

SARAL SURAKSHA BIMA, GO DIGIT PROSPECTUS

Go Digit General Insurance Ltd.

Go Digit General Insurance Ltd. ('Digit') is a new-age general insurance company that is backed by the Fairfax Group – one of the world's largest financial holding companies which is engaged in General Insurance, Reinsurance and Investment management across more than 30 countries.

Digit's singular mission is to make insurance simple for all. With that mission in mind, we are reimagining products and redesigning processes. Our products are designed keeping the consumer in mind, our processes are simple, fast and transparent & our documents are easy to understand. With the help of cutting-edge technology and people who bring in years of experience in both the insurance and technology domain, we want to be the new-age insurance company that's revolutionising the insurance industry. And by doing so, we want to be part of our consumers' lives by enabling them to live life, without worrying about an uncertain future.

What is covered under this policy?

The Standard Personal Accident Product shall offer the following covers.

1. Base Cover

- a) **Death:** Benefit equal to 100% of Sum Insured shall be payable on death of the insured person, due to an Injury sustained in an Accident during the Policy Period, provided that the Insured Person's death occurs within 12 months from the date of the Accident.
- b) **Permanent Total Disablement:** Benefit equal to 100% of Sum Insured shall be payable if an insured Person suffers Permanent Total Disablement of the nature specified below, solely and directly due to an Accident during the Policy Period, provided that the Permanent Total Disablement occurs within 12 months from the date of the Accident:
 - a) Total and irrecoverable loss of sight of both eyes or
 - b) Physical separation or loss of use of both hands or feet or
 - c) Physical separation or loss of use of one hand and one foot or
 - d) loss of sight of one eye and Physical separation or loss of use of hand or foot
 - e) If such Injury shall as a direct consequence thereof, permanently, and totally, disables the Insured Person from engaging in any employment or occupation of any description whatsoever.
- c) **Permanent Partial Disablement:** Sum Insured specified below shall be payable if the Insured Person suffers Permanent Partial Disablement of the nature specified below solely and directly due to an Accident during the Policy Period provided that the Permanent Partial Disablement shall occur within 12 months of the date of the Accident.

	Loss Covered	Percentage of Sum Insured
1.	Loss of Use / Physical Separation:	
	One entire hand	50%
	One entire foot	50%
	Loss of Sight of one eye	50%
	Loss of toes - all	20%
	Great both phalanges	5%
	Great - one phalanx	2%
	Other than great if more than one toe lost	1%
2.	Loss of Use of both ears	50%
3.	Loss of Use of one ear	20%
4.	Loss of four fingers and thumb of one hand	40%
5.	Loss of four fingers	35%

6.	Loss of thumb - both phalanges - one phalanx	25% 10%
7.	Loss of Index finger three phalanges two phalanges one phalanx	10% 8% 4%
8.	Loss of middle finger three phalanges two phalanges one phalanx	6% 4% 2%
9.	Loss of ring finger three phalanges two phalanges one phalanx	5% 4% 2%
10.	Loss of little finger three phalanges two phalanges one phalanx	4% 3% 2%
11.	Loss of metacarpus first or second (additional) third, fourth or fifth (additional) .	3% 2%
12.	Any other permanent partial disablement	Percentage as assessed by independent Medical Practitioners

Maximum amount payable in respect of multiple nature of disablements shall be restricted to sum insured chosen by the policyholder.

Note:

- a) The base sum insured chosen and cumulative bonus, if any, is applicable cumulatively for all the three covers specified under base cover above i.e, there is a single sum insured for all the three covers namely, Accidental death, Permanent total disability and Permanent Partial Disability.
- b) If the accident occurs during the policy period, benefits covered under base cover above are payable, even if death or Permanent Total Disablement or Permanent Partial Disablement or any combination thereof occurs after the completion of policy period, but within 12 months from the date of accident.

2. Optional Covers:

a) Temporary Total Disablement:

If the Insured Person sustains an Injury in an Accident during the Policy Period and which completely incapacitates the Insured Person from engaging in any employment or occupation of any description whatsoever which the Insured Person was capable of performing at the time of the Accident (Temporary Total Disablement), compensation shall be payable, at the rate of 0.2% of the base sum insured per week, till the time the insured person is able to return to work, provided that:

- i. Such period of temporary total disablement exceeds 4 weeks, however, benefit shall be payable for the entire duration of disablement.
- ii. The compensation payable under this benefit mentioned under Section- Temporary Total Disablement, shall not be payable for more than 100 weeks in respect of any one Injury calculated from the date of commencement of disablement and in no case shall exceed the Sum Insured.
- iii. The Temporary Total Disablement is certified in writing by the treating Medical Practitioner to have commenced within 30 days from the date of the Accident.

