

Terms & Conditions
(Aabhar Protect Plus – RELPL – 2 year)

This product named “Acko Group Single Shield” is jointly offered by Acko General Insurance Limited and Acko Life Insurance Limited.

The risks of this 'Combi Product' are distinct and are assumed accepted by respective insurance companies.

The liability to settle the claim vests with respective insurers, i.e., for health insurance benefits Acko General Insurance Limited and for life insurance benefits Acko Life Insurance Limited.

The policyholders of the 'Combi Product' under reference are eligible to continue with either part of the policy, discontinuing the other during the policy term.

Section I - HEALTH INSURANCE (Acko General Insurance Limited)

1. Key Benefits

Benefit Table with the details of plan wise coverage, sum insured and applicable conditions

Benefit Name	Plan 4 – Protect plus RELPL	Benefit Type	Additional Conditions
Out-Patient Treatment Cover (Tele Consultation)	Y	Offered by Authorized service Provider	- Unlimited calls for 1 year. - Applicable for general Physicians Only. - Applicable for Insured, Spouse & 2 children.
Home Contents Cover	₹ 100,000	Fixed	- Damage to appliances (Television, Air conditioner, Refrigerator, Washing Machine and Microwave) against natural calamities- Fire, Lightning, Earthquake, volcanic eruption, Storm, Cyclone, Typhoon, Tsunami, Inundation, Riot and Strikes, - Valuable contents are not covered
Accidental Death Benefit	₹ 1,000,000	Fixed	- Common Sum Insured Accidental Death Benefit, Permanent Total Disability and Permanent Partial Disability. - Pay-out for Permanent Partial Disability will be according to the grid based on the nature of disability.
In-patient Hospitalization Cover	Up to ₹ 100,000	Indemnity	Covered in case of Accident only
Daily Hospital Cash	₹ 2,000 per day	Fixed	- Maximum 10 days of coverage where customer can claim multiple times in the year. - Hospitalization due to maternity is covered.
Income Protection Cover - (Vector borne disease or broken bones)	₹ 40,000	Fixed	- One-time fixed benefit is payable on detection of mentioned Vector Borne Disease. - Dengue, Malaria, Chikungunya, kala-azar, Filariasis, Japanese encephalitis or Broken Bones are covered only.
Loan Repayment to Loan Provider	Up to ₹ 200,000	Indemnity	Pay the outstanding loan principal amount in case of Accidental Death or PTD
EMI Protection	₹ 11,000 per EMI	Fixed	Claim will be payable as per the following: 1st EMI payment: after 5 days of continuous hospitalization. 2nd EMI payment: after 7 days of continuous hospitalization. 3rd EMI payment: after 10 days of continuous hospitalization.
Accidental Screen Damage	-	Indemnity	- Up to the Cost of Screen of the Covered Asset - No. of claims allowed – 1

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Breakdown (Extended Warranty)	-	Indemnity	- Up to the Invoice Value of the Covered Asset - Multiple claims up to Sum Insured/Invoice Value
Critical Illness	₹ 85,000	Fixed	- This policy will cover 15 Critical Illness as per the table of Critical Illness provided. - A fixed benefit of as per the selected plan is payable at the time of first diagnosis of Critical Illness during the Coverage Period. - Benefit applicable for the 1st year of the policy period.

Waiting Period

Benefit	Waiting Period
Critical Illness Waiting Period	90 days
Critical Illness Survival Period	90 days

Covered benefits under Critical Illness

S.NO.	CRITICAL ILLNESS
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 Tumour
11	Parkinson's Disease
12	Coma of Specified Severity
13	End Stage Liver Failure
14	Alzheimer's Disease
15	Aorta Graft Surgery

Special Conditions

1. Eligibility:

- Primary Insured and his/ her spouse: Covered in the age band between 18 – 65 years old, both years inclusive (age last birthday).
- Children: Covered up to the age of 25 years (age last birthday). *
- Parents: Covered up to the age of 85 years (age last birthday). *

* Covered under the benefit Income Protection Cover and Hospital Daily Cash only

2. Policy Tenure: 2 years.

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3. Income Protection Cover - (Vector borne disease or broken bones):

- The claim will be payable only if the insured person first diagnosed with Specific Vector Borne Disease after 7 days from the coverage start date.
- Only one claim to be admissible under the Income Protection Cover (Vector Borne Disease) during the Coverage Period.

4. Accidental Death Benefit + Permanent Total Disability+ Permanent Partial Disability+ Loan Protect Cover:

- Under In-patient Hospitalization Cover hospitalization due to accident is covered only.
- Under the benefit "Loan Repayment to Loan Provider" the outstanding loan principal amount will be payable only in case of Accidental Death or PTD.
- The insurance company reserves the right to deny any claim arising from an accident that occurs while the insured is engaging in an activity that violates the laws of the jurisdiction.

