

CUSTOMER INFORMATION SHEET

NOTE: This is a quick snapshot/summary of your policy details. Please go through the policy terms & conditions document (detailed Sections are explained there) and policy schedule for full understanding. In case of any conflict, details and terms & conditions mentioned in policy schedule and policy document shall prevail. For your ease of reference, corresponding section/clause numbers of Policy wordings are indicated in brackets.

1. **NAME OF INSURANCE PRODUCT - Digit Aabhar Group Insurance Policy (UIN: GODHLGP26045V012526)**
2. **POLICY NUMBER - <<>>**
3. **TYPE OF INSURANCE PRODUCT - << Indemnity/ Benefit / Both Indemnity and Benefit>>**

DETAILS OF YOUR COVERAGE

4. SUM INSURED BASIS

Individual Sum Insured / Floater Sum Insured

<<Sum insured amount details for proposer and other lives covered with name, age, gender details>>

5. POLICY COVERAGE (Refer “C. Benefit Covered under the Policy” of Policy Wordings)

I. DIGIT GROUP COMPLETE SECURE POLICY

<<SECTION 1. ACCIDENTAL DEATH (Benefit Cover):>> If you have opted for this cover and an accident results in your death within 12 months, the policy pays 100% of the insured sum. In cases of disappearance or drowning, benefits are paid if you are presumed dead and a legal bond is provided.

<<SECTION 2. PERMANENT TOTAL DISABLEMENT (Benefit Cover):>> If you have opted for this cover and you sustain an Accidental Bodily Injury during the Policy Period, which is the sole and direct cause of Your “Permanent Total Disablement” within twelve (12) months from the Date of accident, then We will pay 100% of Sum Insured, as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section subject to terms, conditions, limitations and exclusions mentioned in the Policy.

<<SECTION 3. PERMANENT PARTIAL DISABLEMENT (Benefit Cover):>> If you have opted for this cover and you sustain an Accidental Bodily Injury during the Policy Period, which is the sole and direct cause of Your Permanent Partial Disablement within twelve (12) months from the Date of accident, then We will pay the percentage of Sum Insured, as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section, as per the Scale mentioned in the Policy Wordings.

<<SECTION 4. TEMPORARY TOTAL DISABLEMENT (Benefit Cover) :>> If you have opted for this cover and you sustain an Accidental Bodily Injury during the Policy Period, which is the sole and direct cause of a Temporary Total Disablement and which completely prevents You from performing each and every duty pertaining to Your employment or occupation on a temporary basis, then We will pay a weekly benefit, amount of which is mentioned in Your Policy Schedule/Certificate of Insurance against this Section, provided that it complies with the conditions.

<<SECTION 5. CHILDREN EDUCATION BENEFIT (Benefit Cover):>> If you have opted for this cover and you have opted for this cover and a claim is accepted under "Accidental Death" or "Permanent Total Disablement," the policy pays for your dependent child's education, if they are under 25, unmarried, and a full-time student. The maximum payout is the sum insured, and for girls, an additional percentage may be added. Claims for minor children are payable to the legal heirs, and children must be born from a legally valid marriage or adopted according to Indian Law.

<<SECTION 6. MARRIAGE EXPENSE FOR CHILDREN BENEFIT (Benefit Cover):>> If you have opted for this cover and a claim is accepted under "Accidental Death" or "Permanent Total Disablement," the policy pays for your dependent child's marriage expenses if they are under 25 and unmarried. Claims for minor children are payable to the legal heirs, and children must be from a legally valid marriage or adopted according to Indian Law.

<<SECTION 7. ORPHAN BENEFIT FOR CHILDREN (Benefit Cover):>> If you have opted for this cover and We have accepted a claim under “Section 1. Accidental Death” for the Insured Person who is a parent and while as a result of same accident or separate accident occurring during the Policy Period the Insured Person’s Spouse (who may or may not be an Insured Person) has also died, then We will pay the Sum Insured as opted by You, for dependent child's expenses, provided the child is under 25, unmarried, and without an independent income. Claims for minor children are payable to the legal guardian/heirs, and children must be from a legally valid marriage or adopted according to Indian Law.

<<SECTION 8. FUNERAL EXPENSES (Benefit Cover):>> If You have opted for this Cover and We have accepted a claim under “Section 1. Accidental Death”, then We will pay the Sum Insured as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section, towards funeral, cremation and/or burial of the body of the deceased Insured Person.

<<SECTION 9. TRANSPORTATION EXPENSES (Benefit Cover):>> If You have opted for this Cover and We have accepted a claim under “Section 1. Accidental Death”, then We will pay the Sum Insured as opted by

You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section, towards the expenses of transporting the mortal remains of the Insured Person from the place of death to a cremation ground or burial ground or to the residence of the Insured Person. This cover will be restricted to within India only, unless specifically waived off and mentioned in Policy Schedule.

<<SECTION 10. TRAUMA COUNSELLING (Indemnity Cover):>> If you have opted for this Cover and we have accepted a claim under "Accidental Death," "Permanent Total Disablement," or "Permanent Partial Disablement" is accepted, the Company will reimburse expenses for professional counselling sessions, dietary changes, psychotherapy, or medications as advised by a medical practitioner. This coverage applies up to the opted Sum Insured, must be availed within six months from the incident, and extends to the Insured's parents, spouse, and children in case of death, or to the Insured themselves in case of disablement.

<<SECTION 11. COMA BENEFIT COVER (Benefit Cover):>> If You have opted for this Cover and You sustain accidental bodily injury which solely and directly results in Your hospitalization in an Intensive Care Unit of a Hospital in a state of Coma, within 30 days of date of accident, then We will pay You the Sum Insured as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section, provided that it is complied with the conditions mentioned in the policy wordings.