- iv. The compensation payable, shall be paid by the insurer at quarterly intervals, after ascertaining the amount payable. If the period of temporary total disablement is for less than a quarter or three months, the compensation may be paid at the end of the disablement period.
- v. During the course of payment under this benefit, the insurance company shall have right to call for a certification from an independent medical practitioner with regard to the continuity of temporary total disability specified under this section.

b) Hospitalisation Expenses due to Accident:

Hospitalisation expenses arising due to accident shall be indemnified up to the limit of 10% of base sum insured.

The hospitalisation expenses shall cover the following:

- i. Room, Boarding, Nursing Expenses as provided by the Hospital/ Nursing Home,
- ii. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor/ surgeon or to the hospital.
- iii. Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities, and such other similar expenses.
(Expenses on Hospitalisation for a minimum period of 24 hours are admissible. However, this time limit of 24 hours shall not apply when the treatment does not require hospitalisation as specified in the terms and conditions of policy contract, where the treatment is taken in the Hospital and the Insured is discharged on the same day.)
- iv. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses
- v. The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure carried out to treat the accidental injury covered under the policy
- vi. Expenses incurred on hospitalization due to accident, under AYUSH (as defined in IRDAI (Health Insurance) Regulations, 2016) systems of medicine shall be covered without any sub- limits.

The following other expenses necessitated due to injury shall also be covered under the optional cover specified under Section – Hospitalisation Expenses due to Accident:

- i. Dental treatment
- ii. Plastic surgery
- iii. All the day care treatments.
- iv. Expenses incurred on road Ambulance subject to a maximum of Rs.2000/- per hospitalization.

c) Education Grant:

Following an admissible claim of the insured person under the policy towards Death or Permanent Total Disability of the insured person, a one-time Educational Grant of 10% of the Base Sum insured, per child, shall be payable, to all dependent children of the Insured provided that:

- a. Such Dependent Child/ Children(s) is/are pursuing an educational course as a full-time student in an educational institution.
- b. Age of the child or children as the case shall not be more than 25 completed years.

Note:

- i. The benefits payable under each of the optional covers (a), (b) and (c) are independent and over and above the base sum insured.
- ii. Claim admissibility under the optional covers "Temporary total disablement" and "hospitalization due to accident" is independent of claim admissibility under the base covers.

What are the exclusions under this Policy?

I. SPECIFIC EXCLUSIONS:

The Company shall not be liable to make any payments under this policy in respect of:

- (i) Any claim for death or disablement (whether of a permanent nature or of a temporary nature), hospitalisation of the insured person, directly or indirectly due to 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.
- (ii) Any claim for death, disablement (whether of a permanent nature or of a temporary nature), hospitalization of Insured Person
 - a. from intentional self-injury unless in self-defence or to save life, suicide or attempted suicide;
 - b. whilst under the influence of intoxicating liquor or drugs or other intoxicants except where the insured is not directly responsible for the injury/ accident though under influence of intoxication.
 - c. whilst engaging in aviation or ballooning, or whilst mounting into, or dismounting from or travelling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airlines in the world.
[Standard type of aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft has a single engine or multiengine;]
 - d. arising or resulting from the Insured Person committing any breach of law with criminal intent.
- (iii) Any claim for death, disablement (whether of a permanent nature or of a temporary nature), hospitalization of Insured Person 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.
- (iv) Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:
 - A. Ionizing radiation or contamination by radio activity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self-sustaining process of nuclear fission) of nuclear fuel.
 - B. Nuclear weapons material
 - C. The radioactive, toxic, explosive, or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
 - D. Nuclear, chemical and biological terrorism
- (v) Any loss arising out of the Insured Person's actual or attempted commission of or wilful participation in an illegal act or any violation or attempted violation of the law.

II. Exclusions specific to section C.II(b) "Hospitalisation Expenses due to Accident"

The Company shall not be liable to make any payments under this policy in respect of any expenses incurred by the insured person in connection with or in respect of:

1. STANDARD EXCLUSIONS:

i. Investigation & Evaluation (Code- Excl04)

- a) Expenses related to any admission primarily for diagnostics and evaluation purposes.
- b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment.

- ii. 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)**

2. SPECIFIC EXCLUSIONS:

- i. Expenses incurred for treatment of accidental injuries which does not warrant hospitalization.
- ii. Any expenses incurred on Domiciliary Hospitalization and OPD treatment.
- iii. Treatment taken outside the geographical limits of India.
- iv. All expenses listed in Annexure-B (List I) of the Policy.

What are the Minimum & Maximum Entry age for Adults & Children?

