	0%	90%	None	None
66	Adventure Sports Injury	Cost incurred on medical expenses due to an Injury while engaged in Adventure Sports during the Travel Period	NA	NA	₹ 0	₹ 5,00,000	0%	90%	None	None
67	Treatment for Alcoholism and Drug Dependency	Hospitalization expenses incurred by the Insured Person for the treatment for any alcoholism and/or drugs related dependency	NA	NA	₹ 0	₹ 10,00,000	0%	90%	None	None
68	Maternity	Pay the Maternity Expenses of an Insured Person for the delivery of a child and/or related to a Medically Necessary Treatment following a pregnancy and/or lawful medical termination of pregnancy	₹ 1,000	₹ 5,000,000	₹ 0	₹ 1,00,000	0%	90%	None	None
69	New Born Baby Medical Expenses	Pay the Medical Expenses incurred during the Policy Year, towards the Treatment of the New Born Baby upto 90 days	₹ 1,000	₹ 5,000,000	₹ 0	₹ 1,00,000	0%	90%	None	None
70	Additional Buffer Sum Insured for the Group	We will provide a Group Buffer as specified in the Policy Schedule / Certificate of Insurance	₹ 5,000	₹ 500,000,000	₹ 0	₹ 1,00,00,000	0%	90%	None	None
71	Group Deductible	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	NA	NA	₹ 0	₹ 10,00,00,000	0%	90%	None	None
72	Restoration of Sum Insured	We will provide for a restoration of the Sum Insured, as specified in Policy Schedule / Certificate of Insurance	₹ 5,000	₹ 50,000,000	NA	NA	0%	90%	None	None
73	Personal Accident	Injury that results in death or PTD while traveling in common carrier	₹ 1,000	₹ 250,000,000	NA	NA	NA	NA	None	None



S. N o.	Name of the Benefit	What is Covered	Capital Sum Insured (INR)		Deductible		Co-pay		Sub Limit	
			Min	Max	Min	Max	Min	Max	Min	Max
	(Common Carrier)									
74	Additional Permanent Total Disability	Injury that results in PTD	₹ 1,000	₹ 250,000,000	NA	NA	NA	NA	None	None
75	Additional Temporary Total Disability	Injury that results in TTD	₹ 1,000	₹ 250,000,000	NA	NA	NA	NA	None	None
76	Loss of Valuables/Money/Any kind of Securities	Cost of loss of Valuables/Money/Any kind of Securities	NA	NA	₹ 0	1,00,000	0%	90%	None	None

III. EXCLUSIONS:

We shall not be liable to make any payment for any claim under the Policy in respect of an Insured Person, arising from or caused by any of the following, except where provided to the contrary under any Benefit or Cover Option(s) within the Policy:

- a. Suicide or attempted suicide, intentional self-inflicted Injury or acts of self-destruction, whether the Insured Person is medically sane or insane.
- b. Any Pre-Existing Disease, or any Injury, disability, or complication arising out of a 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.
- c. 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.
- d. 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.
- e. 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.
- f. Childbirth or from pregnancy or a consequence thereof including ectopic pregnancy unless specifically arising due to Accident.
- g. 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.
- h. 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.
- i. 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.
- j. 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.
- k. 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.
- l. Nuclear, chemical or biological attack or weapons, where 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, and 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.
- m. Any physical or medical condition, or treatment, or service that is specifically excluded in the Policy Schedule / Certificate of Insurance under special conditions.
- n. Any generally excluded non-medical expenses as provided in Annexure I.
- o. Any loss of eye glasses or power lenses in respect of any Insured Person.
- p. Any loss of Valuables, Money, any kinds of securities or tickets.
- q. 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.
- r. Any intentional illegal or unlawful act or confiscation, detention, destruction by customs or other authorities or any breach of government regulation.
- s. Any failure to take reasonable precautions to avoid a claim under the Policy following a mass media or government issued warning.
- t. Any journey commenced with the Insured Person:
 - i. Not being fit to travel or traveling against the advice of a Medical Practitioner; or
 - ii. receiving, or is supposed to receive, medical treatment; or
 - iii. having received terminal prognosis for a medical condition; or
 - iv. travelling for the purpose of obtaining medical care, treatment or advice of any kind whether this is the sole purpose of the journey or not; or
 - v. traveling to any country for which his/her visa is not allotted.

