

## 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 Amazon Seller Services Private Limited (“Amazon”) 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 Amazon registered Sellers. The insurance coverage period under this policy is valid as mentioned in the Certificate of Insurance.

### 1. Key Benefits

#### Benefit Table

Benefit Name	Sum Insured	Benefit Type	Additional Conditions
In-Patient Hospitalization on Cover	₹ 50,000	Indemnity	<ul style="list-style-type: none"> <li>In the event of hospitalization due to Coronavirus (COVID-2019) disease, we will indemnify the costs incurred on medical expenses up to ₹ 50,000.</li> </ul>
Pre-Post Hospitalization on Cover	30/60 days	Indemnity	<ul style="list-style-type: none"> <li>Pre-hospitalization of 30 days and post-hospitalization of 60 days will be covered.</li> <li>Covered under the In-patient hospitalization sum insured</li> <li>Any claim for Pre-Hospitalization expenses dated prior to waiting period of 15 days will not be covered</li> </ul>

#### Waiting Period

Sr No.	Waiting Periods	Selected Period
1	Initial Waiting Period	15 Days
2	Specific Illness Waiting Period	Not Covered
3	Pre-Existing Disease Waiting Period	Not Covered

### 2. Special Conditions:

- The coverage will be provided to the individuals of Age between 18- 60 Years
- The claim will be payable only if your test for Coronavirus Disease (COVID-2019) is found positive for the first time, after 15 days from the coverage start date.
- It is agreed that Amazon Seller Services Private Limited (“ASSPL”) will not notify any change occurring in the mode of travel, occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.

### 3. Exclusion

- We shall not be liable to make any payment under the applicable Benefits, if the Coronavirus Disease (COVID-2019) is found positive prior to the coverage start date.
- Claim will not be payable, if the testing is done in a centre other than ICMR Authorized test Centre in India from National Institute of Virology, Pune. [https://icmr.nic.in/sites/default/files/upload\\_documents/Testing\\_sites\\_for\\_COVID19.pdf](https://icmr.nic.in/sites/default/files/upload_documents/Testing_sites_for_COVID19.pdf)
- Treatment taken for any illness, sickness or disease other than the Novel Coronavirus (nCov) (COVID-19)
  - We shall not liable to pay claim if insured person doesn't follow the International travel advisory related to Coronavirus (COVID-19) issued by the Indian Government: <https://www.mohfw.gov.in/>
- Any pre-existing condition is not covered whether declared or undeclared.



- Any Symptomatic treatment in absence of Coronavirus Disease (COVID-19) is not covered.
- Treatment taken outside India is not covered.

Please note that these terms and conditions are only indicative, and the full list of policy conditions and exclusions are available at: <http://www.acko.com/download>

#### 4. General Conditions applicable to insured persons:

- 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.

#### 5. Claims & Documents

##### **Cashless Process:**

We have noted below complete steps of going through a cashless claim that you can opt for at any of our 5000+ Network Hospitals.

**Step 1:** Share your UHID no, inform help desk/insurance helpdesk at the hospital that your claim will be handled by FHPL (TPA) and Acko Gen insurance is your insurer.

**Step 2:** Fill and sign the form provided by the hospital desk and submit it at the helpdesk.

**Step 3:** Once you provide all the details on the form hospital desk will send the cashless request to FHPL for further processing.

**Step 4:** FHPL will either approve the cashless request, or may raise additional information or may reject the case.

**Step 5:** All the updates on the cashless will be shared with you on SMS and email.

**Step 6:** If your cashless facility is denied you can still lodge the claim for reimbursement.

##### List of cashless network hospitals

The list of network hospital keeps on updating frequently in view of which we request you to kindly visit the TPA website [www.fhpl.net](http://www.fhpl.net) and choose hospital networks and select the insurer as Acko General Insurance and check the updated list of Network hospitals.

##### Daycare Treatments

Day care list is open, however the day care treatment will be as per the definition of day care treatment listed under the policy as below:

We will indemnify the Medical Expenses incurred towards the Day Care Treatment or Surgery undertaken that requires less than 24 hours Hospitalization due to advancement in technology and which is undertaken by an Insured Person in a Hospital / Nursing Home / Day Care Centre for the Illness or Injury, as specified in the Policy Schedule / Certificate of Insurance. Any treatment in Out-Patient department is not covered under this Benefit.