Below is the Minimum & Maximum Entry age for Adults & Children:

Entry Age	Minimum	Maximum
Proposer	18 years	70 years
Dependent Child	3 months	25 years
Adult Insured	18 years	70 years

*there is no age limit for renewals

What is the Policy tenure under this policy?

This Policy tenure shall be for a period of one year.

What is the definition of Family under this Product?

Family consists of the proposer and any one or more of the family members as mentioned below:

1. legally wedded spouse.
2. Parents and Parents-in-law.
3. dependent Children (i.e. natural or legally adopted) between the age 3 months to 25 years. If the child above 18 years of age is financially independent, he or she shall be ineligible for coverage in the subsequent renewals.

What will the Sum Insured Basis of the product?

The product shall be offered on Individual basis. When offered as a family cover, the chosen sum insured shall apply to each family member separately.

What is the Sum Insured options under this Policy?

Minimum sum insured shall be Rs.2.5 lakhs and maximum sum insured shall be Rs.20 Crores. Sum insured offered shall be in multiples of Rs 50,000/-.

What is the Deductible/ Co-payments under this Policy?

There is no deductible under this policy.

Is there any provision to enhance the Sum Insured under this Policy?

Sum insured can be changed (increased/ decreased) only at the time of renewal or at any time, subject to underwriting by the Company.

What are the renewal conditions under this Policy?

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

- i. The Company shall endeavour to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- ii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- iii. At the end of the policy period, the policy shall terminate and can be renewed within the Grace period of 30 days to maintain continuity of benefits without break in policy.
Coverage is not available during the grace period.
- iv. No loading shall apply on renewals based on individual claims experience.

- v. The cover for the Insured shall terminate immediately in the event of admissible claim and settlement of 100% Sum Insured under Coverage Death or Permanent Total Disability and no Renewal of contract will be permissible.
- vi. The insured may also avail an optional cover or opt out of the optional cover at the time of renewal.

What is the Grace Period under this Policy?

For Yearly payment of mode, a fixed period of 30 days is to be allowed as Grace Period and for all other modes of payment a fixed period of 15 days be allowed as grace period.

What are benefits if I renew this Policy?

You are eligible for a cumulative bonus of 5% on Sum Insured, provided you have had a claim free year preceding the renewal and you renewed your policy without a break. This benefit will be accumulated based on claim free years up to a maximum bonus of 50% of Sum insured.

If a claim is made in any particular year, the cumulative bonus accrued may be reduced at the same rate at which it has accrued. The cumulative bonus is applicable only in respect of base covers.

What are the cancellation terms under this Policy?

- a) The Insured may cancel this Policy by giving 15 days' written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

Short period Scale

Period in Risk	Premium Refund
Within 3 months	60%
Exceeding 3 months but less than 6 months	40%
Exceeding 6 months but less than 9 months	25%
Exceeding 9 months but less than 12 months	0%

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.

- b) The Company may cancel the Policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

Will I be informed about any revision or modification made to this Policy?

There is a possibility of revision/ modification of terms, conditions, coverages and/or premiums of this product at any time in future, with appropriate approval from IRDAI. In such an event of revision/modification of the product, We will inform you at least 3 months prior to the date of such revision/modification comes into effect.

What happens to my policy in case this Product is withdrawn?

There is possibility of withdrawal of this product at any time in future with appropriate approval from IRDAI, as We reserve Our right to do so with an intimation of 3 months to all the existing insured members. In such an event of withdrawal of this product, at the time of Your seeking extension of this Policy, you can choose, among Our available similar and closely similar Health Insurance Products. Upon Your so choosing Our new product, you will be charged the Premium as per Our Underwriting Policy for such chosen new product, as approved by IRDAI.

Can I pay premium in instalments and what are the term and conditions related to this?

You can opt for premium payment on an instalment basis i.e. Half Yearly, Quarterly or Monthly. Following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy)

1. Grace Period of 15 days would be given to pay the instalment premium due for the Policy.
2. During such grace period, Coverage will not be available from the instalment premium payment due date till the date of receipt of premium by Company.
3. No interest will be charged If the instalment premium is not paid on due date.
4. In case of instalment premium due not received within the grace Period, the Policy will get cancelled.
5. In the event of claim, all subsequent premium instalments shall immediately become due and payable.
6. The Company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.

How do I make a claim under the Policy and what are the documents required?

Notification of claim:

- i. Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening.
- ii. Claims for insurance benefits must be submitted to the Company not later than one (1) month after the completion of the treatment or after transportation of the mortal remains/ burial in the event of Death.
- iii. If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation in an Emergency, the company shall be informed within 24 hours of the admission of the insured person in Hospital.

Note: The Company will examine and relax the time limit mentioned herein above depending upon the merits of the case.

