

Terms & Conditions

This is a summary of the key terms under the Acko Group Health Insurance Policy offered by Acko General Insurance Limited ("Acko") to Flexiloans subject to the receipt of premium in full in respect of the Insured Persons and the terms, conditions and exclusions of underlying Policy. The covers available under the Policy can be availed only by the registered customers of Flexiloans. The insurance coverage period under this policy is valid as mentioned in the Certificate of Insurance.

1. Key Benefits

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

Loan Protect (Up to Loan Tenure)

Benefits	Sum insured	Benefit Type	Additional Conditions
Accidental Death Benefit	Principal Loan Amount (Maximum up to ₹ 40,00,000)	Fixed	<ul style="list-style-type: none"> Common Sum Insured for Accidental Death, 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.
Permanent Total Disability			
Permanent Partial Disability			
Child Education Cover	₹ 50,000	Fixed	<ul style="list-style-type: none"> Benefit payable up to ₹ 25000 per child in case of death of the Insured due to accident. Payable for 2 dependent children up to the age of 24 years.
Total Temporary Disability	₹ 5000 per week	Fixed	<ul style="list-style-type: none"> Payable up to a maximum of 20 weeks in a year
Critical Illness	Principal Loan Amount (Maximum up to ₹ 40,00,000)	Fixed	<ul style="list-style-type: none"> This policy will cover 36 Critical Illness as per the table of Critical Illness provided. A fixed benefit of Principal Loan Amount is payable at the time of first diagnosis of Critical Illness during the Coverage Period. Age Limit - Up to 45 years
Daily Hospital Cash	₹ 5000 per day	Fixed	<ul style="list-style-type: none"> Minimum 24 hours of hospitalization is required. Covered for a maximum of 30 days of hospitalization. Hospitalization due to maternity is not covered. Pre-existing disease not covered Hospitalization due to substance abuse is not covered.
In-patient Hospitalization (Accidental)	₹ 50,000	Indemnity	<ul style="list-style-type: none"> Minimum 24 hours of hospitalization is required The hospitalization should happen within 7 days from the occurrence of the accident. Benefit covers hospitalization due to accidents only. Ayush & domiciliary hospitalization is not covered.
Road Ambulance	₹ 2,500	Indemnity	<ul style="list-style-type: none"> Covered in case of medical emergency (life Threatening conditions) only. Coverage is provided only if the accident/illness is covered in the plan offered

Missed Bill Payment (1 Year Cover)

Benefits	1 Year	2 years	3 years	4 Years	Benefit Type	Additional Conditions
Missed Bill Payment	5% of loan Amount, up to 2 bills	8% of loan Amount, up to 3 bills	10% of loan Amount, up to 4 bills	10% of loan Amount, up to 6 bills	Indemnity	<ul style="list-style-type: none"> . A fixed benefit is payable for any missed utility bill (electricity, gas, water, etc.) if hospitalization occurs within 3 days of the bill's due date, subject to the Sum Insured specified in the Policy Schedule. . Coverage is provided for up to the number of bills mentioned in the Policy Schedule . Minimum of 7 consecutive days of hospitalization is required to be eligible for this benefit. . Hospitalization due to pre-existing diseases are not covered. . Hospitalization due to maternity is not covered. . Submission of original utility bills is mandatory to avail the benefit. . The benefit is applicable for the first year of the policy tenure only.

Global Coverage Applicable: No

Waiting Period:

Benefit	Waiting Period
Initial Waiting Period	30 Days (except for accidents)
Critical Illness Waiting Period	90 Days
Critical Illness Survival Period	30 Days
Age Band	18-45yrs

Special Conditions

- The policy is valid for a period of loan tenure as mentioned in the Certificate of Insurance or maximum period of 5 year from the Insurance start date or when the loan amount is repaid in full (whichever is earlier).
- Any pre-existing diseases are not covered.
- Any arrears or dues pertaining to EMI/ loan is not covered.
- The insured must be in between 18-60 years of age and up to 45 years for Critical Illness.
- The insurance company reserves the right to deny any claim arising from an accident/event that occurs while the insured is engaging in an activity that violates the laws of the jurisdiction.
- Any conditions resulting due to self-inflicted harm, suicide attempt, substance-abuse(drugs, alcohol, etc.) is not covered.
- Illness or injury while participating in activities like racing, diving, mountaineering, or illegal acts, is not covered
- Any congenital (inherited or birth-related) diseases or abnormalities, is not covered.
- Conditions or complications arising from cosmetic, aesthetic, or elective surgeries not medically necessary, is not covered.
- Any treatment related to sleep disorder or sleep apnea is not covered.
- Any diagnosis or treatment using unproven or experimental methods not approved by medical authorities, is not covered.
- Ayush or Domiciliary Treatment or Day Care Treatment is not covered.
- The policy is applicable to the customers of Flexiloans who have availed the loan.
- The policy does not cover any contractual or consequential liability, except as covered in the Policy or the Certificate of Insurance issued to the Insured.