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.*

IV. CLAIMS PROCEDURE AND DOCUMENTATION:

- On the occurrence of or discovery of any Injury/Illness 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 such incidence.
- For details on the claims procedures and requirements or any assistance during the process, We may be contacted at Our call centre on the toll free number: 1860 266 2256 or through Our website: www.acko.com or mail us at hello@acko.com or Contact our TPA/Assistance Service Provider.

Claim Documents:

S. No.	Name of the Benefit	Claim Documents
	Common Documents	<ul style="list-style-type: none"> • Our duly filled and signed Claim Form • Name and address of the Insured Person in respect of whom the claim is being made • Copies of valid KYC documents of the Nominee/claimant, any other regulatory requirements, as amended from time to time • Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India (if travel outside India) • Original Travel Ticket / Boarding passes or copy of passport with visa entry and exit stamp (wherever applicable) • NEFT form and Cancelled cheque stating insured's / Claimant Indian Bank account details (wherever applicable)
1	Accidental Death Benefit	<ul style="list-style-type: none"> • Copy of FIR (First Information Report)/Spot Panchnama/Inquest Panchnama-where applicable attested by issuing authorities. • Death Certificate attested by issuing/ appropriate authority. • Post Mortem Report where applicable- attested by issuing authorities. • Original legal heir certificate (in case nomination has not been filed by deceased) • Copy of cancelled passport • Copy of the death certificate, Clearance from the Indian Consulate. (Also providing details of the place, date, time, and the circumstances and cause of death)
2	Permanent Total Disability	<ul style="list-style-type: none"> • Written intimation of the claim • Investigation reports attested by Appropriate/issuing authorities • Photograph of the injured with reflecting disablement • FIR / MLC Copy (if MLC is done)/ Spot Panchnama-where applicable- Attested by issuing authority • Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor attested by issuing authority
3	Permanent Partial Disability	<ul style="list-style-type: none"> • Photograph of the injured with reflecting disablement • FIR / MLC Copy (if MLC is done) / Spot Panchnama-where applicable- Attested by issuing authority • Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor stating the degree of disability/"complete rest" • Leave certificate from the employer • Medical reports, case histories, investigation reports, treatment papers as applicable

S. No.	Name of the Benefit	Claim Documents
4	Temporary Total Disability	<ul style="list-style-type: none"> • Written intimation of the claim • Investigation reports attested by Appropriate/issuing authorities • Photograph of the injured with reflecting disablement • FIR / MLC Copy (if MLC is done)/ Spot Panchnama-where applicable- Attested by issuing authority • Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor stating the degree of disability/"complete rest".
5	Medical Expenses Reimbursement	<ul style="list-style-type: none"> • Medical Records (Presenting complain, diagnosis, treatment given, discharge condition etc.) • All the test reports • Discharge Summary • Prescription from the doctor • Name, address, contact no, fax no, e-mail id of the Local Medical Officer (LMO)/ Family physician in India • Invoices (itemized) and Money receipts in original for the amount claimed
6	Day Care Treatment Cover	<ul style="list-style-type: none"> • Medical Records (Presenting complain, diagnosis, treatment given, discharge condition etc.) • All the test reports • Discharge Summary • Prescription from the doctor • Name, address, contact no, fax no, e-mail id of the Local Medical Officer (LMO)/ Family physician in India • Invoices (itemized) and Money receipts in original for the amount claimed
7	Hospital Fixed Allowance	<ul style="list-style-type: none"> • Copy of the Discharge Summary • Copy of First Information Report (FIR) /Medico-Legal certificate (MLC) (if MLC is done)-where applicable- Attested by issuing authority • Bill / invoice and payment receipts
8	Hospital Daily Allowance	<ul style="list-style-type: none"> • Copy of the Discharge Summary • Copy of First Information Report (FIR) /Medico-Legal certificate (MLC)(if MLC is done)-where applicable- Attested by issuing authority • Bill / invoice and payment receipts
9	Compassionate Visit	<ul style="list-style-type: none"> • Medical Records (Presenting complain, diagnosis, treatment given, discharge summary etc.) • Certificate from the Treating Medical Officer mentioning the need for a companion (If no adult member from the family is available) • Travel Details: Original Air Ticket, Boarding passes and copy of passport with visa entry and exit stamp of Insured Person's Immediate Relative • Proof of the immediate relative such as Ration Card • Money receipt in original for the amount claimed
10	Compassionate Visit Stay	<ul style="list-style-type: none"> • Medical Certificate from treating Doctor • Original Bills and payment receipt • Medical reports, case histories, investigation reports, treatment papers as applicable • Proof of the immediate relative such as Ration Card • Travel and Accommodation bills of the relative

