



Terms & Conditions

This is a summary of the key terms under the Group Health & Accident Care ("Policy") offered by Acko General Insurance Limited ("Acko") to LendingKart Finance Limited ("LendingKart") 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 LendingKart customers. **The insurance coverage period under this policy is valid as mentioned in the Certificate of Insurance.**

1. Key Benefits

Key benefits available to the Insured person is as follows:

Name of Benefit	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Sum Insured	Additional Conditions
Age Group	18-45 yrs		46-65 yrs		18-65 yrs		
Accidental Death Benefit / Permanent Total Disability / Permanent Partial Disability					None	Principle Loan amount (Max. upto ₹ 50 lacs)	Fixed Benefit of Principle Loan Amount
Hospital Daily Allowance	None		None			Rs 500 / 1000 / 1500 / 2000 / 2500 / 3000 / 4000 / 5000 per day as per the plan opted	Min 24hrs of hospitalization is required. Covered for max of 30 days
EMI Protection					None	Capital Sum Insured: 3 monthly EMI amount(s) Effective per day Sum Insured: Monthly EMI divided by 30 days (Max. upto 50lacs)	Fixed benefit will be payable accrued on the basis of per day hospitalization provided that the person is Hospitalized for continuous and completed period of atleast 30 days. Under this, Benefit accrued on daily basis will be payable in lump sum at the end of each 30 days period.
Critical Illness Fixed Benefit			None	None	None	Principle Loan amount at the time of first diagnosis of Critical Illness in the Coverage Period (Max. 50lacs)	This Policy will cover the 36 Critical illness as provided in the table below. Refer to Waiting Periods Table

Note:

- **Plan 1 and Plan 2:** The coverage will only be provided to the persons in the age band inclusive of 18 years – 45 years old (age last birthday)
- **Plan 3 and Plan 4:** The coverage will only be provided to the persons in the age band inclusive of 46 years – 65 years old (age last birthday)
- **Plan 5:** The coverage will only be provided to the persons in the age band inclusive of 18 years – 65 years old (age last birthday)

Waiting Period Table for Specific Coverages

Sr. No.	Waiting Periods	Remarks
1	Pre-Existing Disease Waiting Period	2 Years
2	Initial Waiting Period for Hospitalization	30 Days (not applicable for accidental Hospitalization)
3	Specific Illness Waiting period	2 Years
4	Critical Illness Waiting Period	30 Days
5	Critical Illness Survival Period	None

Covered benefits under Critical Illness

Sr. No.	Benefit Name
1	Cancer of Specified Severity
2	Kidney Failure Requiring Regular Dialysis
3	Multiple Sclerosis with Persisting Symptoms
4	Major Organ / Bone Marrow Transplant
5	Open Heart Replacement or Repair of Heart Valves
6	Open Chest CABG
7	Permanent Paralysis of Limbs
8	Myocardial Infarction (First Heart Attack – of Specific Severity)
9	Stroke Resulting in Permanent Symptoms
10	Benign Brain Tumor
11	Parkinson's Disease
12	Coma of Specified Severity
13	End Stage Liver Failure
14	Alzheimer's Disease
15	Aorta Graft Surgery
16	Major Burns
17	Loss of Hearing (Deafness)
18	Loss of Speech
19	Loss of Vision (Blindness)
20	Motor Neurone Disease with Permanent Symptoms
21	Loss of Limbs
22	Aplastic Anaemia
23	End Stage Lung Failure
24	Primary (Idiopathic) Pulmonary Hypertension
25	Bacterial Meningitis
26	Apallic Syndrome or Persistent Vegetative State (PVS)
27	Coronary Angioplasty (PTCA)[1]
28	Encephalitis
29	Fulminant Hepatitis
30	Chronic Relapsing Pancreatitis
31	Major Head Trauma
32	Medullary Cystic Disease
33	Muscular Dystrophy
34	Poliomyelitis
35	Systemic Lupus Erythematosus
36	Brain Surgery