5. Daily Hospital Cash:

- There shall be a waiting period of 7 days for hospitalization due to illnesses.
- This benefit will be payable only after a continuous and completed 24 hours of Hospitalization of the Insured Person for each claim.
- Only one Daily Allowance is payable, regardless of number of the Illnesses contracted / Injuries sustained.

6. Critical Illness Benefit

- The benefit of critical illness is applicable only for the first year of the policy tenure.

General Conditions

- We are only covering loans taken from HDB. Loans taken from any other source are not covered.
- The coverage is provided to the registered customers of HDB and their dependents. Dependents can claim only under the benefit Income Protection Cover and Hospital Daily Cash. The sum insured is available on floater basis.
- On the basis of marital status provided at the time of policy issuance, the insured can add the dependents to the policy. If the insured is not married, then he/ she can add his/ her parents and if the insured is married then he/ she can add his/her spouse and up to 2 children only.
- Pre-existing Diseases are covered under the policy.
- We shall not be liable to make any payment under the applicable Benefits, if the Specific Vector Borne Disease is first diagnosed prior to the coverage start date.
- All claims made under the Policy will be subject to the applicable deductible, any sub-limits and the availability of the Sum Insured.
- The Hospitalization is for Medically Necessary Treatment and is commenced and continued on the written advice of the treating Medical Practitioner.

For Detailed Terms & Conditions please refer the filed policy wordings

2. Declaration to be given by the Insured while purchasing the Policy

Customer have declared the following:

- I hereby provide my express consent to the terms and conditions including assignment of claim payment in favour of the loan provider.
- I, hereby assign and authorize Acko General Insurance Ltd. to pay any claim made by me under EMI Protection in favour of the loan provider, for and up to the extent of the amount outstanding. I confirm that the aforesaid shall be construed as complete discharge of liability of Acko and I shall not have any right to such amount from Acko.

3. Benefit Definition

3.1. In-Patient Hospitalization (“IPD”) Indemnity Category

3.1.1. Benefits

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

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

3.1.1.1. In-patient Hospitalization Cover

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

- i. Room Rent
- ii. ICU/CCU/HDU charges,
- iii. Operation theatre cost,
- iv. Medical Practitioner fees,
- v. Specialist fee,
- vi. Surgeon's fee,
- vii. Anaesthetist fee,
- viii. Radiologist fee,
- ix. Pathologist fee,
- x. Assistant Surgeon fee,
- xi. Qualified Nurses fee,
- xii. Medication,
- xiii. Cost of diagnostic tests as an in-patient such as but not limited to radiology, pathology, X-rays, MRI and CT Scans, physiotherapy and drugs, consumables, blood, oxygen, and
- xiv. Surgical Appliances and/or Medical Appliances, required as a direct consequence of the Illness or Injury.

3.2. EMI Protection

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

Amortization Chart means a complete table of periodic loan payments, showing the amount of principal loan amount and the amount of interest that comprise each payment or EMI, as the case may be, until the Loan is paid off at the end of its term.

This Insuring Clause will be payable provided that:

- a. Any payments that are overdue and unpaid by the Insured prior to the occurrence of the event giving rise to a claim under this Insuring Clause will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured.
- b. The Benefit will not apply to any voluntary and uninsurable events, which are caused by or with the knowledge of the Insured Person, or which are against public policy, criminal or fraudulent under applicable law.

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- c. The treatment required by the Insured Person is for Medically Necessary Treatment and is commenced and continued on the written advice of the treating Medical Practitioner.
- d. For the purpose of claim settlement against any cover under this Policy, the Amortization Chart prepared by the bank/financial institution as on the date of Loan disbursement or commencement of the Coverage Period (whichever is later) shall be considered wherever applicable.
- e. Any additional amounts falling due as a penalty or charge by way of a default in repayment will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured.

3.3. Daily Hospital Cash

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

This benefit will be payable provided that:

- a. Our liability to make any payment under this benefit shall commence only after a continuous and completed 24 hours of Hospitalization of the Insured Person for each claim.
- b. This Benefit shall not be payable in respect of the Insured Person for more than the maximum number of days specified in the Policy Schedule / Certificate of Insurance for each Coverage Period.
- c. Only one daily allowance amount is payable for each day of Hospitalization, regardless of number of the Illnesses contracted/Injuries sustained.

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

This benefit will be payable provided that:

- a. Our liability to make any payment under this benefit shall commence only after a continuous and completed minimum number of days of inability of carrying out employment or business or professional activity as specified in the Certificate of Insurance for each claim.
- b. Our liability to make any payment under this benefit shall be in excess of the Deductible of the number of days specified in the Certificate of Insurance for each claim.
- c. This Benefit shall not be payable in respect of the Insured Person for more than the maximum number of days specified in the Certificate of Insurance for each Coverage Period.
- d. We shall not be liable to make any payment under this benefit if the loss is explicitly paid/covered by the employer or any other business partner.
- e. The treatment required by the Insured Person is for Medically Necessary Treatment and is commenced and continued on the written advice of the treating Medical Practitioner.