S. No.	Name of the Benefit	Claim Documents
11	Emergency Visit	<ul style="list-style-type: none"> • Medical Records (Presenting complain, diagnosis, treatment given, discharge summary etc.) • Death Certificate attested by issuing/ appropriate authority (in case of death) • Proof of the immediate relative such as Ration Card
12	Ambulance and Emergency Transportation	<ul style="list-style-type: none"> • Medical Records (Presenting complain, diagnosis, treatment given, discharge summary etc.) • FIR / MLC Copy (if MLC is done) / Spot Panchnama-where applicable- Attested by issuing authority • Original invoice and payment receipt
13	Evacuation (Medical & Catastrophe)	<ul style="list-style-type: none"> • Medical Records (Presenting complain, diagnosis, treatment given, discharge summary etc.) • All the test reports • Investigation reports attested by appropriate/issuing authorities • FIR / MLC Copy (if MLC is done) / Spot Panchnama-where applicable- Attested by issuing authority • Treating Doctor's consultation indicating need • Original invoice and payment receipt
14	Repatriation of Mortal Remains	<ul style="list-style-type: none"> • Copy of FIR (First Information Report)/Spot Panchnama/Inquest Panchnama-where applicable attested by issuing authorities. • Death Certificate attested by issuing/ appropriate authority. • Post Mortem Report where applicable- attested by issuing authorities. • Original legal heir certificate (in case nomination has not been filed by deceased) • Copy of cancelled passport • The receipt for expenses incurred towards preparation and packaging of the mortal remains of the deceased and also for the transportation of the mortal remains of the deceased
15	Funeral Expense	<ul style="list-style-type: none"> • Copy of FIR (First Information Report)/Spot Panchnama/Inquest Panchnama-where applicable attested by issuing authorities. • Death Certificate attested by issuing/ appropriate authority. • Post Mortem Report where applicable- attested by issuing authorities. • Original legal heir certificate (in case nomination has not been filed by deceased) • The receipt for expenses incurred towards funeral, cremation/ or burial and transportation of the body
16	Mobility Cover	<ul style="list-style-type: none"> • Investigation reports attested by appropriate/issuing authorities • Photograph of the injured with reflecting disablement • FIR / MLC Copy (if MLC is done)/ Spot Panchnama-where applicable- Attested by issuing authority • Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor stating the degree of disability/"complete rest". • Investigation reports Medical Any relevant claim document, post verification of submitted claim, if required

S. No.	Name of the Benefit	Claim Documents
17	Child Education Cover	<ul style="list-style-type: none"> • Photograph of the injured with reflecting disablement • FIR / MLC Copy (if MLC is done) / Spot Panchnama-where applicable- Attested by issuing authority • Death certificate in case of death • Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor in case of PTD • Medical reports, case histories, investigation reports, treatment papers as applicable • Declaration that Child does not have any Independent Source of income and is aged less than 25 years of age
18	Physiotherapy	<ul style="list-style-type: none"> • Medical Records (Presenting complain, diagnosis, treatment given, discharge summary etc.) • All the test reports • FIR / MLC Copy (if MLC is done) / Spot Panchnama-where applicable- Attested by issuing authority • Investigation reports, any relevant claim document, post verification of submitted claim, if required • Treating Doctor's consultation indicating need • Original invoice and payment receipt • Depending upon the peculiarity of the case, additional documents/information's will be asked for
19	Disappearance Cover	<ul style="list-style-type: none"> • Copy of FIR (First Information Report)/Spot Panchnama/Inquest Panchnama • Original legal heir certificate (in case nomination has not been filed by deceased) • Disappearance Certificate by the local police authorities at the place of disappearance
20	Hardship Allowance	<ul style="list-style-type: none"> • Photograph of the injured with reflecting disablement • FIR / MLC Copy (if MLC is done) / Spot Panchnama-where applicable- Attested by issuing authority • Medical Bills with Prescription • Medical reports, case histories, investigation reports, treatment papers as applicable
21	Income Protection Cover	<ul style="list-style-type: none"> • Medical Records (Presenting complain, diagnosis, treatment given, discharge condition etc.) • Medical Certificate from treating Doctor • Proof of Employment (if required)
22	Kidnap/Hijack Cover	<ul style="list-style-type: none"> • Police complaint copy • Claimant/Nominee details • Complete details of all communication received in relation to the Kidnapping or Hijack • Approval letter from Crisis Consultant appointed by Us or any government appointed/approved consultant
23	Convenient Travel Option	<ul style="list-style-type: none"> • Medical Certificate from treating Doctor • Original Bills and payment receipt • Medical reports, case histories, investigation reports, treatment papers as applicable • Bills of modified Travel Mode