General Conditions:

- The policy is valid for a period of loan tenure as mentioned in the Certificate of Insurance or maximum period of 5 years from the Insurance start date or when the loan amount is repaid in full (whichever is earlier).
- Acko will only be covering Loan taken from LendingKart. Loan taken from other sources will not be covered.
- The Policy will only cover the person who has taken the Loan from LendingKart and whose name is mentioned in the Certificate of Insurance.
- Only Principle Loan amount initially taken from LendingKart will be payable under benefits provided. Any interest payment obligations of the Insured will not be paid by Acko.

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:

- 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.
- Suicide or attempted suicide, intentional self-inflicted Injury or acts of self-destruction.
- 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.
- Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
- Maternity: Code- Excl18
 - Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
 - Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
- Any Illness or Critical Illness arising within the Waiting Periods specified in the Policy or in the Schedule or Certificate of Insurance.
- All Waiting Periods shall commence concurrently, and would be considered to have been served to the extent that the Insured Person was insured continuously and without interruption under another Indian insurer's individual health / Family Health insurance policy for the reimbursement of medical costs for inpatient treatment in a Hospital.
- Any External Congenital Anomalies or defects.
- Any certification provided by a Medical Practitioner who shares the same residence as the Insured Person or who is an Immediate Relative.
- Hospitalization, if applicable, for the following treatments:
 - Refractive Error: Code-Excl15 Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.
 - 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.
 - 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.
 - Obesity/ Weight Control: Code- Excl06 : Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
 - Surgery to be conducted is upon the advice of the Doctor
 - The surgery/Procedure conducted should be supported by clinical protocols
 - The member has to be 18 years of age or older and
 - Body Mass Index (BMI);
 - greater than or equal to 40 or
 - 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:
 - Obesity-related cardiomyopathy
 - Coronary heart disease
 - Severe Sleep Apnoea
 - Uncontrolled Type2 Diabetes
 - Sleep Disorders: Treatment for any conditions related to disturbance of normal sleep patterns or behaviours such as Sleep-apnoea, snoring, etc.
 - Vaccination or inoculation unless forming a part of post-animal bite treatment;
 - Naturopathy Treatments.
 - Birth Control, Sterility and Infertility: Code – Excl17: Expenses related to birth control, sterility and infertility. This includes:
 - Any type of contraception, sterilization
 - Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - Gestational Surrogacy
 - Reversal of sterilization
 - 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.
 - Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code-Excl12
 - 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.
 - 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.
 - 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.
 - 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 attack or weapons, or Biological attack.
 - 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.
 - 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.

2. Benefit Definition

2.1. 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.

2.2. 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.

2.3. 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%

2.4. EMI Protection:

If an Insured Person is unable to pay the EMI Amounts payable under his/her Loan due to an Injury or Illness specified in the 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 Certificate of Insurance, subject to this amount not exceeding the amount specified in the 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.

2.5. Critical Illness Fixed Benefit:

If an Insured Person is First Diagnosed to be suffering from a Critical Illness of the nature specified below, during the Coverage Period, then We will pay the Sum Insured under this Benefit as specified in the Certificate of Insurance.

S. No.	Critical Illness	36 CI's
1	Cancer of Specified Severity	✓
2	Kidney Failure Requiring Regular Dialysis	✓
3	Multiple Sclerosis with Persisting Symptoms	✓
4	Major Organ / Bone Marrow Transplant	✓
5	Open Heart Replacement or Repair of Heart Valves	✓
6	Open Chest CABG	✓
7	Permanent Paralysis of Limbs	✓
8	Myocardial Infarction (First Heart Attack - of Specific Severity)	✓
9	Stroke Resulting in Permanent Symptoms	✓
10	Benign Brain Tumor	✓
11	Parkinson's Disease	✓
12	Coma of Specified Severity	✓
13	End Stage Liver Failure	✓
14	Alzheimer's Disease	✓
15	Aorta Graft Surgery	✓
16	Major Burns	✓
17	Loss of Hearing (Deafness)	✓
18	Loss of Speech	✓