3.4.1. Permanent Exclusions

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

- 1. Stem cell implantation/Surgery, harvesting, storage or any kind of Treatment using stem cells except Stem cell therapy where Hematopoietic stem cells for bone marrow transplant for haematological conditions is covered.
- 2. Dental Treatment, dentures or Surgery of any kind unless necessitated due to an Accident and requiring minimum 24 hours Hospitalization. Treatment related to gum disease or tooth disease or damage unless related to irreversible bone disease involving the jaw which cannot be treated in any other way.
- 3. Circumcision unless necessary for Treatment of an Illness or Injury not excluded hereunder or due to an Accident.

4. **Birth control, Sterility and Infertility: Code – Excl17:** Expenses related to Birth Control, sterility and infertility. This includes:
 - a. Any type of contraception, sterilization
 - b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c. Gestational Surrogacy
 - d. Reversal of sterilization
5. Routine medical, eye examinations, cost of spectacles, laser Surgery for cosmetic purposes or corrective Surgeries or contact lenses.
6. Ear examinations, cost of hearing aids or cochlear implants.
7. Vaccinations except post-bite Treatment.
8. **Refractive Error: Code-Excl15** Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.
9. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. **Code-Excl14**
10. **Sleep Disorders:** Treatment for any conditions related to disturbance of normal sleep patterns or behaviours such as Sleep-apnoea, snoring, etc.
11. **Rest Cure, rehabilitation and respite care-Code-Excl05**

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment.
This also includes:

 - i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
12. External Congenital Anomaly or defects
13. Intentional self-Injury, suicide or attempted suicide.
14. **Unproven Treatments: Code- Excl16** Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
15. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **Code-Excl12**
16. **Breach of law: Code-Excl10:** Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
17. Treatments received in health hydro's, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. **Code-Excl13**
18. **Prosthetics and Other Devices:** Prosthetics and other devices not implanted internally by surgery, cost of cochlear implant(s) unless necessitated by an Accident or required intra-operatively.
19. Any stay in Hospital without undertaking any Treatment or any other purpose other than for receiving eligible Treatment of a type that normally requires a stay in the Hospital.
20. **Cosmetic or plastic Surgery: Code-Excl08** Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
21. **Change-of-Gender treatments: Code – Excl07** Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
22. **Obesity/ Weight Control: Code- Excl06:** Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
 - 1) Surgery to be conducted is upon the advice of the Doctor

- 2) The surgery/Procedure conducted should be supported by clinical protocols
 - 3) The member has to be 18 years of age or older and
 - 4) Body Mass Index (BMI);
 - a) greater than or equal to 40 or
 - b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnoea
 - iv. Uncontrolled Type2 Diabetes
23. Treatment taken outside India.
24. **Investigation & Evaluation-Code-Excl04**
- a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
 - b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
25. **Hazardous or Adventure sports: Code-Excl09:** Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
26. All Illness/expenses caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel nuclear, chemical or biological attack.
27. **War and Exposure to Hazardous Substances:** Treatment for any Injury or Illness resulting directly or indirectly from nuclear, radiological emissions, war or war like situations (whether war is declared or not), rebellion (act of armed resistance to an established government or leader), acts of terrorism, nuclear, biological or chemical emissions, rebellion, revolution, acts of terrorism.
28. For complete list of non-medical expenses, please refer to the Annexure II and also on Our website. Any opted Deductible (Per claim / Aggregate / Group) amount or percentage of admissible claim under Co-Payment, Sub Limit if applicable and as specified in the Policy Schedule / Certificate of Insurance to this Policy.
29. Any physical, or medical condition or Treatment or service that is specifically excluded in the Policy Schedule / Certificate of Insurance under special conditions.

3.5. Personal Accident Category

3.5.1. Benefits

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

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

3.5.1.1. Accidental Death Benefit

If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly results in the Insured Person's death within 365 days from the date of the Accident, we will pay the Sum Insured.

If a claim is accepted under this Benefit in respect of an Insured Person and the amount due under this Benefit and claims already admitted under Benefit 1 (Accidental Death Benefit), Benefit 2 (Permanent and Total Disability) and Benefit 3 (Permanent Partial Disability) in respect of the Insured Person will cumulatively exceed the Common Death or Disability Sum Insured, then Our maximum, total and cumulative liability under any and all such claims will be limited to the Common Death or Disability Sum Insured.

On the acceptance of a claim under this Benefit and payment being made under any applicable Cover Options, all cover under this Policy shall immediately and automatically cease in respect of that Insured Person.

3.5.1.2. Permanent Total Disability

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

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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

For the purpose of this Benefit:

- Limb** means a hand at or above the wrist or a foot above the ankle;
- Physical separation of one hand or foot** means separation at or above wrist and/or at or above ankle, respectively.