<<SECTION 12. FRACTURE COVER (Benefit Cover):>> If You have opted for this Cover and You sustain accidental bodily injury which solely and directly results in Fracture(s) of Bone(s), then We will pay the percentage shown in the below table of benefits applied to the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section. This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

<<SECTION 13. BURNS COVER (Benefit Cover):>> If You have opted for this Cover and You sustain Second Degree Burns or Third Degree Burns solely and directly due to an accident, then We will pay the percentage shown in the below table of benefits applied to the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section. This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

<<SECTION 14. LIFESTYLE MODIFICATION BENEFIT (Indemnity Cover):>> You have opted for this Cover and We have accepted a claim under "Section 2. Permanent Total Disablement" and/or "Section 3. Permanent Partial Disablement", and/or Section 20. Critical Illness Benefit Cover and/or Section 21. Critical Illness Hospitalization Cover (wherever opted), then We will reimburse the Reasonable and Customary Charges/Expenses incurred for improvements to be carried out in the Insured Person's residence and/or vehicle which are certified in writing by a Medical Practitioner to be necessary and following the accident or diagnosis of critical illness, up to the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section.

<<SECTION 15. EXPENSE FOR EXTERNAL AIDS & APPLIANCES (Indemnity Cover):>> If You have opted for this Cover and We have accepted a claim under "Section 2. Permanent Total Disablement" and/or "Section 3. Permanent Partial Disablement", and/or Section 20. Critical Illness Benefit Cover and/or Section 21. Critical Illness Hospitalization Cover (wherever opted), then We will reimburse the Reasonable and Customary Charges incurred towards purchase of support items such as artificial limbs, crutches, stretcher, tricycle, wheelchairs or any other item which is prescribed by a Medical Practitioner following an injury sustained in the accident or critical illness, up to the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section

<<SECTION 16. COMPASSIONATE VISIT (Indemnity Cover):>> If You have opted for this Cover and We have accepted a claim under "Section 1. Accidental Death" and/or "Section 2. Permanent Total Disablement" and/or "Section 26.A. Accidental Hospitalization" due to an accident in a location situated outside the City/Town of Your usual place of residence mentioned in Your Policy Schedule/Certificate of Insurance, then We will reimburse the actual cost incurred for to and fro economy class transportation by the most direct route via a common carrier, up to the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section, for one of the Insured's "Immediate Family Member" to travel to the place of accident or the Hospital in which the Insured Person is hospitalized. Specific conditions mentioned in the policy wordings.

<<SECTION 17. MISCARRIAGE DUE TO ACCIDENTAL INJURY (Benefit Cover):>> If You have opted for this Cover and You sustain accidental bodily injury which solely and directly results in Miscarriage of a Pregnant Insured Member within 15 days of such accident, then We will pay a lumpsum amount as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance, provided that:

The miscarriage shall not be attributed to any natural causes and/or sickness relating to pregnancy or child birth. We shall not be liable for voluntary termination of pregnancy.

This benefit is applicable only to the female Insured Member covered under this Policy.

<<SECTION 18. HAZARDOUS OR ADVENTURE SPORTS COVER (Both Benefit and Indemnity Cover):>> This Policy has exclusion for any accidental bodily injury sustained while participating in Hazardous or Adventure Sports. If you have opted for this cover, You can choose to remove the abovementioned exclusion for the following 3 sections as opted by You and mentioned in Your Policy

Schedule/Certificate of Insurance.

Section 1- “**Death**”

Section 2- “**Permanent Total Disablement**”

Section 30 A- “**Accidental Hospitalization**”

Provided You are participating in a non-professional capacity and under the supervision of a trained professional. Claim Assessment will be as per the terms and condition of the respective section. This Cover is subject to terms, conditions, co-payment, limitations and exclusions mentioned in the Policy.

<<SECTION 19. HIV COVER (Benefit Cover):>> If You have opted for this Cover, We will pay You the Sum Insured as mentioned in Your Policy Schedule / Certificate of Insurance against this Section, in case You are first diagnosed to be suffering from an HIV Infection during the Policy Period and provided that HIV Infection is caused by any of the reasons other than Transmission through unprotected sex (Heterosexual, Homosexual or Bisexual).

<<SECTION 20. CRITICAL ILLNESS BENEFIT COVER (Benefit Cover): >> If You have opted for this Cover, We will pay You the Sum Insured opted by you for as mentioned in Your Policy Schedule / Certificate of Insurance against this Section, in case You are diagnosed as suffering from any of the Critical Illnesses or undergoing covered Surgical Procedures as per the Plan Opted by You and mentioned in Your Policy Schedule/Certificate of Insurance as specified in the policy wordings.,

<<SECTION 21. CRITICAL ILLNESS HOSPITALIZATION COVER (Indemnity Cover):>> If You have opted for this Cover and You are diagnosed as suffering from any of the Critical Illnesses or undergoing covered Surgical Procedures as per the Plan Opted by You and mentioned in Your Policy Schedule/Certificate of Insurance, during the Policy Period, We will pay You all Reasonable and Customary Charges that are Medically Necessary and Incurred by You in respect of an admissible hospitalization claim, up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

<<SECTION 22. CANCER BENEFIT COVER (Benefit Cover):>> If You have opted for this Cover, We will pay You the Sum Insured as mentioned in Your Policy Schedule / Certificate of Insurance against this Section, in case You are diagnosed as suffering from Cancer for Specified Severity for the first time in Your life and during the Policy Period. Provided that, conditions are met as mentioned in the policy wordings.

<<SECTION 23. CANCER HOSPITALIZATION COVER (Indemnity Cover):>> If You have opted for this Cover and You are diagnosed as suffering from Cancer for Specified Severity for the first time in Your life and during the Policy Period, We will pay You all Reasonable and Customary Charges that are Medically Necessary and Incurred by You in respect of an admissible hospitalization claim for Cancer for Specified Severity up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

<<SECTION 24. HEART PROTECT BENEFIT COVER (Benefit Cover):>> If You have opted for this Cover, We will pay You the Sum Insured as mentioned in Your Policy Schedule / Certificate of Insurance against this Section, in case You are diagnosed for one of the below heart conditions for the first time in Your life and during the Policy Period: Myocardial Infarction, Open Heart Replacement or Repair of Heart Valves, Surgery to Aorta, Open Chest CABG.