19	Loss of Vision (Blindness)	✓
20	Motor Neurone Disease with Permanent Symptoms	✓
21	Loss of Limbs	✓
22	Aplastic Anaemia	✓
23	End Stage Lung Failure	✓
24	Primary (Idiopathic) Pulmonary Hypertension	✓
25	Bacterial Meningitis	✓
26	Apallic Syndrome or Persistent Vegetative State (PVS)	✓
27	Coronary Angioplasty (PTCA)[1]	✓
28	Encephalitis	✓
29	Fulminant Hepatitis	✓
30	Chronic Relapsing Pancreatitis	✓
31	Major Head Trauma	✓
32	Medullary Cystic Disease	✓
33	Muscular Dystrophy	✓
34	Poliomyelitis	✓
35	Systemic Lupus Erythematosus	✓
36	Brain Surgery	✓

2.6. Hospital Daily Allowance:

If an Insured Person requires Hospitalization due to an Injury or Illness specified in the 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 Certificate of Insurance, for each continuous and completed period of 24 hours of Hospitalisation;

This benefit will be payable provided that:

- 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.
- The Hospitalization is for Medically Necessary Treatment and is commenced and continued on the written advice of the treating Medical Practitioner;
- 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.
- 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.
- Only one daily allowance amount is payable for each day of Hospitalization, regardless of the number of the Illnesses contracted/Injuries sustained.

Covered benefits under Critical Illness

i. Cancer of Specific Severity

A malignant tumor characterized by the uncontrolled growth & spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded

- All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3;
- Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;
- All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0;
- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- Chronic lymphocytic leukaemia less than Rai stage 3;
- Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification;
- All Gastro-Intestinal Stromal Tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
- All tumors in the presence of HIV infection.

ii. Myocardial Infraction (First Heart attack of specified severity)

I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

- A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
- New characteristic electrocardiogram changes
- Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

II. The following are excluded

- Other acute Coronary Syndromes
- Any type of angina pectoris
- A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

iii. Open Chest CABG

I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

II. The following are excluded

- Angioplasty and/or any other intra-arterial procedures

iv. Open Heart Replacement or Repair of Heart Valves

- I. The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy / valvuloplasty are excluded.

v. Kidney Failure Requiring Dialysis

- I. End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

vi. Stroke Resulting in Permanent Symptoms

- I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolization from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.
- II. The following are excluded
- Transient ischemic attacks (TIA)
 - Traumatic injury of the brain
 - Vascular disease affecting only the eye or optic nerve or vestibular functions.

vii. Major Organ/Bone Marrow Transplant

- I. The actual undergoing of a transplant of:
- One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
 - Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.
- II. The following are excluded
- Other stem-cell transplants
 - Where only islets of langerhans are transplanted

viii. Permanent Paralysis of Limbs

- I. Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

ix. Multiple Sclerosis with Persisting Symptoms

- I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
- investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
 - there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
- II. Other causes of neurological damage such as SLE and HIV are excluded.

x. Coma of Specified Severity

- I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
- no response to external stimuli continuously for at least 96 hours;
 - life support measures are necessary to sustain life; and
 - permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
- II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

xi. Motor Neuron Disease with Permanent Symptoms

- I. Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months

xii. Blindness

- I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
- II. The Blindness is evidenced by
- corrected visual acuity being 3/60 or less in both eyes or;
 - the field of vision being less than 10 degrees in both eyes.
- III. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

xiii. Third Degree Burns

- I. There must be third-degree burns with scarring that cover at least 20% of the body's surface area. A certified physician must confirm the diagnosis must confirm and the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area..