This Benefit will be payable provided that:

- The Permanent Total Disability continues for a period of at least 180 days from the commencement of the Permanent Total Disability, and the Disability Certificate issued by the treating Medical Practitioner at the expiry of the 180 days confirms that there is no reasonable medical hope of improvement;
- If the Insured Person suffers Injuries resulting in more than one of the Permanent Total Disabilities specified in the table above, then Our maximum, total and cumulative liability under this Benefit shall be limited to the Sum Insured specified against this Benefit in the Certificate of Insurance.
- If a claim is accepted under this Benefit in respect of an Insured Person and the amount due under this Benefit and claims already admitted under Benefit 1 (Accidental Death Benefit), Benefit 2 (Permanent and Total Disability) and Benefit 3 (Permanent Partial Disability) in respect of the Insured Person will cumulatively exceed the Common Death or Disability Sum Insured then Our maximum, total and cumulative liability under any and all such claims will be limited to the Common Death or Disability Sum Insured.
- If We have admitted a claim for Permanent Total Disability in accordance with this Benefit, then We shall not be liable to make any payment under the Policy on the death of the Insured Person, if the Insured Person subsequently dies;
- On the acceptance of a claim under this Benefit, all cover under this Policy shall immediately and automatically cease in respect of that Insured Person after the payment of any other applicable Cover Options.

3.5.1.3. Permanent Partial Disability

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

Nature of Permanent Partial Disability	Percentage of the Sum Insured payable
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%

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Nature of Permanent Partial Disability	Percentage of the Sum Insured payable
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%

This Benefit will be payable provided that:

- The Permanent Partial Disability continues for a period of at least 180 days from the commencement of the Permanent Partial Disability and the Disability Certificate issued by the treating Medical Practitioner at the expiry of the 180 days confirms that there is no reasonable medical hope of improvement;
- If the Insured Person suffers a loss that is not of the nature of Permanent Partial Disability specified in the table above, then the independent medical advisors will determine the degree and percentage of such disability;
- We will not make any payment under this Benefit if We have already paid or accepted any claims under the Policy in respect of the Insured Person and the total amount paid or payable under the claims is cumulatively greater than or equal to the Sum Insured for that Insured Person;
- If a claim is accepted under this Benefit in respect of an Insured Person and the amount due under this benefit and claims already admitted under Benefit 1 (Accidental Death Benefit), Benefit 2 (Permanent and Total Disability) and Benefit 3 (Permanent Partial Disability) in respect of the Insured Person will cumulatively exceed the Common Death or Disability Sum Insured then Our maximum, total and cumulative liability under any and all such claims will be limited to the Common Death or Disability Sum Insured.
- On the acceptance of a claim under this Benefit, the Insured Person's insurance cover under this Policy shall continue, subject to the availability of the Sum Insured and the Common Death or Disability Sum Insured.

3.6. Loan repayment to Loan Provider

If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly results in the Insured Person's death or Permanent Total Disability which is of the nature specified in the table below, within 365 days from the date of the Accident, We will pay the bank / financial institution as specified in the Certificate of Insurance, an amount equal to the Insured Person's Principal Outstanding Amount, subject to this amount not exceeding the Sum Insured specified in the Policy Schedule / Certificate of Insurance.

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

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- a. **Limb** means a hand at or above the wrist or a foot above the ankle.
- b. **Physical separation of one hand or foot** means separation at or above wrist and/or at or above ankle, respectively.

This Benefit will be payable provided that:

- a. The Permanent Total Disability, of the nature specified in the foregoing table, continues for a period of at least 180 days from the commencement of the Permanent Total Disability, and the Disability Certificate issued by the treating Medical Practitioner at the expiry of the 180 days confirms that there is no reasonable medical hope of improvement. It is clarified that this condition is not application for any Permanent Total Disability in the nature of a physical separation.
- b. If the Insured Person suffers a loss that is not of the nature of a Permanent Total Disability specified in the table above, then Our independent medical advisors will determine the degree and percentage of such disability.
- c. If the Insured Person suffers Injuries resulting in more than one of the Permanent Total Disabilities specified in the table above, then Our maximum, total and cumulative liability under this Benefit shall be limited to the Principal Outstanding Amount, and further subject to such amount not exceeding the Sum Insured specified against this Benefit in the Policy Schedule / Certificate of Insurance.
- d. Once the total claim amount paid under this Benefit reaches 100% of Sum Insured for an Insured Person, the cover under this Benefit will cease for the remainder of the Coverage Period and the Insured Person will not be eligible for this Benefit in any subsequent Policy Years.

We shall not be liable to make any payments that are overdue and unpaid by the Insured Person prior to the occurrence of the event giving rise to a claim under this Benefit, and the same shall be deemed as paid by the Insured Person.