Dedicated Toll-Free Number: 1800 102 1213



**Reimbursement Process:**

The Amazon seller can initiate a claim to FHPL at [acko.crm@fhpl.net](mailto:acko.crm@fhpl.net) with the following details:

**Subject: Amazon Seller: (NAME); Contact No: (XXXXXXXXXX)**

**Body:**

Hi Acko,

Please find this intimation of claim for the subject Seller along with the documents:

Process for Scanning the documents:

You will have to scan the following Original Documents (refer the below list), before scanning the original documents you will have write with pen "FOR ACKO INSURANCE" on these ORIGINAL documents and then scan the documents:

Mandatory documents list (Scanned copy):

- Claim form duly filled and signed by the insured
- Original Discharge summary
- Original Death Summary (in case of death)
- Original hospital bill with detailed break-up of charges applied by hospital
- Original payment receipts with receipt numbers & stamp/ seal of the provider
- Original Pharmacy/ medicine receipts with receipt numbers & stamp / seal of the provider
- Original Invoice/Stickers/barcode in case of implants
- Laboratory and test reports
- First consultation paper from doctor stating the origin duration and progress of illness
- FIR/ MLC certificate (Accident claims)
- Medical prescription/ Prescription
- Cancelled cheque of the proposer with Name of the client/ Bank Name / IFSC code /MICR code and account number or First page of passbook with Name of the client/ Bank Name/IFSC code/ MICR code and account number
- Aadhaar card, or any other government photo ID and PAN Card.
- Other documents as may be required by Acko General Insurance to determine the admissibility of claim.
- Certificate from the treating doctor stating the circumstances due to which domiciliary treatment was administered (for domiciliary hospitalization claims only)

Address on. which the clients will send the physical documents (if required):

Family Health Plan Insurance TPA Limited  
No:8-2-269/A/2-1 To 6, 2nd Floor,  
Srinilaya Cyber Spazio, Road No.2,  
Banjara Hills, Hyderabad,Telangana – 500034

Details of Documents required for Claims:

Sr. no.	Documents	Explanation
---------	-----------	-------------

1	Claim Form	<a href="#">Claim form LINK.</a>
2	Medical Prescriptions	Prescription provided by the treating doctor
3	Pharmacy Bill	Bills provided by the Pharmacist for medicines purchased
4	Investigation (CT Scan/X Ray/USG) Reports	Investigations Reports consists of the reports for all the tests carried out during the treatment such as X rays, MRI, CT Scan, Blood Tests, Haemoglobin Tests etc etc etc
5	Hospitalisation Report or Indoor Case Paper (ICP)	All medical documents maintained by the hospital recording various factors such as list of treatments availed by the patient, progress record of recovery of the patient based on the treatments undergone, list of medicines prescribed, doctors notes etc etc etc
6	Payment Receipts	Payment receipts for all transactions conducted with the hospital/treating doctor/diagnostic centres/pharmacy etc
7	Discharge Summary	Report prepared by the hospital at the time of discharge summarizing the complete journey of the patient from the time of admission till discharge (captures the diagnosis, treatment undertaken, treatments recommended post discharge, test results etc etc etc)
8	Cancelled Cheque	Scanned copy of cancelled cheque of the proposer with Name of the client/ Bank Name / IFSC code and account number or First page of passbook with Name of the client/ Bank Name/IFSC code and account number
9	KYC Document	Scanned legible copy of Aadhar Card

## 6. Definitions

### 6.1 In-Patient Hospitalization (“IPD”) Indemnity Category

#### 6.1.1 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.

#### 6.1.1.1 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.

#### 6.1.2 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.
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 procedures, contraceptive supplies or services including complications arising due to supplying services, hormone replacement therapy and voluntary termination of pregnancy, surrogate or vicarious pregnancy.
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. Any physical, psychiatric or psychological examinations or testing, any Treatment and associated expenses for alopecia, baldness, wigs, or toupees and hair fall Treatment and products, issue of medical certificates and examinations as to suitability for employment or travel.
9. Laser Surgery for Treatment of focal error correction other than for focal error of +/- 7 or more and is a Medically Necessary Treatment.
10. Vitamins and tonics unless forming part of Treatment for Illness or Injury and prescribed by a Medical Practitioner.