xiv. Parkinson's Disease

- I. The unequivocal diagnosis of progressive, degenerative idiopathic Parkinson's disease by a Neurologist acceptable to Us.
- II. The diagnosis must be supported by all of the following conditions:
- the disease cannot be controlled with medication;
 - signs of progressive impairment; and
 - inability of the Insured Person to perform at least 3 of the 6 activities of daily living as listed below (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons) for a continuous period of at least 6 months:
- III. Activities of daily living:
- Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
 - Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - Transferring: The ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;
 - Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 - Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
 - Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence

IV. Parkinson's disease secondary to drug and/or alcohol abuse is **excluded**.

xv. **Benign Brain Tumor**

- I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.
- II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
 - i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
 - ii. Undergone surgical resection or radiation therapy to treat the brain tumor.
- III. The following conditions are **excluded**:
Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

xvi. **Alzheimer's Disease**

- I. Alzheimer's disease is a progressive degenerative illness of the brain, characterised by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes. It affects the brain, causing symptoms like memory loss, confusion, communication problems, and general impairment of mental function, which gradually worsens leading to changes in personality.
- II. Deterioration or loss of intellectual capacity, as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease, resulting in progressive significant reduction in mental and social functioning, requiring the continuous supervision of the Insured Person. The diagnosis must be supported by the clinical confirmation of a specialist Medical Practitioner (Neurologist) and supported by Our appointed Medical Practitioner, evidenced by findings in cognitive and neuro radiological tests (e.g. CT scan, MRI, PET scan of the Brain). The disease must result in a permanent inability to perform three or more Activities with Loss of Independent Living or must require the need of supervision and permanent presence of care staff due to the disease. This must be medically documented for a period of at least 90 days
- III. The following conditions are however not covered:
 - i. non-organic diseases such as neurosis and psychiatric illnesses;
 - ii. alcohol related brain damage; and
 - iii. any other type of irreversible organic disorder/dementia.

xvii. **Aorta Graft Surgery**

- I. The actual undergoing of major Surgery to repair or correct aneurysm, narrowing, obstruction or dissection of the Aorta through surgical opening of the chest or abdomen. For the purpose of this cover the definition of "**Aorta**" shall mean the thoracic and abdominal aorta but not its branches.
- II. The Insured Person understands and agrees that We will not cover:
 - i. Surgery performed using only minimally invasive or intra arterial techniques.
 - ii. Angioplasty and all other intra arterial, catheter based techniques, "keyhole" or laser procedures
- III. The Aorta is the main artery carrying blood from the heart. Aortic Graft Surgery benefit covers Surgery to the Aorta wherein part of it is removed and replaced with a graft.

xviii. **Deafness**

- I. Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means "the loss of hearing to the extent that the loss is greater than 90decibels across all frequencies of hearing" in both ears.

xix. **Loss of Limbs**

- I. The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

xx. **Loss of Speech**

- I. Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by and Ear, Nose, Throat (ENT) specialist.
- II. All psychiatric related causes are excluded.

xxi. **Aplastic Anaemia**

- I. Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:
 - i. Blood product transfusion;
 - ii. Marrow stimulating agents;
 - iii. Immunosuppressive agents; or
 - iv. Bone marrow transplantation
- II. The diagnosis must be confirmed by a haematologist using relevant laboratory investigations including Bone Marrow Biopsy resulting in bone marrow cellularity of less than 25% which is evidenced by any two of the following.
 - i. Absolute neutrophil count of 500/mm³ or less
 - ii. Platelets count less than 20,000/mm³ or less
 - iii. Absolute Reticulocyte count of 20,000/mm³ or less
- III. Temporary or reversible Aplastic Anaemia is excluded.
- IV. In this condition, the bone marrow fails to produce sufficient blood cells or clotting agents.

xxii. **End Stage Liver Failure**

- I. Permanent and irreversible failure of liver function that has resulted in all three of the following:
 - i. Permanent jaundice; and
 - ii. Ascites; and
 - iii. Hepatic encephalopathy.
- II. Liver failure secondary to alcohol or drug abuse is **excluded**.