3.6.1. Permanent 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:

- 1. Any Pre-Existing Disease unless disclosed to Us in advance, and coverage for such Pre-Existing Disease is expressly extended and endorsed by Us on the Certificate of Insurance.
- 2. Suicide or attempted suicide, intentional self-inflicted Injury or acts of self-destruction, whether the Insured Person is medically sane or insane.
- 3. Any change of profession after inception of the Policy which results in the enhancement of Our risk under the Policy, if not accepted and endorsed by Us on the Policy Schedule / Certificate of Insurance.
- 4. Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
- 5. Certification of disability by a family member, or a person who stays with the Insured Person, or from persons not registered as Medical Practitioners under the respective Medical Councils, or from a Medical Practitioner who is practicing outside the discipline that he is licensed for.
- 6. Death or disability arising from or caused due to use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen by the Insured Person.
- 7. Death or disability arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion with criminal intent.
- 8. 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.
- 9. Death or disability caused by participation of the Insured Person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
- 10. Death or disability arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, participation in any naval, military or air-force operation, civil war, public defence, rebellion, revolution, insurrection, military or usurped power.
- 11. Death or disability or Injury arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any

other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.

12. Death or disability caused other than by an Accident.
13. 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.
14. 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.

3.7. Critical Illness Category

The Section defines the Benefits under this coverage category. The following Benefits shall trigger in the event that the Insured Person is diagnosed to be suffering from a Critical Illness specified in Annexure I of the Policy. Claims under this coverage category will be admissible subject to the fulfilment of the following conditions with respect to the Insured Person's diagnosis:

- i. The Insured Person is First Diagnosed to be suffering from the Critical Illness during the Coverage Period
- ii. Such Critical Illness also first occurs or first manifests itself during the Coverage Period as a first incidence;
- iii. The Insured Person is specified to be covered with respect to such Critical Illness or Surgical Procedure, as stated in the Policy Schedule / Certificate of Insurance
- iv. First Diagnosis of the Critical Illness should have occurred during the Insured Person's lifetime, i.e, no payment under any Benefit shall be made if such First Diagnosis of the Critical Illness is made post-mortem.
- v. All the test reports and medical reports required to support the diagnosis of the Critical Illness or the Surgical Procedure, the stage and form of such Critical Illness, and for Us to make a claims assessment, including any claim documentation required under Section 3 of the Policy, should be available before the death of the Insured Person and in a form suitable for sharing with Us.

3.7.1. Critical Illness Benefit

We will pay the percentage of Sum Insured as is specified against such Critical Illness under this Benefit in the Policy Schedule / Certificate of Insurance, if the Critical Illness or Surgical Procedure is covered under the Policy for the Insured Person, and provided that:

- a. The Insured Person survives the applicable Survival Period as specified in the Policy Schedule / Certificate of Insurance.
- b. The Critical Illness contracted has not arisen within the applicable Waiting Period specified in the Policy Schedule / Certificate of Insurance against this Benefit (or against any Critical Illness), from the Risk Commencement Date.

3.8. Out-Patient Treatment Cover

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

- i. Physical Consultation: Medical advice taken from a general or specialist Medical Practitioner;
- ii. Online Consultation: A web-based consultation from a qualified Medical Practitioner
- iii. Diagnostics: Any diagnostic procedures undergone by the Insured Person
- iv. Pharmacy: Discounts on medicine/pharmacy costs or/and indemnify the cost of medicines/pharmacy duly supported by the prescriptions of the Medical Practitioner attending to the Insured Person

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- v. Dietician: Advise on wellness coaching from dieticians
- vi. Doctor on Call: A telephonic consultation from a general Medical Practitioner

We shall not be liable to indemnify any Medical Expenses under this Benefit for the following:

- i. Facilities and services availed for pleasure or rejuvenation or as a preventive aid, such as beauty treatments, Panchakarma, purification or detoxification.
- ii. Cost of spectacles, hearing aids, braces, implants, prosthetic devices, and lenses etc as Medical Aids.

3.9. Home Contents Cover

1. What We cover:

We cover the physical loss or damage to or destruction of the General Contents of Your Home caused by an Insured Event as listed in Section 4.8.1 of this Policy. Valuable Contents of Your Home are not covered under this Policy unless You have purchased the optional cover for the Valuable Contents.