<<SECTION 25. HEART PROTECT HOSPITALIZATION COVER (Indemnity Cover):>> If You have opted for this Cover and You are diagnosed as suffering from below Heart conditions for the first time in Your life and during the Policy Period, We will pay You all Reasonable and Customary Charges that are Medically Necessary and Incurred by You in respect of an admissible hospitalization claim for below Heart conditions up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against this Section. Myocardial Infarction, Open Heart Replacement or Repair of Heart Valves, Surgery to Aorta, Open Chest CABG.

<<SECTION 26. ORGAN FAILURE BENEFIT COVER (Benefit Cover):>> If You have opted for this Cover, We will pay You the Sum Insured as mentioned in Your Policy Schedule / Certificate of Insurance against this Section, in case You are diagnosed from one of the below organ failure for the first time in Your life and during the Policy Period: End Stage Lung Failure, End Stage Liver Failure, Kidney Failure Requiring Regular Dialysis

<<SECTION 27. ORGAN FAILURE HOSPITALIZATION COVER (Indemnity Cover):>> If You have opted for this Cover and You are diagnosed as suffering from below organ failure for the first time in Your life and during the Policy Period, We will pay You all Reasonable and Customary Charges that are Medically Necessary and Incurred by You in respect of an admissible hospitalization claim for organ failure up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against this Section. End Stage Lung Failure, End Stage Liver Failure, Kidney Failure Requiring Regular Dialysis

<<SECTION 28. EMI PROTECTION COVER (Indemnity Cover):>> If You have opted for this Cover and You sustain accidental bodily injury which solely and directly results in Your “**Death**” or “**Permanent Total Disablement**” or “**Permanent Partial Disablement**” within twelve (12) months from the Date of accident or suffer from “**Critical Illness**” or “**Accidental & Illness Hospitalization**” or “**Loss of Employment**” or “**Listed Illness**” as per the contingency opted and mentioned in Your Policy Schedule/Certificate of Insurance against this Section and this completely prevents You from performing each and every duty pertaining to Your

employment or occupation mentioned in Your Policy Schedule/Certificate of Insurance for a minimum period of 1 month, We will pay an amount equivalent to Your contribution in EMI of Your Loan from a Financial Institution, up to the Sum Insured and Number of Months opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section, provided that condition is met as mentioned in the policy wordings.

<<SECTION 29. LOSS OF EMPLOYMENT (Indemnity Cover):>> If You have opted for this Cover and You are terminated or dismissed or retrenched from Your Employment, by the Employer during the Policy Period as per the Employer's rules/regulations or executed/ implemented by the Employer in compliance of any laws for the time being in force or any directives by any Public Authority, We will pay on any one of the following Basis Opted by You at Policy Inception and mentioned in Your Policy Schedule/Certificate of Insurance:

<<SECTION 30: HOSPITALIZATION COVER (Indemnity Cover)>>

A. ACCIDENTAL HOSPITALIZATION COVER: If You have opted for this Cover and You suffer an Accidental Injury during the Policy Period that requires Hospitalization as an inpatient, we will pay reasonable and customary charges that are medically necessary.

A1. Day Care Procedures: If you need inpatient medical treatment or surgery under anesthesia for less than 24 hours due to an accidental injury, the policy covers the medical expenses for such day care procedures. Routine outpatient treatments are not covered.

A2. Pre-Hospitalization Expenses: <<0, 30,60,90,120,180 days>> before hospitalization, as per the plan opted

A3. Post-Hospitalization Expenses: <<0, 30,60,90,120,180 days>> post hospitalization, as per the plan opted

A4. Dental Treatment: Dental treatment costs are covered if they are necessary due to an accident that leads to an accepted inpatient hospitalization claim.

A5. Road Ambulance: If an emergency accident hospitalization claim is accepted, the policy covers ambulance expenses to the hospital and between hospitals, up to the specified amount, if medically necessary.

A6. Second Medical Opinion: The policy covers the cost of one second opinion per major accidental injury requiring hospitalization from a panel medical practitioner during the policy period.

B. ACCIDENTAL & ILLNESS HOSPITALIZATION COVER: If You have opted for this Cover and You suffer an Accidental Injury or Illness during the Policy Period that requires Hospitalization as an inpatient, we will pay reasonable and customary charges that are medically necessary.

B1. Day Care Procedures: If you need inpatient medical treatment or surgery under anesthesia for less than 24 hours due to an accidental injury or illness, the policy covers the medical expenses for such day care procedures. However, routine outpatient treatments are not covered.

B2. Pre-Hospitalization Expenses: <<0, 30,60,90,120,180 days>> before hospitalization, as per the plan opted

B3. Post-Hospitalization Expenses: << 0, 30,60,90,120,180 days>> post hospitalization, as per the plan opted

B4. Dental Treatment: Dental treatment costs are covered if they result from an accident that leads to an accepted inpatient hospitalization claim.

B5. Road Ambulance: If an emergency hospitalization claim is accepted, the policy covers ambulance expenses to the hospital and between hospitals, up to the specified amount.

B6. Bariatric Surgery Cover: Medically necessary bariatric surgery is covered if certain conditions are met, including age, BMI, medical history, and specific procedures, with prior approval and waiting periods applicable. Cosmetic, drug-induced, and untreated hormonal or psychiatric obesity are not covered.

B7. Psychiatric illness Cover: Psychiatric illness expenses are covered up to the policy limit if diagnosed and hospitalized during the policy period, with a waiting period and prior approval required, except for emergencies.

B8. Second Medical Opinion: For cancer or major illness requiring hospitalization, the policy covers the cost for one second opinion per condition within the policy period, from a panel medical practitioner of your choice.

<<SECTION 31. INFERTILITY TREATMENT COVER (Indemnity Cover):>> If You have opted for this Cover and if You are hospitalized on the advice of the Medical Practitioner for Infertility/ Subfertility Treatments then We will pay the Medical Expenses including but not limited to, IVF, IUI, ZIFT, ICSI, subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

<<SECTION 32. ORGAN DONOR (Indemnity Cover):>> If You have opted for this Cover, We will pay You for the Medical Expenses incurred towards harvesting of the donated organ subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy. Provided that, We have accepted a claim under **Section 30.A. Accidental Hospitalization Cover** and/or **Section 30.B. Accidental & Illness Hospitalization Cover**.

