DISABILITY AND HIV/AIDS INSURANCE POLICY, GO DIGIT UIN: GODHLIP23185V012223 **Proposal Form**

GUIDELINES FOR COMPLETION OF THE FORM

- This policy is specially designed for Persons with Disability, Mental Illness and Persons with HIV/AIDS.
 - Persons with Disability shall be covered if 40% or more disability is certified by the Medical Board appointed by the government for certifying Disability as per the Disability Act 2016.
- Please answer all questions correctly and completely.
- Information for fields marked with asterisk (*) are mandatory.
- Only Indian Nationals can be covered under this policy.
- Only one policy can be purchased for this product across all insurers.
- Note: The Coverage proposed for insurance is not covered until the proposal is accepted and premium is paid and the same is realized by Name of the Insurance Company.
- If you are in doubt, you can get in touch with your agent/intermediary or call us at 1800 258 4242 or e-mail at hello along with the Proposal Form,

if applicable. @godigit.com											
				IN	NTERM	EDIARY DE	TAILS				
Interme	diary Name										
	diary Code										
Intermediary Contact Details											
					PROP	OSER DETA	LS*				
Name											
Commu	nication Address										
				City: State:							
				Pin-code:				Landmark:			
Contact	Details			Phone			•	Email			
Profess	ion:			Salaried Self-Employed Other Details:							
Occupa	Occupation and Nature of Business/ Work:										
		,									
PAN No	./ form 60/61										
AADHAAR No.											
Date of	Birth										
Gender Male					F	emale	Othe	er 🗌			
					COVE	DACE DETA	u.c				
					COVERAGE DETAILS Individual Basis						
Policy period					1 year						
Period of Insurance					From DD/MM/YYYY to DD/MM/YYYY						
Sum Insured					400000 500000						
Coverage opted:					Pre-existing HIV/AIDS						
coverage opted.					Pre-existing Disability						
					Pre-existing HIV/AIDS and Disability						
Waiver of Co-payment opted					Yes No No						
				DETAILS	OF PE	RSON TO B	E INSURED:				
Sr No	Name of the Insured	Nationality	Date of Birt	th T	Age	Gender	Height	Weight	Occupation	Marital	Relation
31 140	realise of the mouleu	Mationality	Date of Bill		uge	Gender	Tieigiit	vveigiit	Occupation	Status	with Proposer
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	<u> </u>	<u> </u>	<u> </u>			<u> </u>		1	l .		
					NOM	INEE DETAI	LS:				
									-61		
Name Date of B			of Birth			Age			Relationship of Insured		
Where Nominee is a minor, give the details of Appointee.											
Name of Appointee Date of			Birth			Age			Relationship of Insured		
РР 111											
		•									
			PREVIO	US/EXIS	STING	HEALTH DE	TAILS OF INS	URED:			

Do you suffer from HIV/AIDS?	Yes/No If Yes, please enclose a recent certificate of current CD4 count(within past 30 days)					
Current CD 4 count			-			
Has your CD4 Count gone below 500 in the pa	Yes/ No If yes when and How many times					
Do you suffer from any other illness/ disease re	Yes /NO If yes, please give details:					
associated to HIV/AIDS?						
Do you suffer from any disability as per the list mentioned below:			ease enclose Disability certificate mentioning ge of disability wherever applicable.			
1. Blindness	2. Muscular Dystrophy					
3. Low vision				urological conditions_		
5. Leprosy Cured persons		6. Specific Learning Disabilities				
7. Hearing Impairment (deaf and hard of heari9. Locomotor Disability	8. Multiple sclerosis					
11. Dwarfism		Speech and Language disability 12. Thalassemia				
13. Intellectual Disability		14. Haemophilia				
15. Mental Illness		16. Sickle Cell disease				
17. autism spectrum disorder				isabilities including d	eaf/ blindness	
19. Cerebral Palsy			20. Acid Attacl	k victim		
21. Parkinson's disease						
Do you suffer from any pre-existing illness oth If Yes, please specify details and the number of	of years you are suffer	ing:				
Do you have any other physical disability arisi	ng out of any illness /	disease condition?				
Any other previous medical details						
· · · · · · · · · · · · · · · · · · ·						
	Dravious/Evistins	z Hoolth Incurance	Dotaile			
Policy No./ Application No.	Insurer Name	Health Insurance Details: Period of Insurance		Sum Claims lodged		
Toney Itoly Application Itol						
		(From - To)		Insured	during the preceding years	
Do you have the same policy from any one o	or other insurer? Yes			insured		
Do you have the same policy from any one of the same details below:	r other insurer? Yes			insured		
	r other insurer? Yes		Insurance	Sum Insured		
If yes, Please share details below: Policy No./Application no.		□ No □	Insurance		preceding years Claims lodged during the	
If yes, Please share details below: Policy No./Application no. Electronic Insurance Account Details Section:	Insurer Name	□ No □	Insurance		preceding years Claims lodged during the	
Policy No./Application no. Policy No./Application no. Electronic Insurance Account Details Section: I wantrelated information.	Insurer Name tion in - (electronic) as & when	□ No □ Period of (From	Insurance – To)		preceding years Claims lodged during the	
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Policy No./Application no. Policy No./Application no. Policy No./Application no. Physical Format- Yes/No e-Format Choose your Insurance Repository (For those se (a) NSDL Data Management Ltd. (b) CDSL Insurance Repository Ltd (c) Karvy Insurance Repository Ltd. (d) CAMS Repository Services Ltd I have e Insurance Account & the No. is My CKYC No. (Central Know Your Customer regist Name of Premium payer: Premium Payment Frequency:	Insurer Name Ition in - (electronic) as & when lecting e-Format) ry number) is (if availab)	Period of (From applicable- Yes/No_	Insurance – To)		preceding years Claims lodged during the	
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Policy No./Application no. Electronic Insurance Account Details Section: I want	Insurer Name In	Period of (From applicable- Yes/No_	Insurance – To) S:	Sum Insured	preceding years Claims lodged during the	