2. Sum Insured:

- a. The Sum Insured for the Home Contents Cover is shown in the Policy Schedule and will be the maximum amount payable in the event the Home Contents are destroyed/lost completely.
- b. The policy has a built-in cover for the General Contents of Your home equal to 20% of the Sum Insured for Home Building Cover subject to a maximum of ₹ 10 Lakh (Rupees Ten Lakh) provided You have opted for both Home Building and Home Contents cover. If You choose to have a higher Sum Insured for Home Contents, You have to declare the Sum Insured in the Proposal Form and pay additional premium.
- c. If You have purchased only Home Contents Cover, You have to declare the Sum Insured for the General Contents in the Proposal Form.
- d. The Sum Insured You have chosen for General Contents must be enough to cover the cost of replacement of the General Contents.
- e. If You want to cover the Valuable Contents in Your Home, You must opt for the Optional Cover for Valuable Contents as given in Section 4.8.3.1 (a) of this Policy.
- f. Restoration of Sum Insured: Except as stated in Section 4.8.4 (6) (b) of this Clause below, the insurance cover will at all times be maintained during the Policy Period to the full extent of the respective Sum Insured. This means that after We have paid for any loss, the policy shall be restored to the full original amount of Sum Insured. You must pay to Us proportionate premium for the unexpired Policy Period from the date of loss. We can also deduct this premium from the net claim that We must pay You.

3. What We pay

- a. If the General Contents of Your Home are physically damaged by any Insured Event, We will at Our option,
 - i. reimburse to You the cost of repairs to a condition substantially the same as its condition at the time of damage, or
 - ii. pay You the cost of replacing that item with a same or similar item, or
 - iii. repair the damaged item to a condition substantially the same as its condition at the time of damage.
- b. The maximum We will pay for Home Contents is the Sum Insured shown in the Policy Schedule for Home Contents Cover. If the Policy Schedule shows any limit for any item, or category or groups of items, such limit is the maximum We will pay for that item.

4. Claim & Documents:

Customer can file a claim for any of these coverages on HDB Financial Services App, HDB Financial Services Website or the Acko Website. Alternatively, the customer can reach Acko at the Contact number provided below for registration of claim:

Acko: 1800 266 2256

Email: hello@acko.com

Claims process for customers on Acko Website:

- Go to hello@acko.com and Login with your mobile number registered on HDB and enter the OTP you receive.

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- Select your particular policy from 'My Policies' section.
- Click on the 'Make a Claim' button below the Policy details section.
- Select the claim type, Follow the next steps and upload the required documents.
- Your claim has been submitted; Our claims team will get back to you!

Claimant needs to submit following documents in case of a claim:

Benefit Name	Documents required
Common Documents	• 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; • Out-patient consultant paper wherever applicable • Indoor case papers of treating hospital wherever applicable
Income Protection Cover	• Dengue: Positive NS1 antigen test or Ig M- Elisa test • Chikungunya: Presence of IgM and Ig G anti-chikungunya antibodies • Kala-Azar: i. Direct Agglutination Test or Rapid dipstick test or ELISA for detecting IgG ii. Laboratory Findings suggestive of Anemia, Leucopenia, thrombocytopenia and Hypergammaglobulinemia • Japanese Encephalitis: Ig M antibody detection in serum or cerebrospinal fluid • Filariasis: Antigen detection in blood sample or IgG4 antibody detection using routine assays • Malaria: Diagnosis must be confirmed positive/reactive by microscopy or malaria rapid diagnostic test (RDT) • Broken Bones: i. Investigation reports ii. Photograph of the injured with reflecting disablement iii. FIR / MLC Copy (if MLC is done) / Spot Panchnama-where applicable- Attested by issuing authority iv. Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor v. Medical reports, case histories, investigation reports, treatment papers as applicable vi. Treating doctor certificate giving details of Injury Sustained
Accidental Death Benefit	• 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 declared by deceased)
Permanent Total Disability (PTD)	• 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. • Investigation reports Medical Any relevant claim document, post verification of submitted claim, if required
Permanent Partial Disability	• Investigation reports • 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 • Medical reports, case histories, investigation reports, treatment papers as applicable

Benefit Name	Documents required
Loan Repayment to Loan Provider	- Investigation reports - 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 - Loan due statement from the financier - Last EMI paid proof
EMI Protection	- Investigation reports - 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 - EMI due statement - Last EMI paid proof
Daily Hospital Cash	- 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 in case of an accident (if applicable)
Out-Patient Treatment Cover (Tele Consultation)	- FIR / MLC Copy (if MLC is done) / Spot Panchnama-where applicable- Attested by issuing authority - Details of any other related document Medical Bills with Prescription - Medical reports, case histories, investigation reports, treatment papers as applicable - Medical Investigations report with prescription and subsequent prescription - Discharge summary
Home Contents Cover	- details of report to the police that You made, - details of report to any Authority that You made, - details of the Insured Event, - a brief statement of the loss, - particulars of any other insurance of Your Home Building or any of Your Home Contents, - details of loss or damage under any Optional Cover. - submit photographs of loss or physical damage, wherever possible.
In-patient Hospitalization Cover	- FIR / MLC Copy (if MLC is done) / Spot Panchnama-where applicable- Attested by issuing authority - Details of any other related document Medical Bills with Prescription - Medical reports, case histories, investigation reports, treatment papers as applicable - Medical Investigations report with prescription and subsequent prescription - Discharge summary
Critical Illness	- Nature of Critical Illness - Medical Certificate from treating Doctor - Details of any other related document Medical Bills with Prescription - Medical reports, case histories, investigation reports, treatment papers as applicable - Medical Investigations report with prescription First Consultation and subsequent prescription - Discharge summary

Note: Any additional information might be asked by Acko, if required.