<<SECTION 33. ALTERNATE TREATMENT (AYUSH) COVER (Mandatory In-Built cover in Section-30 Hospitalization Cover) (Indemnity Cover):>> We will pay the Medical Expenses for Your In-patient Treatment, taken under Ayurveda, Unani, Siddha or Homeopathy. This section will not have a separate sum insured, it will be up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against **Section 30.A. Accidental Hospitalization Cover** and/or **Section 30.B. Accidental & Illness Hospitalization Cover**.

<<SECTION 34. EMERGENCY AIR AMBULANCE (Indemnity Cover):>> If You have opted for this Cover, We will pay You the expenses incurred for Your transportation in an airplane or helicopter for emergency

life threatening health conditions which requires immediate and rapid ambulance transportation to the nearest hospital.

<<SECTION 35. LONG HOSPITALIZATION CASH BENEFIT (Benefit Cover):>> If You have opted for this Cover and You are Hospitalized for a minimum number of consecutive days as Opted by You and mentioned in the Policy Schedule / Certificate of Insurance against this Section, We will give you a lump sum amount as mentioned in the Policy Schedule / Certificate of Insurance. Provided that:

We have accepted a claim under **Section 30.A. Accidental Hospitalization Cover** and/or **Section 30.B. Accidental & Illness Hospitalization Cover**, and

The benefit is payable only once to an Insured Person during the Policy Year.

<<SECTION 36. MATERNITY & NEWBORN BABY COVER (Indemnity Cover):>>

A. **Maternity Cover:** Covers expenses for delivery and complications up to the insured sum, with certain conditions like waiting periods and coverage for up to two living children.

B. **New Born Baby Cover:** Covers medical expenses for the newborn up to 90 days, including hospitalization, medical complications, and vaccinations. Coverage for vaccinations extends up to 5 years if the policy is continuously renewed.

<<SECTION 37. HOME (DOMICILIARY) HOSPITALIZATION (Indemnity Cover):>> If You have opted for this Cover, We will pay the Medial Expenses incurred by You for any illness or Injury requiring medical treatment taken at home, which would otherwise have required Hospitalization, provided that this Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

<<SECTION 38. SUM INSURED REFILL BENEFIT (Benefit Cover)>>

If you have opted for this Cover, We will refill 100% of the Sum Insured specified and utilized under **Section 30.A. Accidental Hospitalization Cover** and/or **Section 30.B. Accidental & Illness Hospitalization Cover** for that particular Policy Period, provided that the conditions are met as mentioned in the policy wordings.

<<SECTION 39. OUT-PATIENT (OPD) BENEFIT (Indemnity Cover)>>

If You have opted for this Cover, We will pay the Reasonable and Customary Charges for mentioned expenses incurred by You as an Allopathic Out-patient. The maximum claim payable under each sub -section under this cover shall be subject to the limits specified against the respective sub-sections and Sum Insured mentioned in **Policy Schedule/Certificate of Insurance** against this section. Benefit under this section should be provided through **Network Facilitator** as mentioned in Policy Schedule/Certificate of Insurance.

<<SECTION 40. ILLNESS COVER (Both Benefit and Indemnity Cover) :>>

A. Hospitalization Cover

A1. **Pre-Hospitalization Expenses:** <<0, 30,60,90,120,180 days>> before hospitalization, as per the plan opted

A2. **Post-Hospitalization Expenses:** :<< 0, 30,60,90,120,180 days>> post hospitalization, as per the plan opted

A3. **Road Ambulance:** If an emergency hospitalization claim is accepted, the policy covers ambulance expenses to the hospital and between hospitals, up to the specified amount.

A4. **Second Medical Opinion:** If you're hospitalized in a tertiary care facility during the Policy Period due to a certified covered condition, we'll arrange and pay for one Second Opinion upon your request.

B. Virus Detection and Quarantine Allowance

a) **Full Fixed Benefit:** If you test positive for a covered virus during the Policy Period, we'll pay 100% of the Sum Insured, provided the claim includes a certified medical report and a positive virology result from an ICMR-authorized lab.

b) **Part Fixed Benefit:** If your test result is negative but you're quarantined in a government-authorized hospital for the required duration, we'll pay a partial benefit as per the percentage stated in your Policy Schedule.

<<SECTION 41. DAILY CASH BENEFIT (Benefit Cover):>> If You have opted for this cover and You are hospitalized as an inpatient during the Policy Period due to one or more of the below mentioned contingencies as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance, we will pay a per day benefit as opted and mentioned in Your Policy Schedule/Certificate of Insurance against this Section.

<<SECTION 42. FIXED CASH BENEFIT (Benefit Cover):>> If You have opted for this cover and You are hospitalized as an inpatient during the Policy Period due to one or more below mentioned contingencies as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance, we will pay a Fixed Lump Sum Benefit as opted and mentioned in Your Policy Schedule / Certificate of Insurance against this Section. This Benefit will be paid for each and every continuous and completed period of the number of days of Hospitalisation for a maximum number of days as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

<<SECTION 43. COMPANION BENEFIT CASH ALLOWANCE COVER (Benefit Cover):>> If You have opted for this cover, We will pay towards the expenses incurred on one of Your attendants, accompanying You at the Hospital/Nursing Home, in case of Your Hospitalization as an inpatient due to an Accidental bodily Injury and/or Illness during the Policy Period. We will pay You as per the **option opted by You** and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover.

<<SECTION 44. PARENT ACCOMMODATION CASH ALLOWANCE COVER (Benefit Cover):>> If

You have opted for this Cover, we will pay towards expenses incurred on accommodation of parents at the Hospital/Nursing Home, in case of Your Hospitalization as an inpatient due to an Accidental bodily Injury and/or Illness during the Policy Period. We will pay You as per the **option Opted by You** and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover.