General Conditions

1. We should be given immediate written notice by FLEXILOANS of any event that may give rise to a claim under the Policy, in accordance with the claims procedure under the Policy.
2. All claims made under the Policy will be subject to the applicable deductible, any sub-limits and availability of the Sum Insured.
3. The Policy does not cover any contractual and consequential liability, except as covered in the Policy or the Certificate of Insurance issued to the customer.

Acko General Insurance Limited

36/5, Hustlehub One East, Somasandrapalya, 27th Main Rd, Sector 2, HSR Layout, Bengaluru, 560102

IRDAI Reg No: 157 | CIN: U66000KA2016PLC138288 | UIN: ACKHLGP21469V022021

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

Insured have declared the following:

- I hereby agree to buy Acko Group Health Insurance Policy and authorize Flexiloans to disburse the premium to Acko General Insurance Limited towards policy issuance and provide my express consent to the terms and conditions including assignment of claim payment in favor of Flexiloans.
- I hereby declare that I am in good health and do not suffer from any Pre-Existing medical conditions or critical illness covered under the policy.
- I, hereby assign and authorize Acko General Insurance Ltd. to pay any claim made by me under Acko Group Health Insurance Policy in favor of Flexiloans, for and up to the extent of the outstanding account balance. I confirm that the aforesaid shall be construed as a complete discharge of liability of Acko and I shall not have any right to such amount from Acko.

3. Benefit Definition

3.1 Personal Accident 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:

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

3.1.1 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 Accidental Death Benefit, Benefit Permanent Total Disability, Benefit Permanent Partial Disability and Benefit Temporary Total 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.

3.1.2 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 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:

1. **Limb** means a hand at or above the wrist or a foot above the ankle;
2. **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 Policy Schedule / 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 Accidental Death Benefit, (Permanent Total Disability, Benefit Permanent Partial Disability and Benefit Temporary Total 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.

3.1.3 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%
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 Accidental Death Benefit, Permanent Total Disability, Benefit

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Permanent Partial Disability and Benefit Temporary Total 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.

- e. 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.

3.1.4 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.

This Benefit will be payable provided that:

- a. This Benefit shall be paid only if the Temporary Total Disability continues for a period of at least for the minimum number of days specified in the Policy Schedule / Certificate of Insurance from the date of commencement of Temporary Total Disability.
- b. This Benefit shall not be paid in excess of the Insured Person's base income at the time of injury excluding overtime, bonuses, tips, commissions, or any other compensation for the period specified in the Policy Schedule / Certificate of Insurance;
- c. 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.
- d. 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.
- e. We will not make any payment under this Benefit if We have already paid or accepted any claims under this Benefit in respect of the Insured Person and the total amount paid or payable under the claims is cumulatively greater than the Sum Insured specified against this Benefit in the Policy Schedule / Certificate of Insurance.
- f. 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 Accidental Death Benefit, Benefit Permanent Total Disability, Benefit Permanent Partial Disability and Benefit Temporary Total 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.

3.2 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.

3.3 In-Patient Hospitalization ("IPD") Indemnity Category

3.3.1 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.

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- iii. The Hospitalization is for Medically Necessary Treatment, and commences and continues on the written advice of the treating Medical Practitioner.

3.3.2 In-patient Hospitalization Cover

We will indemnify the following Covered In-patient Medical Expenses of an Insured Person incurred during Hospitalization for the Accidental, 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.

3.4 Critical Illness Category

3.4.1 Benefits

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 life-time, 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.

3.4.1.1 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.

3.4.2 Benefit Options

3.4.2.1 Critical Illness Waiting Period

If this Benefit Option is in force for the Insured Person, We shall not be liable to make any payment under this Benefit in respect of any Critical Illness if You are first diagnosed as suffering from a critical Illness within the Waiting Period specified in the Policy Schedule / Certificate of Insurance from the Risk Commencement Date.

The number of days for the purpose of the Waiting Period are calculated from the Risk Commencement Date to the actual final diagnosis which confirms the Critical Illness, or date on which the Surgical Procedure is done, whichever is earlier.

As an illustration, in case an Insured Person is diagnosed with a Critical Illness during the Waiting Period, he/she will not

get paid if it is a Critical Illness as set out in the Policy as the First Diagnosis of the Critical Illness is within the opted number of days. However, if an Insured Person is diagnosed with heart blockage during the Waiting Period but undergoes "Coronary Artery Bypass Graft" after the completion of the Waiting Period, the claim for Critical Illness will be paid for Coronary Artery Bypass Graft as the Surgical Procedure was carried out after the completion of the Waiting Period.