5. Grievance Redressal

For resolution of any query or grievance, insured may contact the company on our helpline number **1800 266 2256** or toll free number **1860 266 2256** or may write an e-mail at hello@acko.com.

Acko General Insurance Limited

www.acko.com/gi | Toll free: 1860 266 2256 | Mail: hello@acko.com

Acko Life Insurance Limited

www.acko.com/life | Toll free: 1800 210 1992 | Mail: support.life@acko.com

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If there is lack of response or if the response provided does not meet your expectation, you can write to grievance@acko.com. Your complaint will be acknowledged by us within 24 working hours.

If in case you are dissatisfied with the decision/resolution provided through details indicated above on your Complaint or have not received any response within 14 working days, you may write or email to,

Chief Grievance Officer

Acko General Insurance Limited 36/5 Hustlehub One East, Somasandrapalya, 27th Main Road Sector 2, HSR Layout, Karnataka Bangalore – 560102

Phone: 1800 266 2256 (Toll-Free) or 1860 266 2256 Email: gro@acko.com

We will provide resolution to the complaint within 14 days along with the reasons for not accepting the complaint with specific reference to the relevant terms and conditions of the policy. In case if your issue remains unresolved within 14 days of lodging a complaint with us and you wish to pursue other avenues for redressal of grievances, you may approach IRDAI by calling on the Toll-Free no. 155255 or you can register an online complaint on the website [Bima Bharosa](http://BimaBharosa)

Insurance Ombudsman for Redressal, whose details are given below:

General Manager Consumer Affairs Department- Grievance Redressal Cell Website:

<https://cioins.co.in/Ombudsman>

In the event of an unsatisfactory response from the Grievance Officer, he/she may register a complaint in the Integrated Grievance Management System (IGMS) of the IRDAI.

Section II - LIFE INSURANCE (Acko Life Insurance Limited)

1. Key Benefits

Benefit Table with the details of plan wise coverage, sum insured and applicable conditions

Benefit Name	Plan 4 – Protect plus RELPL	Benefit Type
Death Cover	₹ 200,000	Fixed

2. Benefit Definition

The death benefit payable will be as agreed with the master policyholder and could have the following benefit structures:

- Level Death Cover
- Reducing Death Cover in line with a Loan interest rate
- Basis loan schedule with/ without Moratorium period
- As per the risk cover as defined in the master policy agreement provided there is an insurable interest and the group is not formed with the sole purpose of taking insurance

For Policies where Certificate of Insurance will be issued, the death benefit will be paid as per the Certificate of Insurance.

Product Benefits:

Events	How and when Benefits are payable	Size of such benefits/policy monies
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Death	Payable immediately on death during the term of the policy [^]	Sum assured on death, defined as - As per the Certificate of Insurance for non-employer-employee groups, - Basis the terms of Master policyholder, for employer-employee groups would be paid on death. Non Employer Employee Group: In the event that the master group surrenders, individual members have an option to continue the policy, in which case the sum assured shall be payable to the nominee. Employer Employee Group: In the event that the master group surrenders, individual members do not have an option to continue the policy, in which case the surrender value, if any, will be paid to the master policyholder.
Maturity	No maturity benefit is payable	Not Applicable
Surrender	Payable immediately on the date of surrender for in-force policies, if surrender value (SV) available	Refer to "Non-forefeiture Benefits" below
Other Non forfeiture	No lapse benefit/paid-up is payable	Not Applicable
Survival Benefit	Not Applicable	Not Applicable

[^]In case of lender-borrower groups, where the premium is paid by the member, the benefit on death may be assigned to the master policyholder to cover for the loan, after an authorization from the member (life insured). In case the death benefit is higher than the outstanding loan, any remaining amount after covering the outstanding loan will be paid to the nominee.

Non-forfeiture benefits:

Single Pay and OYRGTA	In case of Surrender of the Master Policy or Member's Insurance Coverage, an amount equal to 90% of the Single Premium adjusted for the unexpired duration of the Policy Term or Member Coverage Term of the discontinuing Members, as applicable, would be payable. The formula shall be as given below: $90\% * \text{Installment Premium} * (\text{Unexpired Period of Coverage in months (based on premium payment mode) on the date of Surrender}^{\wedge} / \text{Total Period of Coverage in months (based on premium payment mode)}) * (\text{Sum Assured applicable on the date of Surrender}^{\wedge\wedge} / \text{Sum Assured on the Date of Commencement of Risk / Effective Date of Coverage})$ [^] Ignoring fraction of a month ^{^^} As per the schedule mentioned in the Certificate of Insurance If Master Policy under EE group is surrendered, Stamp duty paid will be deducted from the above surrender value.
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Regular Pay	In case of Surrender of the Master Policy or Member's Insurance Coverage, an amount equal to 90% of the instalment Premium adjusted for the unexpired duration of the Policy Term or Member Coverage Term, as the case may be, for which the instalment Premium was applicable in respect to discontinuing Members shall be payable. <i>90% * InstallmentSingle Premium * (Unexpired Period of Coverage in months (based on premium payment mode) on the date of Surrender^ / Total Period of Coverage in months(based on premium payment mode)</i> ^ Ignoring fraction of a month If Master Policy under EE group is surrendered, Stamp duty paid will be deducted from the above surrender value.
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“**Installment Premium**” means the Annual premium multiplied by the modal factors.