<<SECTION 45. LOAN SHIELD (Indemnity Cover):>> If You have opted for this cover and You suffer from any Accidental Injury that occurs during the policy period and that injury solely and directly results in Your "**Death**" or "**Permanent Total Disablement**" or "**Permanent Partial Disablement**" within twelve (12) months from the Date of accident or from "**Critical Illness**" as per the contingency opted and mentioned in Your Policy Schedule/Certificate of Insurance against this Section.

<<SECTION 46. LOSS OF PAY (Indemnity Cover):>> If You have opted for this cover and due to death of Your **immediate family Member** during the Policy Period, You have to take leave without pay from Your employment as You do not have enough accrued leave to cover the absence from the employment, then we will pay the Percentage of Your **net per day salary** as mentioned in Your Policy Schedule/Certificate of Insurance for the period You have taken leave without pay, provided that conditions are met as mentioned in the policy wordings.

<<SECTION 47. HEALTH CHECK UP (Indemnity Cover):>> If You have opted for this Cover, we will indemnify You for health check-up expenses incurred as per the options opted by You and mentioned in Policy Schedule/Certificate of Insurance.

47.1 Health Check-up from Day 1 of Policy: We will pay the expenses incurred towards cost of health check-up from Day 1 of the Policy and during the policy period up to the Sum Insured limit as mentioned in Policy Schedule/Certificate of Insurance subject to terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance.

47.2 Health Check-up at the end of each block of continuous years: If You have continued Your Policy with Us without any break, then at the end of each block of continuous years as mentioned in Policy Schedule/Certificate of Insurance, We will pay the expenses incurred towards cost of health check-up up to the Sum Insured limit as mentioned in Policy Schedule/Certificate of Insurance subject to terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance.

<<SECTION 48. WELLNESS BENEFIT PROGRAM (Indemnity Cover):>> If You have opted for this Cover, Wellness Benefit Program provides the benefits listed in the policy wordings and shall be available to the Insured Person as mentioned in the Policy Schedule/Certificate of Insurance. Through this Program, We intend to incentivize the Insured Person(s) for taking care of his/her health/fitness and maintaining healthy lifestyle through such preventative and wellness services.

II. **DIGIT FINSHIELD INSURANCE POLICY**

<<SECTION 49. CARD COVER (Indemnity Cover):>> If you have opted for this cover, we will indemnify you against the respective sections, subject to maximum of Sum Insured opted for the section.

Section 49.1: Lost Card Liability: We will indemnify You against the financial loss arising out of unauthorized / fraudulent transaction during the cover period from Your lost card or stolen Card.

Section 49.2: Online Transaction cover: We will indemnify You against the financial loss arising out of unauthorized/ fraudulent transactions through internet during the Cover Period, using the CVV (Card Verification Value Code) or the PIN (Personal Identification Number) of the Card issued to You by the financial institution.

Section 49.3: Card Liability due to unauthorized / fraudulent usage: We will indemnify You against the financial loss arising out of unauthorized/ fraudulent transaction using Your cards including but not limited to skimming, phishing, counterfeiting, cloning, payment made on mirror sites and other similar kind of fraud as mentioned in the Policy schedule/ Certificate of Insurance.

Section 49.4: ATM assault and robbery: We will reimburse You against the following covers:

1. ATM Robbery - We will reimburse for the money You withdrew from any ATM using his/her card against a robbery event that occurs within a time period from the withdrawal of the money and within a distance from ATM.
2. Bodily Injury - We will reimburse for reasonable emergency first aid charges for Your bodily injury during a robbery that is covered under this section.
3. Transaction under Threat/ violence - We will reimburse for the money You withdrew from any ATM by forcibly using his/her card under a threat violence.

Section 49.5 ATM Fraud Cover: We will reimburse You for the money You have lost due to ATM related Frauds including but not limited to manipulated ATM Machine, Card Cloning at the ATM etc.

<<SECTION 50: OTHER ELECTRONIC TRANSACTION COVER (Indemnity Cover):>> If you have opted for this cover, we will indemnify You upto the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance, in respect of financial loss resulting from unauthorized / fraudulent transaction in Your internet banking account / mobile banking account/ UPI Account or any other legitimate electronic modes.

<<SECTION 51: DIGITAL WALLET COVER (Indemnity Cover):>> If you have opted for this cover, we will indemnify You for financial losses to digital wallet/e-wallet. This includes:
 (i) loss of wallet balance due to unauthorized/fraudulent transactions caused by theft, burglary, or loss of the mobile device
 (ii) loss of wallet balance due to unauthorized/fraudulent transactions. The reimbursement is limited to the amounts specified in the Policy Schedule/Certificate of Insurance.

<<SECTION 52: IDENTITY THEFT (Indemnity Cover):>> If you have opted for this cover, we will indemnify You for expenses incurred in resolving identity theft during the cover period. The policy covers legal expenses for defending lawsuits or removing wrongful judgments, lost wages for time taken from unpaid work (up to 7 days), and miscellaneous expenses such as refile applications, notarizing documents, contesting credit report inaccuracies, and obtaining up to four approved credit reports.

<<SECTION 53- PURCHASE PROTECTION (Indemnity Cover):>> If you have opted for this cover, we will indemnify You for loss / damage to the items that You purchases entirely with Your card/ bank account/ digital wallet/ any other mode of payment as specified in the Policy Schedule/ Certificate of Insurance, provided that the loss/ damage to the purchased item is due to the listed covered perils (ie Fire Perils, Earthquake & Burglary) and within number of days as specified in the Policy Schedule/ Certificate of Insurance from the date of purchase or date of confirmed delivery of the item (whichever is later).

<<SECTION 54- PRICE PROTECTION (Indemnity Cover):>> If you have opted for this cover, we will indemnify You for the difference between the price Insured Person paid with his/ her card/ bank account / digital wallet/ any other mode of payment as specified in the Policy Schedule / Certificate of Insurance for an item and a lower printed advertised price for the same item (same brand, make, model name).