xxiii. **End Stage Lung Failure**

- I. End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:
 - i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
 - ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
 - iii. Arterial blood gas analysis with partial oxygen pressures of 55mmHg or less (PaO₂ <55 mm Hg); and
 - iv. Dyspnea at rest

xxiv. Primary (Idiopathic) Pulmonary Hypertension

- I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.
- II. The NYHA Classification of Cardiac Impairment are as follows:
 - i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
 - ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
 - iii. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded

xxv. Bacterial Meningitis

- I. Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks resulting in permanent inability to perform three or more Activities for Loss of Independent Living.
- II. This diagnosis must be confirmed by:
 - i. The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
 - ii. A consultant neurologist certifying the diagnosis of bacterial meningitis
- III. Bacterial Meningitis in the presence of HIV infection is excluded.

xxvi. Apallic Syndrome or Persistent Vegetative State (PVS)

- I. Apallic Syndrome or Persistent vegetative state (PVS) or unresponsive wakefulness syndrome (UWS) is a universal necrosis of the brain cortex with the brainstem remaining intact. The patient should be in a vegetative state for a minimum of four weeks in order to be classified as UWS, PVS, Apallic Syndrome.
- II. The diagnosis must be confirmed by a Neurologist acceptable to Us and the condition must be documented for at least one month.
- III. In this condition, the patient with severe brain damage progresses who was in coma, progresses to a wakeful conscious state, but not in a state of true awareness.

xxvii. Coronary Angioplasty (PTCA)

- I. Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50% of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG)
- II. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.
- III. Diagnostic angiography or investigation procedures without angioplasty / stent insertion are excluded.

The maximum benefit pay-out for Coronary Angioplasty is restricted to the Sum Insured or INR 10,00,000, whichever is lesser

xxviii. Encephalitis

- I. Severe inflammation of the brain tissue due to infectious agents like viruses or bacteria which results in significant and permanent neurological deficits for a minimum period of 30 days, certified by a specialist Medical Practitioner (Neurologist).
- II. The permanent deficit should result in permanent inability to perform three or more Activities for Loss of Independent Living
- III. Exclusions:
 - i. Encephalitis in the presence of HIV infection is excluded.

xxix. Fulminant Hepatitis

- I. A sub-massive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:
 - i. Rapid decreasing of liver size;
 - ii. Necrosis involving entire lobules, leaving only a collapsed reticular framework;
 - iii. Rapid deterioration of liver function tests;
 - iv. Deepening jaundice; and
 - v. Hepatic encephalopathy.
- II. Acute Hepatitis infection or carrier status alone does not meet the diagnostic criteria.

xxx. Chronic Relapsing Pancreatitis

- I. An unequivocal diagnosis of Chronic Relapsing Pancreatitis, made by a Registered Doctor who is a specialist in gastroenterology and confirmed as a continuing inflammatory disease of the pancreas characterised by relapses in the form of sub lethal attacks of acute pancreatitis, irreversible morphological change and typically causing pain and/or permanent impairment of function. The condition must be confirmed by elevated levels of pancreatic function tests including serum amylase, serum lipase, and radiographic and imaging evidence. Relapsing Pancreatitis caused directly or indirectly, wholly or partly, by alcohol is excluded