S. No.	Name of the Benefit	Claim Documents
24	OPD Treatment	<ul style="list-style-type: none"> Medical Records (Presenting complain, diagnosis, treatment given, discharge condition etc.) All the test reports Invoices (itemized) and Money receipts in original for the amount claimed
25	Trip Delay	<ul style="list-style-type: none"> Letter from the airlines stating reason and duration of delay Ticket Itinerary
26	Trip Cancellation & Interruption	<ul style="list-style-type: none"> Proof of death or hospitalizing of insured person or of spouse, parents & children. (if applicable) Medical reports and doctors' statement that the trip is cancelled or interrupted due to medical reasons. (if applicable) Letter from the airlines clearly mentioning the reason of cancelling and interruption of flight (if applicable) Policy Copy (if applicable) Copy of new itinerary in case trip got reschedule along with boarding passes Copies of reimbursement statements issued by the common carrier All original bills and receipts for expenses which got forfeited, non-refundable in nature
27	Trip Curtailment	<ul style="list-style-type: none"> Proof of death or hospitalizing of insured person or of spouse, parents & children. (if applicable) Medical reports and doctors' statement that the trip curtailment is due to medical reasons. (if applicable) Copy of complete schedule itinerary for all the sectors Policy Copy (if applicable) Copy of new itinerary in case trip got reschedule along with boarding passes Copies of reimbursement statements issued by the common carrier All original bills and receipts for additional reasonable and necessary transporting expenses and accommodation charges due to interruption of schedule flight
28	Delay of Checked-in Baggage	<ul style="list-style-type: none"> Copies of correspondence with the Airline authorities/others certifying the delay & actual date and time of delivery of baggage PIR report (Property Irregularity Report) (to be obtained from the airline authorities) Money receipts in original towards purchase of toiletries, clothing and medication during the delay period
29	Loss of Checked-in Baggage	<ul style="list-style-type: none"> Letter from the Airline clearly accepting the total loss with compensation details PIR report (Property Irregularity Report) (to be obtained from the airline authorities) Proof of items values (if required)
30	Loss of Baggage and Personal Effects	<ul style="list-style-type: none"> Proof of ownership and or invoice FIR copy Proof of compensation received form common carrier, hotel or agent

S. No.	Name of the Benefit	Claim Documents
31	Loss of Passport	<ul style="list-style-type: none"> • Copy of FIR (first information report)/Police Report • Receipts related to expenses incurred to obtain a new passport • New passport copy or certificate of travel issued
32	Loss of Identification Documents	<ul style="list-style-type: none"> • FIR/Copy of police report mentioning the reason of loss • Bills/receipts of expenses incurred in obtaining a fresh/duplicate document • New document copy
33	Visa Rejection/Denial	<ul style="list-style-type: none"> • Visa rejection letter from issuing Authority (wherever applicable) • Expected days of Visa arrival letter (wherever applicable) • Copies of correspondence with the authorities/others certifying the reason of denied entry on proper Visa (wherever applicable) • Ticket Itinerary • Receipts of Visa application & other charges • All original bills and receipts of booked and confirmed tickets of transport, accommodation or amusement
34	Personal Legal Liability	<ul style="list-style-type: none"> • FIR/Police Report- Sequence of the events leading to Personal Liability • Copy of the court award- Notice from the Third party claiming the amount
35	Financial Emergency Cash	<ul style="list-style-type: none"> • Covering Letter detailing full statement of the facts of the incident and overseas bank details. • Copy of FIR (filed with the local police authorities)
36	Carrier Cancellation	<ul style="list-style-type: none"> • Letter from the airlines clearly mentioning the reason of cancelling and interruption of flight (if applicable) • Copy of new itinerary in case trip got reschedule along with boarding passes • Copies of reimbursement statements issued by the common carrier • All original bills and receipts for expenses which got forfeited, non-refundable in nature
37	Cancellation of Carrier by Insured Person	<ul style="list-style-type: none"> • Letter from the Insured Person clearly mentioning the reason of cancelling the journey in common carrier (if applicable) • Copies of reimbursement statements issued by the common carrier • All original bills and receipts for expenses which got forfeited, non-refundable in nature.
38	Travel Cancellation	<ul style="list-style-type: none"> • All original bills and receipts of booked and confirmed tickets • Copies of reimbursement statements issued by the respective partner (if applicable) • Cancellation details of the booked and confirmed tickets • Letter from the Insured Person clearly mentioning the reason of cancelling
39	Denied Boarding - Carrier	<ul style="list-style-type: none"> • Letter from the common carrier clearly mentioning the reason of denied boarding in common carrier