<<SECTION 55- WALLET PROTECTION (Lost Wallet Coverage) (Indemnity Cover):>> If you have opted for this cover, we will indemnify You if Your wallet is lost or stolen, a sum not exceeding the Sum Insured as specified in the policy schedule/ certificate of Insurance against this section for:

1. Replacement costs for the lost or stolen wallet;
2. Prescribed fee payable to the concerned authorities incurred to obtain a duplicate or new personal papers and /or cards.

For this section personal papers and cards shall mean Insured Person's driving licence, PAN Card, Aadhaar Card, Credit Card, Debit Card and other similar documents usually carried in a wallet.

III. DIGIT FLEXI GRIHA RAKSHA POLICY

<<SECTION 56- FLEXI GRIHA RAKSHA (Indemnity Cover)>>

i. Scope of Cover

<<A.1. Property Damage (Indemnity Cover):>> If you have opted for this cover, we will cover for physical loss or damage, or destruction caused to Insured Property by the unforeseen events occurring during the Policy Period. The events covered and not covered are mentioned in the policy wordings.

<<A.2. Terrorism (Indemnity Cover):>> If you have opted for this cover, we will cover physical loss or damage, or destruction caused to Insured Property by the Act of Terrorism occurring during the Policy Period. Coverage, exclusions and excess under this cover will be as per Terrorism clause attached in Annexure D of the policy wordings . If You have opted for this Section, point no. 76 as provided under "D – General Exclusions" shall stand deleted.

Clause B: Home Contents Cover

Clause C: Additional Covers

1. Optional Covers

- a. **<<Cover for Valuable Contents on Agreed Value Basis (under Home Contents cover) (Agreed Value Cover)>>**
- b. **<<Personal Accident Cover (Benefit Cover)>>**

IV. DIGIT ASSET CARE

<<SECTION 57- THEFT (Indemnity Cover)>>: If You have opted for this cover, Your Household / Insured Asset(s) is insured against attempted theft subject to the definitions, limitations, exclusions, terms and conditions of this Policy.

<<SECTION 58- ACCIDENTAL DAMAGE (Indemnity Cover): If You have Opted for this cover, Your Household / Insured Asset(s) is insured against any physical damage resulting from Accidental Damage subject to the definitions, limitations, exclusions, terms and conditions of this Policy.

<<SECTION 59– LIQUID DAMAGE (Indemnity Cover):>> If You have Opted for this cover, Your Household / Insured Asset(s) is insured against any loss or damage resulting from ingress of any type of liquid or water subject to the definitions, limitations, exclusions, terms and conditions of this Policy.

<<SECTION 60– MECHANICAL AND ELECTRICAL BREAKDOWN (Indemnity Cover):>> If You have Opted for this cover, Your Household / Insured Asset(s) is insured against any loss or damage resulting from “Mechanical & Electrical Breakdown” that stops the functioning of Your Household / Insured Asset(s) fully or partially subject to the definitions, limitations, exclusions, terms and conditions of this Policy.

<<SECTION 61– ACCIDENTAL LOSS COVER (Indemnity Cover):>> If You have Opted for this cover, Insured household or assets are protected against accidental loss, theft, or damage, subject to policy terms and conditions.

V. **DIGIT BURGLARY INSURANCE POLICY**

<<SECTION 62– BURGLARY (Indemnity Cover)>>

I. **Scope of Cover:** If you have opted for this cover, we agree to indemnify You for:

1. Any loss of or damage to the Property due to Burglary or Housebreaking or Robbery or Hold-up.
2. Any damage to the Premises from Burglary or Housebreaking or Robbery or any attempt thereof by the person or persons committing or attempting to commit such theft during the Policy Period, which includes:
 - a) the reasonable costs incurred by the Insured for changing damaged locks at the entry and/or exit points to the Insured Premises and at internal entry and/or exit points.
 - b) Damage to Safe and/or Strong room within the Insured Premises.

VI. **DIGIT EXTENDED WARRANTY**

<<SECTION 63– EXTENDED WARRANTY (Indemnity Cover)>> If you have opted for this cover, we will indemnify You against the repair or replacement costs in respect of the Insured Asset caused by a Breakdown arising out of manufacturing defect and / or due to poor workmanship of the service personnel of the authorized workshops during the Policy Period.

VII. **DIGIT EXTRA SECURE COVER**

<<SECTION 64– LEGAL ASSISTANCE COVER (Indemnity Cover)>> If You have opted for this section, You or driver of Your vehicle will be eligible for legal support related to road accident involving Your Vehicle and shall be limited to the scope as mentioned below.

- a. Providing guidance to You/Your Driver regarding any Legal Query. The guidance will be provided by the Company Representatives over a call.
- b. Arranging for an Advocate, on best-effort basis, to advise and represent You/ Your Driver in legal proceedings before the Magistrate Court only.
- c. Payment of Advocate fees for Your/ Your Driver’s bail, and/or Criminal trial, subject to maximum of sum insured as mentioned in the Policy Schedule / Certificate of Insurance.

<<SECTION 65– DAILY CONVEYANCE COVER (Benefit Cover)>> If You have opted for this section and your claim for accidental loss or damage to Your vehicle is valid under the own damage section of your vehicle insurance policy, then We will, at our discretion, compensate for Your transportation cost during the repair period due to non-availability of Your vehicle (as Your vehicle is at garage for repairs), in either of the ways mentioned below:

- a) Pay a fixed allowance per day; or
- b) Provide a stand by Vehicle; or
- c) Provide coupons from well-known taxi operators for an amount equal to the per day fixed allowance.

This section also has an additional coverage Non-Accidental Loss or Damage to Vehicle which can only be provided if specifically opted.

<<SECTION 66– VEHICLE EMI PROTECTION COVER (Indemnity Cover)>> If You have opted for this section, in the event of Your Vehicle being damaged due to accident and is in garage for repair or is a Total Loss/Constructive Total Loss/ Total Theft , You will be paid the regular Equated Monthly Instalment (EMI) payable to the Financial Institution mentioned in Your Policy Schedule/ Certificate of Insurance as per the Number of EMI and Time Excess opted by You.