“**Policy Term**” means the tenure of this Policy as specified in the Policy Schedule.

Modal Factors - Regular Pay premium payment option

Annual	100% of Annualised Premium
Half - Yearly	51% of Annualised Premium
Quarterly	26% of Annualised Premium
Monthly	8.75% of Annualised Premium

Free Look Period

In case You and/or the Member are not satisfied with the policy, You and/or the Member, have a period of 30 (Thirty) days from the date of receipt of the Policy/Certificate of Insurance to review the terms and conditions of the Policy/Certificate of Insurance. If You/ the Member disagree to any of the terms or conditions of the Policy/Certificate of Insurance, You/the Member have an option to return the original Policy/Certificate of Insurance to Us by stating the objections/reasons for such disagreement in writing.

Where free look cancellation is exercised by You, the Policy shall terminate forthwith and all rights, benefits and interests under the Policy shall cease immediately. However, the cover in respect of existing Members will continue as per the terms of Certificate of Insurance. No new Members will be enrolled under the Policy. We will only refund the Premiums (in case premium is paid by the Master policyholder) received by Us, after deducting the proportionate risk Premium for the period of cover, charges of stamp duty paid and the expenses incurred on medical examination of the Member(s), if any.

Where free look cancellation is exercised by the Member, Certificate of Insurance shall terminate forthwith and all rights, benefits and interests shall cease immediately. We will only refund the Premiums received by Us, after deducting the proportionate risk Premium for the period of cover, charges of stamp duty paid and the expenses incurred on medical examination of the Member(s), if any.

3. OTHER PROVISION/ EXCLUSIONS:

Exclusions

No other exclusion except suicide claim in the first year of risk coverage for death benefit. In case of schemes, where the Insurance Coverage is compulsory, suicide exclusion will not be applicable



Grace Period, Lapse, Revival and Reinstatement

Grace Period means the time granted by the Company from the due date for the payment of Premium without levy of any interest or penalty during which time the Policy or Member's Insurance Coverage, as the case may be, is considered to be In Force without any interruption. The Grace Period so granted is fifteen (15) days for monthly Premium payment frequency and thirty (30) days for other available Premium payment frequencies from the respective Premium payment due date.

If due premiums (for other than Single Premium) are not paid within the Grace Period, the policy moves to Lapse Status. The policy may be reinstated for full benefits, within five years from the date of the first unpaid premium, or Policy End Date as per this agreement, whichever is earlier.

The reinstatement will be considered on receipt of written application from the policyholder along with the proof of continued insurability of life assured and on payment of all overdue premiums with interest.

The reinstatement of the base policy will be affected as per the prevailing board approved underwriting policy (BAUP) of the company. The interest will be charged at a rate declared by the company from time to time.

The company has a policy on the Revival Interest Rate and the interest rate charged shall be communicated to the policyholder on 1st April of each Financial Year.

Please note, reinstatement is applicable only for policies other than Single Pay, which will be offered to Employer-Employee groups only.

4. CLAIMS PROCEDURE:

- On the occurrence of death of the policyholder, a claim notification can be made using one of the following communication channels:
 - Email notification to central email address claims.life@acko.com
 - By completing a manual claim form along with written claim intimation and mailing it to corporate office via the website www.acko.com/life or App whenever available
- Post lodging of claim in the claim register the claim team member will connect with claimant for acknowledging the receipt of intimation and to check and verify the address etc. A written acknowledgement of intimation cum letter of document requirement (details mentioned below under documentation requirement section) would be sent to the claimant. This letter will advise claimant to submit the required documents in 15 Days. On receipt of claim documents, claims are reviewed and decided basis coverage terms and final decisions are communicated to the customer.

5. CONTACT US

- You can reach Us through any of the following methods:
 - Call Us on Our toll free number: 1800 210 1992 (between 9am and 8PM)
 - Write to us On at: support.life@acko.com
 - Visit Our website: www.Acko.com/life
- If you have a grievance that You want Us to redress, You may contact Us with details of Your grievance through:
 - Website: www.Acko.com/life
 - Email: grievance.life@acko.com
 - Toll Free No: 1800 210 1992 (between 9am and 8PM)