

Terms & Conditions

This is a summary of the key terms under the Secure Shield (“Policy”) offered by Acko General Insurance Limited (“Acko”) to Quadrillion Finance Private Limited (“QFPL”) 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 by customers of QFPL. 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 plan wise coverages, sum insured and applicable conditions

Benefit Name	Sum Insured	Benefit Type	Additional Conditions
Accidental Death Benefit	Principal Loan Amount (Maximum upto ₹ 10,00,000)	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			
EMI Protection	Up to 3 EMIs (Maximum up to ₹ 1,00,000 each)	Fixed	Claim will be payable as per the following: <ul style="list-style-type: none"> 1st EMI payment: after 7 days of continuous hospitalization 2nd EMI payment: after 10 days of continuous hospitalization 3rd EMI payment: after 15 days of continuous hospitalization.
Loss Of Job	3 EMIs (maximum upto ₹ 50,000 each)	Fixed	<ul style="list-style-type: none"> A fixed benefit of one EMI will be payable in case of involuntary unemployment. for each month of continuous and completed unemployment (max up to 3 months). In case of any severance package offered by the employer, the unemployment period for the purpose of claim will commence with the end of the severance period. Only full-time permanent employees in the payroll of the company are covered. Employment on a contract basis or part-time employment or self-employment is not covered. Claim will be payable only if the insured has been employed continuously for 6 months before involuntary unemployment. Letter from HR/ Reporting Manager or any authorized person from the employee’s organization confirming the reason is mandatory to claim under this benefit. There is an initial waiting period of 20 days.

Global Coverage Applicable: No

Waiting Period Table

Sr. No.	Waiting Period	Remarks
1	Initial Waiting Period	20 Days

Special Conditions

- The policy is valid for a period of loan tenure as mentioned in the Certificate of Insurance or maximum period of 1 year from the Insurance start date or when the loan amount is repaid in full (whichever is earlier).
- The coverage will only be provided to the persons in the age band inclusive of 18 years – 60 years old (age last birthday).
- Any pre-existing diseases are not covered (whether declared or not).
- Any arrears or dues pertaining to EMI/ loan is not covered.
- The policy will terminate upon the payment of maximum liability under the policy.

General Conditions

- We should be given immediate written notice of any event that may give rise to a claim under the Policy, in accordance with the claims procedure under the Policy.
- All claims made under the Policy will be subject to the applicable deductible, any sub-limits and availability of the Sum Insured.
- 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.

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

Customer have declared the following:

- I hereby agree to buy Secure Shield and authorize loan provider to disburse the premium to Acko General Insurance Limited towards policy issuance and provide my express consent to the terms and conditions.
- I hereby declare that I am in good health and do not suffer from any Pre-Existing medical conditions covered under the policy.
- I, , hereby assign and authorize Acko General Insurance Ltd. to pay any claim made by me under Secure Shield in favour of the QFPL/loan provider, for and up to the extent of the principal 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 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 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.
- 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.

3.2 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.

3.3 Personal Accident Category

3.3.1 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

3.3.1.1 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 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.

3.3.1.2 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:

- a. 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;

- b. 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.
- c. 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.
- d. 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;
- e. 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.

3.3.1.3 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:

- a. 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;
- b. 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;
- c. 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;

- d. 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.
- 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.

3.3.2 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:

- a. 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.
- b. Suicide or attempted suicide, intentional self-inflicted Injury or acts of self-destruction, whether the Insured Person is medically sane or insane.
- c. 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.
- d. Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
- e. 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.
- f. 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.
- g. 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.
- h. 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.
- i. 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.
- j. 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.
- k. 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.
- l. Death or disability caused other than by an Accident.

- m. 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.
- n. 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.

3.4 Loss of Job

If an Insured Person suffers an Involuntary Unemployment during the Coverage Period resulting in loss of Income, then We will pay the monthly amount specified in the Certificate of Insurance against this Benefit, or the number of EMI Amount(s) as specified in the Certificate of Insurance falling due in respect of the Loan Account Number specified against this benefit in the Certificate of Insurance, as applicable, for each continuous and completed month specified in the Certificate of Insurance from the date of such Involuntary Unemployment.

This benefit shall be payable subject to the following:

- a. Salaried Individuals are eligible for cover under this benefit, where such primary occupation is evidenced by their ITR (Income Tax Return) for the number of years specified in the Certificate of Insurance preceding the date of loss of income.
- b. The Insured Person is employed on the direct payroll of an organization or entity having a registered office in India for a minimum of six continuous months before the Risk Commencement Date, or of an Indian branch of such organization or entity.
- c. Such dismissal/termination/retrenchment of the Insured Person by his/her employer should be affected in compliance with his/her employer's internal rules/regulations/policies, and any laws or any directives issued by a public authority and in force.
- d. Our liability to make any payment under this benefit shall be in excess of the Deductible specified in the Certificate of Insurance for each claim and shall be payable for the maximum number of months specified in the Certificate of Insurance against this benefit, until reinstatement of employment with the same or any other employer, whether confirmed or on probation.
- e. Where the EMI Option is opted for and specified as such in the Certificate of Insurance, 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 will not be considered for the purpose of this benefit and shall be deemed as paid by the Insured Person.
- f. Any monthly amounts being paid under an admitted claim under this benefit will be discontinued if We reasonably believe that the Insured Person is demonstrably not taking any measures, deemed reasonable and necessary as advised by Us, that can assist in reinstatement of employment in his/her primary occupation, or any occupation of similar nature.