This section also has an additional coverage Non-Accidental Loss or Damage to Vehicle which can only be provided if specifically opted.

<<SECTION 67– LOSS OF REVENUE (Benefit Cover)>> If You have opted for this section, and Your vehicle is damaged with admissible own damage claim under Motor Insurance Policy and is in garage with Your livelihood is depending on the vehicle, then We will compensate You towards loss of income during the repair period due to non-availability of Your Vehicle, subject to Maximum Number of Days, Time Excess & Per Day Fixed Allowance opted by You as mentioned in Your Policy Schedule/ Certificate of Insurance.

This section also has an additional coverage Non-Accidental Loss or Damage to Vehicle which can only be provided if specifically opted.

<<SECTION 68– BREAKDOWN ASSISTANCE (Indemnity Cover)>> If You have opted for this section, You shall be entitled to one or more of mentioned services or benefits from Us or Assistance Service Provider depending on the Plan opted by You under this section and as shown in the Policy Schedule / Certificate of Insurance.

<<SECTION 69– ADDITIONAL TOWING EXPENSES (Indemnity Cover)>> If You have opted for this section, We will pay for the additional expenses incurred by You towards removal, protection and towing of Your Vehicle from the spot of accident to the nearest garage, repairer or place of safety or any other place as approved by Us, in the event of the Vehicle being disabled by reason of accidental loss or damage.

<<SECTION 70– KEY AND LOCK PROTECT (Indemnity Cover)>> If You have opted for this section, We will compensate You for the cost incurred towards:

- a. Replacing Your Vehicle’s keys / residence keys/ Office keys upon the occurrence of theft or burglary or accidental loss or damage to the keys during the Policy Period.
- b. Cost of installing new lock or the lockset in Your Vehicle/ residence, including the locksmith charges, provided there is a security risk arising out of the incidence of lost keys of Your Vehicle/ residence.
- c. Cost of repairing/replacing Your locks and keys or the lockset, including the locksmith charges, provided that the Vehicle/ residence is broken into.

<<SECTION 71– DEBRIS REMOVAL EXPENSES (Indemnity Cover)>> If You have opted for this section, We will pay for the expenses incurred by You towards cleaning up, removing debris, wreckage, transshipment of goods from Your Vehicle to other substitute vehicle, in case the Your Vehicle is not in a condition to carry goods post accidental loss or damage occurring during the Policy Period.

<<SECTION 72– SMART ASSISTANCE COVER (Indemnity Cover)>> If You have opted for this cover, We will be offering assistance for booking and co-ordination of various listed assistance services, depending on the details of services opted and as mentioned in the Policy Schedule / Certificate of Insurance.

NO CLAIM BONUS <<Cumulative Bonus/ No Claim Discount>> [No Claims made under the section 30A and / or 30B]

Details of No Claim Bonus <<to fetched form Policy Schedule>>

6. EXCLUSIONS (Refer “D. General Exclusions Exclusion applicable to Section 1 to Section 48” of Policy Wordings)

I. Standard Exclusion

1. Pre-Existing Waiting Period – Code- Excl 01	2. Specified disease/procedure waiting period- Code- Excl02
3. 30-day waiting period/ Initial Waiting Period- Code- Excl03	4. Investigation & Evaluation- Code- Excl04
5. Rest Cure, rehabilitation and respite care- Code- Excl05	6. Obesity/ Weight Control: Code- Excl06
7. Change-of-Gender treatments: Code- Excl07	8. Cosmetic or plastic Surgery: Code- Excl08
9. Breach of law: Code- Excl10	10. Excluded Providers: Code- Excl11
11. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12	12. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code- Excl13
13. 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	14. Refractive Error: Code- Excl15
15. Unproven Treatments: Code- Excl16	16. Sterility and Infertility: Code- Excl17
17. Maternity: Code Excl18	

II. Specific Exclusions

18. Artificial Life Maintenance	19. Suicide and Self-Injury
20. Cosmetic, Aesthetic and Re-Shaping Treatment & Surgeries	21. Pre-Existing Disability
22. Circumcision, Aesthetic reasons	23. Hazardous or Adventures Sport
24. Defence Operation/Aviation Activities	25. External Congenital Anomaly
26. Geographical Limits	27. Non-Medical Expenses
28. Insufficient Document	29. Professional Sports
30. Preventive Treatment	31. Sexual disorder and Erectile Dysfunction
32. Sexually Transmitted Infections & Disease	33. Sleep Disorders and Sleep Problems
34. Spectacles, Hearing aids & other Expenses	35. Stem Cell Transplant
36. Unjustified or Unwarranted Hospitalization	37. Substance abuse and Addictions
38. War and hazardous substances	39. Legal Liability
40. Ear, Eyesight & Optical Services	41. Prosthetics and other devices
42. Specific Treatments	43. Dental Treatment
44. Mental Disorders	45. Organ Donor
46. Our Maximum Liability in respect of the following procedures will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital up to 50% of Sum Insured opted.	

Any other exclusion as mentioned in the policy schedule

7. WAITING PERIOD

- **Initial Waiting Period** <<30 days, 15 days, 7 days, 48 hours & nil >>
- **Specific Waiting Periods:** <<0 years, 3 months, 6 months, 1 year, 2 years>>
- **Specified Disease/ Procedure Waiting Periods (Not applicable for claims arising due to an accident):** Specified disease/procedure waiting period is <<>> years
- **Pre-Existing Diseases:** Covered after <<>> months.