S. No.	Name of the Benefit	Claim Documents
		<ul style="list-style-type: none"> Copies of reimbursement statements issued by the common carrier All original bills and receipts for expenses which got forfeited, non-refundable in nature
40	Missed Carrier	<ul style="list-style-type: none"> Letter from the Insured Person clearly mentioning the complete details of reason missing the common carrier Copies of reimbursement statements issued by the common carrier All original bills and receipts for expenses which got forfeited, non-refundable in nature Travel itinerary where you were originally scheduled to travel
41	Missed Event	<ul style="list-style-type: none"> All original bills and receipts of booked and confirmed tickets Copies of reimbursement statements issued by the respective partner (if applicable) Cancellation details of the booked and confirmed event tickets
42	Missed Connection	<ul style="list-style-type: none"> Letter from the common carrier stating reason and duration of delay Travel itinerary where you were originally scheduled to travel Money receipt in original towards expenses incurred in respect of additional travel and accommodation expenses.
43	Denied Hotel Accommodation	<ul style="list-style-type: none"> Proof against hotel booking Details Letter from Hotel mentioning reason for non-accommodation and compensation received if any Bills/invoices and receipt raised against the accommodation or transportation
44	Emergency Hotel Requirement	<ul style="list-style-type: none"> Medical reports, case histories, investigation reports, treatment papers as applicable Leave certificate from the employer Details of any other related document Accommodation booking confirmation with payment receipts.
45	Emergency Return of Immediate Relative	<ul style="list-style-type: none"> Medical Certificate from treating Doctor specifying the minimum days of hospitalization Discharge Summary Original Tickets used for the return travel of the family member Copy of passport of the family member with entry and exit stamp
46	Replacement of Staff	<ul style="list-style-type: none"> Medical Certificate from treating Doctor specifying the minimum days of hospitalization Discharge Summary Original Tickets used for the travel by the staff member Copy of passport of the staff member with entry and exit stamp Certificate by the policyholder along with the copies of the contracts supporting the immediate need for the replacement of the Insured Persons

S. No.	Name of the Benefit	Claim Documents
47	Missed Bill Payment	<ul style="list-style-type: none"> • Photograph of the injured with reflecting disablement • FIR / MLC Copy (if MLC is done) / Spot Panchnama-where applicable- Attested by issuing authority • Disability Certificate from appropriate Government Authority • Medical Certificate from treating Doctor • Leave certificate from the employer Details of any other related document Copy of loan approval letter • Medical reports, case histories, investigation reports, treatment papers as applicable • Outstanding Bills/Proofs/certificates
48	EMI Protection	<ul style="list-style-type: none"> • Medical Records (Presenting complain, diagnosis, treatment given, discharge condition etc.) • All the test reports • Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor • Leave certificate from the employer Details of any other related document Copy of loan approval letter • Medical reports, case histories, investigation reports, treatment papers as applicable • EMI due statement • Last EMI paid proof
49	Fraudulent Charges (Payment Card Security)	<ul style="list-style-type: none"> • FIR copy • proof for loss of debit/credit / forex card letter from bank for card block • Last transaction details and transaction details prior loss of card, bank statement
50	Rental/Third Person's Vehicle Damage Protection	<ul style="list-style-type: none"> • All documents in original supporting to establish loss with bills and receipts. • FIR copy in case of damage to rental car. • Copies of reimbursement statements issued by an car rental agency, or other similar establishment or any other insurance company providing reimbursement to you for the loss
51	Loss/Damage of Rented Equipment	<ul style="list-style-type: none"> • FIR copy of loss due to theft. • All documents in original supporting to establish loss with bills and receipts. • Copy of Rental agreement
52	Golfer's Hole-in-one	<ul style="list-style-type: none"> • Written confirmation from the golf course supervisor that the hole-in-one was achieved • Receipts for the cost of such celebrations of accomplishment
53	Loss/Damage of Own Equipment	<ul style="list-style-type: none"> • Proof of ownership and or invoice • FIR copy
54	Pet Cover	<ul style="list-style-type: none"> • Medical Record • Prescription from the Veterinary Doctor • Invoices (itemized) and Money receipts in original for the amount claimed - A confirmation letter from the person, who was taking care of your pet during your trip abroad
55	Fire and Allied Perils (Home Building & Contents)	<ul style="list-style-type: none"> • Fire Department report/Police report. • Original receipts for all items claimed. If not available, provide description of items and the date, place and price of purchase.