xxxi. Major Head Trauma

- I. Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes
- II. The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology
- III. The maximum benefit pay-out for Coronary Angioplasty is restricted to the Sum Insured or INR 10,00,000, whichever is lesser.²⁸ Encephalitis) Severe inflammation of the brain tissue due to infectious agents like viruses or bacteria which results in significant and permanent neurological deficits for a minimum period of 30 days, certified by a specialist Medical Practitioner (Neurologist). II) The permanent deficit should result in permanent inability to perform three or more Activities for Loss of Independent Living. III) Exclusions: i) Encephalitis in the presence of HIV infection is excluded.²⁹ Fulminant Hepatitis) A sub-massive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following: i) Rapid decreasing of liver size; ii) Necrosis involving entire lobules, leaving only a collapsed reticular framework; iii) Rapid deterioration of liver function tests; iv) Deepening jaundice; and v) Hepatic encephalopathy. II) Acute Hepatitis infection or carrier status alone does not meet the diagnostic criteria. 30. Chronic Relapsing Pancreatitis An unequivocal diagnosis of Chronic Relapsing Pancreatitis, made by a Registered Doctor who is a specialist in gastroenterology and confirmed as a continuing inflammatory disease of the pancreas characterised by relapses in the form of sub lethal attacks of acute pancreatitis, irreversible morphological change and typically causing pain and/or permanent impairment of function. The condition must be confirmed by elevated levels of pancreatic function tests including serum amylase, serum lipase, and radiographic and imaging evidence. Relapsing Pancreatitis caused directly or indirectly, wholly or partly, by alcohol is excluded³¹ Major Head Trauma i) Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent,

external and visible means and independently of all other causes.ii)The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technologyiii)Activities of Daily Living are

- i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means
- ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- iv. Mobility: the ability to move indoors from room to room on level surfaces;.
- v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene
- vi. Feeding: the ability to feed oneself once food has been prepared and made available.

IV. The following are excluded

- i. Spinal cord injury;

xxxii. Medullary Cystic Disease

- I. A progressive hereditary disease of the kidneys characterised by the presence of cysts in the medulla, tubular atrophy and interstitial fibrosis with the clinical manifestations of anaemia, polyuria and renal loss of sodium, progressing to chronic renal failure. The diagnosis must be supported by renal biopsy

xxxiii. Muscular Dystrophy

- I. A group of hereditary degenerative diseases of muscle characterised by progressive and permanent weakness and atrophy of certain muscle groups. The diagnosis of muscular dystrophy must be unequivocal and made by a Neurologist acceptable to Us, with confirmation of at least 3 of the following 4 conditions
 - i. Family history of muscular dystrophy;
 - ii. Clinical presentation including absence of sensory disturbance, normal cerebrospinal fluid and mild tendon reflex reduction;
 - iii. Characteristic electromyogram; or
 - iv. Clinical suspicion confirmed by muscle biopsy.
- II. The condition must result in the inability of the Insured Person to perform at least 3 of the 6 activities of daily living as listed below (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons) for a continuous period of at least 6 months:

xxxiv. Poliomyelitis

- I. The unequivocal diagnosis of infection with the polio virus must be established by a Consultant Neurologist. The infection must result in irreversible paralysis as evidenced by impaired motor function or respiratory weakness. Expected permanence and irreversibility of the paralysis must be confirmed by a Consultant Neurologist after at least 6 months since the beginning of the event
- II. Exclusions:
 - i. Cases not involving irreversible paralysis will not be eligible for a claim
 - ii. Other causes of paralysis such as Guillain-Barré Syndrome are specifically excluded.

xxxv. Systemic Lupus Erythematosus

- I. A multi-system, multifactorial, autoimmune disorder characterised by the development of auto- antibodies directed against various self-antigens. Systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V lupus nephritis, established by renal biopsy, and in accordance with the World Health Organization (WHO) classification). The final diagnosis must be confirmed by a registered Medical Practitioner specialising in Rheumatology and Immunology acceptable to Us, Other forms, discoid lupus, and those forms with only haematological and joint involvement are however not covered.

The WHO lupus classification is as follows:

- i. Class I: Minimal change – Negative, normal urine.
- ii. Class II: Mesangial – Moderate proteinuria, active sediment.
- iii. Class III: Focal Segmental – Proteinuria, active sediment.
- iv. Class IV: Diffuse – Acute nephritis with active sediment and/or nephritic syndrome.
- v. Class V: Membranous – Nephrotic Syndrome or severe proteinuria.

xxxvi. Brain Surgery

- I. The actual undergoing of surgery to the brain under general anesthesia during which a craniotomy is performed.
- II. Exclusions:
 - i. Burr hole surgery / brain surgery on account of an accident.