Bank Name:	Bank Account Number:				
IFSC Code:	Branch Name:				
paid through cheque. Please provide the following	nly. I through credit card the refund amount would be credited to Credit Card account directly or refund will be bank details and a copy of Cancelled Cheque if you opt for direct credit of refund/ claim into your bank ank account in which the refund needs to be credited directly.				
account.(currented erreque siroula se or the same se	and decount in which the retains needs to be dreamed uncerty.				
Name of Account holder					
Cheque No					
Bank Name					
Branch Name					
Cheque Date Cheque Amount for					
Name as in Bank Account					
Bank Account No					
IFSC Code					
MICR Code					
WHEN CODE					
Note: The Proposer agrees and undertakes to intima If ECS is selected, please submit the standing instructions.	te in writing to Go Digit General Insurance Limited about any change in bank account details. tion form available at our branches.				
Place: Date: DD/MM/YYYY	Signature of Proposer:				
	AML GUIDELINES vill be paid from bonafide sources and no premiums have been/ will be paid out of proceeds of crime related				
source of funds. The insurance Company has the righ any statues, directly or indirectly governing the prev	Laundering Act 2002. I/We understand that the Company has the right to call for documents to establish it to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under ention of money laundering in India. AGENT'S DECLARATION or/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do				
statement(s), information and response(s) submitted basis of the Contract of Insurance between the Comp explained that if any untrue statement(s)/ informations submissions, furnished/to be furnished, the Compar	sal Form, including the nature of the questions contained in this Proposal Form to the Proposer including d by him/her in this Proposal Form to questions contained herein or any details sought herein will form the pany and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further ation/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, by shall have the right to vary the benefits which may be payable and further more if there has been a non-nis/her favour pursuant to this Proposal may be treated by the Company as null and void and all premiums ny.				
Date: Place:	Signature of Agent: License No.:				
DECLARATION	R WARDANTY ON BEHALF OF ALL DEPCONE PRODUCED TO BE INCLIDED				
 I/We hereby declare on my behalf and on behalf of all persons proposed to be insured that the above statements are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons. I understand that the information provided by me will form the basis of insurance policy, is subject to the Board approved under writing policy of the Insurance company and that the policy will come into force only after full receipt to the premium chargeable. I/We further declare that I/We will notify in writing any change occurring in the 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. I/We declare and further consent to the company. Seeking medical information from any hospital who at any time has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical and mental health of the life to be assured/propose and seeking information from any insurance company to which an application or insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and /or claim settlement. I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and or claims settlement and with any Governmental and/or Regulatory Authority. I/We aware of premium loading, (if any declared above) for habit's & diseases as declared / mention by me/ us above. I/We hereby agree to keep record of KYC details of all the individual members covered under the group insurance and ensure to provide the details of beneficiaries to the Company as and when required. 					
	VERNACULAR DECLARATION				
language. (Note: The below must be witnessed by so	uffering from a disability due to which writing is restricted or where the Proposer has signed in vernacular omeone other than the Advisor/Employee of the Company).				
I/We certify that the product applied for by me/us and the contents of the Proposal Form have been clearly explained IL me/us and I/we have fully understood them. I/We further certify that the replies in the Proposal Form have been recorded as per the information provided by me/us. I, (Full name of the witness)adult and inhabitant of (city)and residing at do hereby certify that I have read out and explained the contents of the					

Proposal Form and all other documents incidental to availing the insurance policy from Go Digit General Insurance Ltd. to the Proposer and he/she/they have understood the same. I/we declare that whatever I/we have stated herein above is true and correct to the best of knowledge and belief.

Date: DD/MM/YYYY Place:

Signature of Witness

Signature/Thumb impression of the Proposer

SECTION 41 OF INSURANCE ACT, 1938

As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows:

(1) No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind or risk relating to lives or property in India, any rebate of whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer

Go Digit General Insurance Ltd, A Company incorporated under Indian Companies Act, 2013 and licensed by Insurance Regulatory and Development Authority of India [IRDAI] vide Reg No. 158, Corporate Identification Number U66010PN2016PLC167410, Reg. Address Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru 560095. Website: www.godigit.com