3.4.2.2 Survival Period for Critical Illness

If this Benefit Option is in force for the Insured Person, any amount payable under Benefit 2.3.2.1 shall be subject to survival of the Insured Person for the period specified in the Policy Schedule / Certificate of Insurance following the First Diagnosis of the Critical Illness or undergoing the Surgical Procedure for the first time, whichever is earlier.

3.4.2.3 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 Illness or Critical Illness contracted within first 30 days or the number of days from the Risk Commencement Date as an initial Waiting Period. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
2. 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.
3. Suicide or attempted suicide, intentional self-inflicted Injury or acts of self-destruction.
4. Any change of profession after inception of the Policy which results in the enhancement of Our risk under the Policy, if not accepted and endorsed by Us on the Policy Schedule / Certificate of Insurance.
5. Any External Congenital Anomalies or defects.
6. **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.
7. Hospitalization, if applicable, for the following treatments:
 - i. **Refractive Error: Code-Excl15** Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.
 - ii. **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.
 - iii. **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.
 - iv. **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
 - v. Vaccination or inoculation unless forming a part of post-animal bite treatment;
 - vi. Naturopathy Treatments.
 - vii. **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
- viii. Any dental treatment or Surgery of a corrective, cosmetic or aesthetic nature unless carried out under general anaesthesia and is necessitated by Illness or Injury during the Coverage Period.
- 8. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **Code-Excl12**
 - 9. **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.
 - 10. **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.
 - 11. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.
 - 12. Any claim arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
 - 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.

3.5 Child Education Cover

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

For the purpose of this Benefit:

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

This Benefit will be payable provided that:

- a. We have accepted a claim under the Benefit 2.2.1.1 (Accidental Death Benefit) or Benefit 2.2.1.2 (Permanent Total Disability) in respect of that Insured Person;
- b. The amount payable under this Benefit will be in addition to the amount payable under the Benefit 2.2.1.1 (Accidental Death Benefit) or any other applicable Benefits;

We shall not be liable to accept a claim under this Benefit in respect of more than 2 Dependent Children of the Insured Person.

3.6 Road Ambulance

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

3.7 Missed Bill Payment

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

4. Claim & Documents:

The Flexiloans Customer can file a claim for any of these coverages on the Acko Website. Alternatively, he/she can reach Acko at the Contact number(s) provided below for registration of claim:

Acko: 1800 266 2256

Email id: flexiloanscare@acko.com

Claims process for Flexiloans Customer on Acko Website:

- Go to www.acko.com and Login with your mobile number registered on Kredmint and enter the OTP you receive.
- 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!

Any claim made by the customer will be validated with Flexiloans to confirm the incidence.

The Insured needs to submit following documents in case of a claim:

SR. NO.	NAME OF BENEFIT	DOCUMENTS REQUIRED
	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;
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)
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. • Investigation reports Medical Any relevant claim document, post verification of submitted claim, if required
3.	Permanent Partial Disability	<ul style="list-style-type: none"> • 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
4.	Daily Hospital Cash	<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 • Treating doctor certificate giving details of Injury Sustained
5.	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

6.	In-patient Hospitalization (Accidental)	<ul style="list-style-type: none"> 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
7.	Road Ambulance	<ul style="list-style-type: none"> 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 Original Bills and payment receipt Medical reports, case histories, investigation reports, treatment papers as applicable Treating Doctor's consultation indicating need Original Bills and payment receipt
8.	Missed Bill Payment	<ul style="list-style-type: none"> 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
9.	Critical Illness Benefit	<ul style="list-style-type: none"> 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: Additional documents required with respect to other coverages will be requested as and when required (if applicable).

5. Grievance Redressal

For resolution of any query or grievance, the Insured Person may call Us at toll free number: **1800 266 2256** or write an e-mail at: grievance@acko.com.

In case Insured Person is not satisfied with the resolution, the Insured Person may write to Acko's Grievance Redressal Officer at the following address:

Grievance Redressal Officer
#36/5, Hustlehub One East, Somasandrapalya,
27th Main Rd, Sector 2, HSR Layout,
Bengaluru, Karnataka 560102
grievance@acko.com

In case Flexiloans complaint is not fully addressed by Acko, You may use the Integrated Grievance Management System (IGMS) for escalating the complaint to IRDAI. Through IGMS, the insured can register the complaint online and track its status. For registration, please visit IRDAI website www.irdai.gov.in.

If the issue still remains unresolved, Insured Person may, subject to vested jurisdiction, approach the Insurance Ombudsman for the redressal of grievance.

Please note that this is only a basic description of the key terms of the Policy, and the full list of policy conditions and exclusions are available at: <http://www.acko.com/download>

Once you have opted for cover, you will receive a Certificate of Insurance from Acko which will contain complete details of your cover under the Policy, and the applicable conditions and exclusions.

Acko General Insurance Limited

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