Specific Exclusions

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

- 1. Any Involuntary Unemployment of the Insured Person that is attributed to any dishonesty, misconduct or fraud, or any wilful violation by the Insured Person of any internal rules/regulations/policies, or any laws or any directives issued by a public authority and in force, or any disciplinary action initiated against the Insured Person by his/her employer.
- 2. Unemployment from any occupation or job which is a Temporary or Seasonal Job, or where the Insured Person is not on the direct payroll of the employer.

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

4. General Exclusions

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

- o. **30-day waiting period-Code-Excl03**
 - i. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
 - ii. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
 - iii. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.
- p. **Pre-Existing Diseases-Code-Excl01**

- i. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of number of months, as specified in the Schedule, of continuous coverage after the date of inception of the first policy with insurer.
- ii. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- iii. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- iv. Coverage under the policy after the expiry of number of months, as specified in the Schedule, for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.
- q. Suicide or attempted suicide, intentional self-inflicted Injury or acts of self-destruction.
- r. Any change of profession after inception of the Policy which results in the enhancement of Our risk under the Policy, if not accepted and endorsed by Us on the Certificate of Insurance.
- s. Any External Congenital Anomaly or defects.
- t. Any certification provided by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's family.
- u. Treatment of any sexually transmitted diseases or infections (other than HIV and AIDS), including the screening and prevention of such diseases or infections.
- v. 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 dioptries.
 - 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:
 - 5) Surgery to be conducted is upon the advice of the Doctor
 - 6) The surgery/Procedure conducted should be supported by clinical protocols
 - 7) The member has to be 18 years of age or older and
 - 8) 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:
 - v. Obesity-related cardiomyopathy
 - vi. Coronary heart disease
 - vii. Severe Sleep Apnoea
 - viii. Uncontrolled Type2 Diabetes
 - v. **Sleep Disorders:** Treatment for any conditions related to disturbance of normal sleep patterns or behaviours such as Sleep-apnoea, snoring, etc.
 - vi. Vaccination or inoculation unless forming a part of post-animal bite treatment;
 - vii. Naturopathy Treatments.
 - viii. **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

- ix. 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.
- w. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **Code-Excl12**
- x. **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.
- y. **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.
- z. 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 detention of all kinds.
- aa. 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.
- bb. 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.
- cc. 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.

5. Claim & Documents:

The QFPL 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: qfplcare@acko.com

Claims process for QFPL Customer on Acko Website:

- Go to www.acko.com and Login with your mobile number registered on QFPL 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 QFPL to confirm the incidence.

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

Sr. No.	Benefit Name	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"> • Original COI (Wherever applicable) • 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)

Sr. No.	Benefit Name	Documents Required
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	EMI Protection	<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 Copy of loan approval letter • Medical reports, case histories, investigation reports, treatment papers as applicable • EMI due statement • Last EMI paid proof
5	Loss of Job	<ul style="list-style-type: none"> • Income Tax Return (ITR) for number of years specified in Certificate of Insurance (optional) • Proof of Employment (Appointment Letter) • Latest copy of Salary Revision (if any) (optional) • Salary slip for last 3 months • Form 16 (if applicable) (optional) • Contact details of Employer • Proof of Loan taken and EMIs due (in cases where EMI is Sum Insured) from bank/financial institution where such loan has been taken • Reason for Retrenchment mentioned in the Relieving Letter/ Letter from HR/ Reporting Manager or any authorized person from the employee's organisation confirming the reason on company's letterhead

Note: Other documents may be asked by Acko if required.

6. Cancellation Terms of the Policy

i). You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation and You will be refunded the premium paid by You after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium. You can cancel Your Policy only if no claims have been made under Acko General Insurance Limited Secure Shield Policy. All Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of Renewal of the Policy

ii). In case of cancellation of policy after 15 days: You may terminate this Policy at any time by giving Us written notice, and the Policy will terminate when such written notice is received. If no claim has been made under the Policy, then We will refund the premium in accordance with the table below:



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

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

7. 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
2nd Floor, #36/5, Hustlehub One East,
Somasandrapalya, 27th Main Rd,
Sector 2, HSR Layout,
Bengaluru, Karnataka 560102
grievance@acko.com

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

If the issue still remains unresolved, the insured 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.