Waiting Period options	Period
Initial Waiting Period	30 days, 15 days, 7 days, 48 hours and NIL
Pre – existing waiting period	0 years, 3 months, 6 months, 1 year, 2 years, 3 years
Specific Waiting period	0 years, 3 months, 6 months, 1 year, 2 years
Maternity Waiting Period	0 years, 9 months, 1 year, 2 years, 3 years, 4 years
Initial waiting period for HIV cover	0 days, 30 days, 60 days, 90 days
Initial waiting period for Critical illness cover	0 days, 30 days, 60 days, 90 days
Initial Waiting Period for Loss of Employment Cover	0 days, 15 days, 30 days, 45 days, 60 days, 75 days, 90 days, 105 days, 120 days.
Waiting Period for Infertility Treatment Cover	0 days, 30 days, 3 months, 6 months, 9 months, 1 year, 2 years, 3 years, 4 years
Maternity & new born baby cover	0 years, 6 months, 9 months, 1 year, 2 years, 3 years, 4 years

8. FINANCIAL LIMITS OF COVERAGE

Sub – Limit, Co-payment and Deductible as applicable to the policy is as mentioned below:
<<>>

9. CLAIMS PROCEDURE (Refer “E. II. 39. Claims Notification and Procedure” of Policy Wordings)

Claims Notification and Procedure

A. Cashless Claim Process:

Cashless Facility can be availed only at our network hospitals, facilitated by our Service Provider/TPA, with direct payment to the hospital:

1. Notify us at least **72 hours before planned hospitalization or within 24 hours in emergencies**
2. Request for cashless authorization shall be decided immediately but not more than one hour of receipt of request
3. For Cashless Facility You shall follow the below Procedure:
 - a. Share the Health Card/Copy of E-Cards along with ID Proof with the Hospital Authority & Obtain the Pre-Authorization Form from the Hospital.
 - b. Submit Duly filled & Signed Pre-Authorization Form to the Hospital Counter.
 - c. Ensure the hospital sends the form to the Service Provider/TPA for processing.
 - d. The Service Provider/TPA will inform the decision and may issue an authorization letter to the hospital.

- e. **Treatment must occur within 15 days of approval** or before the policy expiry date, with matching details.
- f. Check the updated list of Network Providers before availing Cashless Facility.
- g. Contact the Service Provider/TPA for any queries using the details on the Health Card/E-Cards.

B. Reimbursement Claim Process:

Reimbursement Facility is available at any hospital in India. You must pay the hospital directly and submit documents to the Service Provider/TPA for claim reimbursement

1. We or Our Service Provider / Third Party Administrator (TPA) should be intimated within 48 hours of date of admission.
2. For Reimbursement Claim You shall follow the below Procedure:
 - a. The Company shall settle or reject a claim, as the case may be, within 15 days from submission of claim.
 - b. In case the claim is not settled within the specified timelines, then the claimant is entitled for interest at bank rate plus 2 percent from the date of receipt of intimation to till the date of payment. "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.
 - c. In case of Your Death, We shall reimburse the claim amount to Your Nominee as named in Your Policy Schedule or Your Legal representative holding a valid succession certificate.

C. List of Claim Documents:

In addition to the Duly Completed Claim Form signed by the Insured/Insured's Nominee/Legal Heir & NEFT Details or Cancelled Cheque of the Insured/Insured's Nominee/Legal Heir, ID proof (KYC document) of insured and Nominee, address proof wherever applicable, We need to have the documents, as mentioned in policy wordings wherever applicable.

Note: There are times when You or any other person who could claim on Your behalf, may be in such a state of hardship, that You or Such other person is unable to give us a notice or file a claim within the prescribed time limit. In such cases, condonation of delay can be done by waiver of conditions A.1, B.1 and B.2.a may be considered where the reason for delay is proved to our satisfaction.

*KYC documents shall be required at the claim settlement stage where claims pay-out to the Insured Member exceeds a threshold limit of Rs. 1 Lakhs per claim

Note: For EMI policies the company shall recover and deduct all the pending instalments from the claim amount due under the policy.

Turn Around Time (TAT) for claims settlement:

- i. **TAT for preauthorization of cashless facility:** Within 1 hour of receipt of request
- ii. **TAT for cashless final bill authorization:** Within 3 hours of the receipt of discharge authorization request from the hospital.

Details /web link for following:

- i. **Network Hospital details:** <https://www.godigit.com/health-insurance/digit-cashless-network-hospitals-list>
- ii. **Helpline number:** Toll Free: 1800-258- 4242, Email: healthclaims@godigit.com
- iii. **Hospitals which are blacklisted or from where no claims will be accepted by insurer:** <https://www.godigit.com/health-insurance/non-preferred-hospitals>
- iv. Downloading/getting claim form: https://cdn.godigit.com/GO_DIGIT_GENERAL_INSURANCE_CASHLESS_FORM.pdf

10. POLICY SERVICING

Call Centre Details

Toll Free: 1800-258- 4242, Email: healthclaims@godigit.com , Senior citizens can now contact us on 1-800-258-4242 or write to us at seniors@godigit.com, Website: <https://www.godigit.com>

Details of Company Officials: 1800-258- 4242; healthclaims@godigit.com

11. GRIEVANCES / COMPLAINTS

Customer Grievance Redressal Policy

Website: <https://www.godigit.com> , Toll Free: 1-800-258- 4242, Email: hello@godigit.com, Senior citizens can now contact us on 1-800-258-4242 or write to us at seniors@godigit.com , If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at grievance@godigit.com, For updated details of grievance officer, kindly refer the link: Click Here <https://www.godigit.com/claim/grievance-redressal-procedure> ,

The policyholder or the claimant also has the option to register the complaint on-line at IRDAI's Bima Bharosa by visiting <https://bimabharosa.irdai.gov.in/>

The contact details of the Insurance Ombudsman Centers - <https://www.cioins.co.in/Ombudsman>.

12. THINGS TO REMEMBER

- **Policy Renewal-** Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.
- **Migration & Portability-** When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer. Please refer details of Migration and Portability policy as mentioned in the Policy Wordings.
- **Change in Sum Insured:** Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.
- **Moratorium Period:** After completion of Sixty continuous months (five years) under the policy no look back to be applied. This period of sixty months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of five continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.

13. YOUR OBLIGATIONS

- Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.
- Please Disclose any change in Material Information during the policy period.
- Material Information for this policy refers to all relevant details requested by the Company in the proposal form and related documents to make an informed underwriting decision.