3. General Exclusions:

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

- a. Any Pre-Existing Disease or any Injury or disability arising out of a Pre-Existing Disease or any complication arising therefrom.
- b. Suicide or attempted suicide, intentional self-inflicted Injury or acts of self-destruction, whether the Insured Person is medically sane or insane.
- c. Working in underground mines, tunnelling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaging in Hazardous Activities.
- d. 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.
- e. Bacterial infections (except pyogenic infection which occurs through a cut or wound due to Accident).
- f. Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
- g. 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.
- h. Any Illness or Critical Illness arising within the Waiting Periods specified in the Policy or in the Schedule or Certificate of Insurance.
- i. All Waiting Periods shall commence concurrently, and would be considered to have been served to the extent that the Insured Person was insured continuously and without interruption under another Indian insurer's individual health / Family Health insurance policy for the reimbursement of medical costs for inpatient treatment in a Hospital.
- j. Any External Congenital Anomalies or in consequence thereof.
- k. Any certification provided by a Medical Practitioner who shares the same residence as the Insured Person or who is an Immediate Relative.
- l. Hospitalization, if applicable, for the following treatments:
 - i. Laser treatment for correction of eye due to refractive error;
 - ii. Aesthetic or change-of-life treatments of any description such as sex transformation operations, treatment towards changes in appearance or any procedure which is aimed to improve physical appearance;
 - iii. Cosmetic treatments (including any complications arising out of cosmetic treatments) unless necessitated by traumatic Injury, or Illness;
 - iv. Vaccination or inoculation unless forming a part of post-animal bite treatment;

- v. Treatment of obesity (including morbid obesity) and any other weight control program, general debility, convalescence, run—down conditions, rest cure, treatment of sleep apnea.
- vi. Naturopathy Treatments.
- vii. Sterility, treatment whether to effect or to treat infertility; any fertility, sub—fertility or assisted conception procedure; surrogate or vicarious pregnancy; birth control, contraceptive supplies or services including complications arising due to supplying services;
- 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.
- m. Any claim arising from or caused due to use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen.
- n. Any claim 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.
- o. Any claim 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.
- p. Any claim arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or air-force operation, civil war, public defence, rebellion, revolution, insurrection, military or usurped power.
- q. 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 attack or weapons, or Biological attack or weapons.
 - i. 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.
 - ii. 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.

4. Claim & Documents:

Insured may notify a claim using one of the following communication channels:

- Acko Toll-Free No. 1800-266-2256
- Email notification to Acko email address lendingkartcare@acko.com
- By another form of written intimation (letter) mailing it to "Acko Claims Desk. 9, 17th A Main Rd, Near Sukh Sagar Restaurant, 5th Block, Koramangala, Bengaluru, Karnataka 560095."

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

S.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"> • 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)
2	Permanent Total Disability (PTD)	<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	Critical Illness Fixed 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
6	Hospital Daily Allowance	<ul style="list-style-type: none"> • Copy of the Discharge Summary • Copy of First Information Report (FIR) /Medico-Legal certificate (MLC) (if MLC is done)-where applicable- Attested by issuing authority • Treating doctor certificate giving details of Injury Sustained

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 write an e-mail at: gro@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, 560102
gro@acko.com

In case LendingKart's 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, LendingKart/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
36/5, Hustlehub One East, Somasandrapalya, 27th Main Rd, Sector 2, HSR Layout, Bengaluru, 560102
IRDAI Reg No: 157 | CIN: U66000KA2016PLC138288 | UIN: ACKHLGP21472V022021
www.acko.com | Toll-free: 1800 266 2256 | Mail: lendingkartcare@acko.com