Documents to be submitted:

Basic documents required for All claims

- i. Duly completed claim form
- ii. Photo Identity Proof of the insured person
- iii. Copy of FIR/ Panchnama /Police Inquest Report (wherever these reports are required as per the circumstance of the Accident) duly attested by the concerned Police Station
- iv. Copy of Medico Legal Certificate (wherever it is required as per the circumstance of the Accident) duly attested by the concerned Hospital
- v. Any other relevant document required by the Company for assessment of the claim

Documents required in case of Death

- i. Death certificate;
- ii. Post-Mortem Report (if conducted);
- iii. Identity proof of Nominee or Original Succession Certificate/Original Legal Heir Certificate or any other proof to the satisfaction of the Company for the purpose of a valid discharge in case nomination is not filed by deceased.

Documents required in case of Permanent Total Disablement (PTO)/ Permanent Partial Disablement (PPD)

- i. Original treating Medical Practitioner's certificate describing the disablement
- ii. Original Discharge summary from the Hospital
- iii. Disability certificate issued by treating Medical Practitioner
- iv. Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable.

Documents required in case of Temporary Total Disablement (TTD)

- i. Original treating Medical Practitioner's certificate confirming the disability
- ii. Original Discharge summary from the Hospital
- iii. Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable
- iv. Leave/Absence Certificate from Employer (If Employed)

- v. Medical Practitioner's certificate confirming the Injury and advising rest/ unfit to work for specified number of days
- vi. Fitness Certificate issued by the treating doctor.

Documents required for coverage under Hospitalisation Expenses due to Accident:

- i. Discharge Summary from The Hospital
- ii. Medical & Investigation reports
- iii. Prescriptions and consultation papers of the treatment
- iv. Original Hospital Main Bill
- v. Original Hospital Bill Break up of various expenses
- vi. Any other medical, investigation reports, as applicable

Documents required for coverage under Education Grant:

- i. Proof to establish relationship- Passport/Education certificate establishing proof of relationship of child with parents/Birth Certificate.
- ii. Photo Identity Proof of Child
- iii. Age proof of Child
- iv. Bonafide Certificate issued by the educational institution confirming that he/she is a full-time student of the institution

Claim Settlement

- i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- ii. In case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the Financial Year in which claim has fallen due)

How much premium, I must pay to buy this policy and what discounts/loading are available?

Below are the gross rates before taxes for all the covers offered for each Risk Class as per the occupation of the Insured.

The premium rates will depend upon the Risk Class which you belong to. Risk Class categorization is as mentioned below:

1. Risk Class I corresponds to insured members engaged in administrative or managing functions, accountant, doctor, lawyer, architect, consulting engineer, teacher, and banker or primarily engaged in similar occupation.
2. Risk Class II corresponds to person engaged in manual labour, garage or motor mechanic, machine operator, paid driver of a car, a truck, a lorry or other heavy vehicles, cash carrying employee, wood working machinist or a builder – contractor and engineering in superintending functions, veterinary doctor, or engaged in similar occupation.

3. Risk Class III corresponds to person working in underground mines, in explosive magazines or in electrical installations with high tension supply, or insured is a jockey, circus personnel, engaged in racing on wheels or horseback, big game hunting, mountaineering, winter sports, skiing, ice hockey, river rafting, polo, or in similar activity or occupation.

Cover Type	Coverage	Risk Class		
		(Base Rates Per Mile)		
		I	II	III
Base Cover	(Death+ Permanent Total Disablement+ Permanent Pa Disablement)	0.54	0.83	1.23
Optional Cover	Temporary Total Disablement (per Mile 0.2% of Base Co Sum Insured)	44	66	99
	Hospitalization Expenses due to accident	INR 214*		
	Education Grant per child (Per Mile 10% of Base Cover \$ Insured)	0.49	0.74	1.09

*This rate is applicable for Base Sum Insured of INR 10 Lakh (INR 1 Lakh for Hospitalization expenses due to Accident). Net premium will be further adjusted by Sum Insured risk relativity as per the Sum Insured opted.

INSURANCE ACT 1938 SECTION 41- Prohibition of Rebates

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 of risk relating to lives or property in India, any rebate of the 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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. ANY PERSON MAKING FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKHS RUPEES.

IMPORTANT NOTE: Above is a summary of Coverage and Exclusions, please refer to detailed Policy Terms & Conditions and Policy Schedule for full description which shall prevail in the event of any claim/complaint/dispute.

Disclaimer: The description mentioned under "Digit Simplification" / "Examples" / throughout the Insurance Policy is only to aid your understanding of the coverage / benefit offered. In case of dispute, the terms and conditions detailed in the policy document and policy schedule shall prevail.

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