S. No.	Name of the Benefit	Claim Documents
		<ul style="list-style-type: none"> Panchnama. Newspaper cutting /Media report
56	Home Insurance Cover	<ul style="list-style-type: none"> Police report. Original receipts for all items claimed. If not available, provide description of items and the date, place and price of purchase. Panchnama.
57	Study Interruption	<p>In relation to Hospitalization of Insured Person/ their Immediate Relative:</p> <ul style="list-style-type: none"> Medical Records (Presenting complain, diagnosis, treatment given, discharge summary etc.) All the test reports <p>In relation to Death of the Immediate Family Member:</p> <ul style="list-style-type: none"> Medical reports giving the details of the Accident and nature of injury Death Certificate, Post-mortem certificate Police report Proof of relationship Covering letter detailing circumstances <p>In relation to Fees:</p> <ul style="list-style-type: none"> Demand letter from Educational Institute raising such demand Copy of the original fee schedule Certificate from Educational Institute establishing the discontinuity of studies and re-admission to the same semester under the same course
58	Sponsor Protection	<ul style="list-style-type: none"> Medical reports giving the details of the Accident and nature of injury Death Certificate, Post-mortem certificate Police report Proof of relationship Covering letter detailing circumstances Demand letter from Educational Institute Certificate from Educational Institute establishing the continuity of studies
59	Bail Bond	<ul style="list-style-type: none"> Copy of policy Certificate A written confirmation from the appropriate authority/court, mentioning the offence committed and if it is bail able or not. Sequence of events Money receipt in original from the appropriate authority/court for the amount paid towards the bail Covering letter detailing circumstances
60	University Insolvency	<ul style="list-style-type: none"> A declaration from the insured that he/she strictly complied with the rules laid down by the university Copy of the complaint lodged by the insured on the university Statement of the claim for the expenses incurred Original receipt for payment of charges to the other common carrier and/or other accommodation provider Valid VISA having the same university name Copy of policy Certificate (wherever applicable) Covering letter detailing circumstances
61	Vision Care	<ul style="list-style-type: none"> Medical Records (Presenting complain, diagnosis, treatment given etc.) (wherever applicable)

S. No.	Name of the Benefit	Claim Documents
		<ul style="list-style-type: none"> Original bills / invoice and payment receipts Details of the Accident
62	Additional Services	<ul style="list-style-type: none"> Original COI (if required) Identity Proof
63	Pre-Existing Diseases (In case of life-threatening medical condition)	<ul style="list-style-type: none"> Medical Records (Presenting complain, diagnosis, treatment given, discharge condition etc.) All the test reports Discharge Summary Prescription from the doctor
64	Extended Cover in the Country of Residence	<ul style="list-style-type: none"> Pre-authorization letter We receive the request for extension of the Policy and the applicable premium before the expiry date of the Policy Period We have received a good health and no claim declaration during the Risk Period
65	Automatic Extension	<ul style="list-style-type: none"> Medical Records (Presenting complain, diagnosis, treatment given, discharge summary etc.) Original bills and receipts of medical expenses Proof of delay or cancellation of the departure of the Common Carrier
66	Adventure Sports Injury	<ul style="list-style-type: none"> Discharge summary Original hospital bills with proper description of services rendered and payment receipts towards expenses incurred
67	Treatment of Alcohol	<ul style="list-style-type: none"> Discharge summary Original hospital bills with proper description of services rendered and payment receipts towards expenses incurred
68	Maternity	<ul style="list-style-type: none"> Medical Records (Presenting complain, diagnosis, treatment given, discharge summary etc.) All the test reports Original hospital bills with proper description of services rendered and payment receipts towards expenses incurred
69	New Born Baby Medical Expenses	<ul style="list-style-type: none"> Medical Records (Presenting complain, diagnosis, treatment given, discharge summary etc.) All the test reports Original hospital bills with proper description of services rendered and payment receipts towards expenses incurred
70	Additional Buffer Sum Insured for the Group	<ul style="list-style-type: none"> Medical Records (Presenting complain, diagnosis, treatment given, discharge summary etc.) Policy certificate Covering letter detailing circumstances / requesting
71	Group deductible	<ul style="list-style-type: none"> Medical Records (Presenting complain, diagnosis, treatment given, discharge summary etc.) All the test reports Policy certificate Covering letter detailing circumstances / requesting Depending upon the peculiarity of the case, additional documents/information's will be asked for