11. Instrument used in Treatment of Sleep Apnea Syndrome (C.P.A.P.) and Continuous Peritoneal Ambulatory Dialysis (C.P.A.D.) and Oxygen Concentrator for Bronchial Asthmatic condition, Infusion pump or any other external devices used during or after Treatment.
12. Artificial life maintenance, including life support machine use, where such Treatment will not result in recovery or restoration of the previous state of health.
13. Treatment for developmental problems including learning difficulties eg. Dyslexia, behavioural problems including attention deficit hyperactivity disorder (ADHD).
14. Treatment for general debility, ageing, convalescence, sanatorium Treatment, rehabilitation measures, private duty nursing, respite care, run down condition or rest cure.
15. External Congenital Anomaly or defects, inherited disorders or any complications or conditions arising therefrom including any developmental conditions of the Insured Person.
16. Sterility, fertility, infertility including IVF and other assisted conception procedures and its complications, subfertility, impotency, venereal disease, puberty, menopause.
17. Intentional self-Injury, suicide or attempted suicide (whether sane or insane).
18. Certification / diagnosis / Treatment 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, or any diagnosis or Treatment that is not scientifically recognised or Unproven/Experimental treatment, or any form of clinical trials or any kind of self-medication and its complications.
19. Ailment requiring Treatment due to use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen and Treatment for de-addiction, or rehabilitation by the Insured Person.
20. Any Illness or Hospitalization arising or resulting from the Insured Person or any Dependents committing any breach of law with criminal intent.
21. Any Treatment received in convalescent homes, convalescent Hospitals, health hydros, nature cure clinics or similar establishments.
22. Prostheses, corrective devices and and/or Medical Appliances, which are not required intra-operatively for the Illness / Injury for which the Insured Person was Hospitalised.
23. 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.
24. Any Cosmetic Surgery, aesthetic Treatment unless forming part of Treatment for cancer or burns, any elective Surgery or cosmetic procedure that improve physical appearance, Surgery for sex change or Treatment of obesity/morbid obesity (unless certified to be life threatening) and weight control programs, or Treatment/Surgery / complications/Illness arising as a consequence thereof.
25. Treatment received outside India.
26. Any robotic, remote Surgery or Treatment using cyber knife.
27. Charges incurred primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and Treatment even if the same requires confinement at a Hospital.
28. Costs of donor screening or costs incurred in an organ transplant Surgery involving organs not harvested from a human body.
29. Any Injury caused while engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports or involving a naval military or air force operation.
30. Injury caused whilst flying or taking part in aerial activities (including cabin) except as a fare-paying passenger in a regular scheduled airline or air charter company.
31. 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.



32. All expenses directly or indirectly, caused by or arising from or attributable to foreign invasion, act of foreign enemies, hostilities, civil war, public defense, rebellion, revolution, insurrection, military or usurped power.
33. All non-medical expenses including but not limited to convenience items for personal comfort not consistent with or incidental to the diagnosis and Treatment of the Illness/Injury for which the Insured Person was Hospitalised, such as, ambulatory devices, walker, crutches, belts, collars, splints, slings, braces, stockings of any kind, diabetic footwear, glucometer/thermometer and any medical equipment that is subsequently used at home except when they form part of room expenses.
34. For complete list of non-medical expenses, please refer to the Annexure II "Non-Medical Expenses" 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.
35. Any physical, or medical condition or Treatment or service that is specifically excluded in the Policy Schedule / Certificate of Insurance under special conditions.

## 7. Grievance Redressal

For resolution of any query or grievance, insured may contact the company on Toll free number **1800 266 2256** or may write an e- mail at **[grievance@acko.com](mailto:grievance@acko.com)**. In case the insured is not satisfied with the response of the office, insured may contact the Grievance Officer of the Company at the following address:

Grievance Redressal Officer  
Acko General Insurance Limited  
3rd Floor, F-wing,  
Lotus corporate park, Goregaon East,  
Mumbai – 400063  
[grievance@acko.com](mailto: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.

Where the grievance is not resolved, 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 taken the 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.