S. No.	Name of the Benefit	Claim Documents
72	Restoration of Sum Insured	<ul style="list-style-type: none"> • Medical Records (Presenting complain, diagnosis, treatment given, discharge summary etc.) • All the test reports • Original hospital bills with proper description of services rendered and payment receipts towards expenses incurred
73	Personal Accident (Common Carrier)	<ul style="list-style-type: none"> • Written intimation of the claim • Investigation reports attested by Appropriate/issuing authorities • Photograph of the injured with reflecting disablement • FIR / MLC Copy (if MLC is done)/ Spot Panchnama-where applicable- Attested by issuing authority • Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor attested by issuing authority • Death Certificate attested by issuing/ appropriate authority (in case of death) • Post Mortem Report where applicable- attested by issuing authorities (in case of death) • Original legal heir certificate (in case nomination has not been filed by deceased) (in case of death) • Copy of cancelled passport (in case of death)
74	Additional Permanent Total Disability	<ul style="list-style-type: none"> • Written intimation of the claim • Investigation reports attested by Appropriate/issuing authorities • Photograph of the injured with reflecting disablement • FIR / MLC Copy (if MLC is done)/ Spot Panchnama-where applicable- Attested by issuing authority • Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor attested by issuing authority
75	Additional Temporary Total Disability	<ul style="list-style-type: none"> • Written intimation of the claim • Investigation reports attested by Appropriate/issuing authorities • Photograph of the injured with reflecting disablement • FIR / MLC Copy (if MLC is done)/ Spot Panchnama-where applicable- Attested by issuing authority • Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor stating the degree of disability/"complete rest".
76	Loss of Valuables/Money/Any kind of Securities	<ul style="list-style-type: none"> • Proof of ownership and/or invoice • FIR copy

Note: Depending upon the peculiarity of the case, additional documents/information will be asked for

V. POLICY CANCELLATION:

1. **Free Look Period:** You have a period of 15 days (30 days if the Policy is sold through distance marketing) from the date of receipt of the Policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation and You will be refunded the premium paid by You after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium. You can cancel Your Policy only if no claims have been made under the Policy. All Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of Renewal of the Policy.
2. **Cancellation/Termination of the Policy (other than cancellation in the Free Look Period):**
 - i. You may terminate this Policy at any time by giving Us written notice, and the Policy will terminate when such written notice is received. If no claim has been made under the Policy, then We will refund premium in accordance with the table below:

CANCELLATION PERIOD	% OF PREMIUM
Within 25% of the Coverage Period	60%
25%-50% of the Coverage Period	40%
50%-75% of the Coverage Period	20%
Exceeding 75% of the Coverage Period	0%

- ii. We may at any time terminate this Policy on grounds of misrepresentation, fraud or non-disclosure of material facts by You or any Insured Person upon 30 days' notice by sending an endorsement to Your address shown in the Policy Schedule without refund of premium.

VI. CONTACT US

1. You can reach Us through any of the following methods:
 - **Call Us on Our toll free number: 1860 266 2256**
 - **Write to us On at: hello@acko.com**
 - **Visit Our website: www.acko.com**
2. If you have a grievance that You want Us to redress, You may contact Us with details of Your grievance through:
 - **Website: www.acko.com**
 - **Email: grievance@acko.com**
 - **Toll Free No: 1860 266 2256**

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

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

VIII. 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.*