

### 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 Group Janata Personal Accident Policy (UIN: GODPAGP26041V022526)
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. Benefits Covered under the Policy" of Policy Wordings)

- a. <<Death(Benefit Cover):>> We will pay 100% of the Sum Insured as stated in the Policy schedule/ Certificate of Insurance in the event of Accidental Bodily Injury causing the Insured's death within 12 months of the Accidental Bodily Injury being sustained.

###### Additional Benefit under Death Cover

Disappearance: We shall be liable to be pay under this benefit, if the Insured Member's full body cannot be located within a period of consecutive twelve (12) months, following a forced landing, stranding, sinking, or wrecking of a Common Carrier in which such Insured Member was known to have been travelling as a fare paying passenger or in any event arising as a result of Act of God Perils during the Policy Period, where it is reasonable to believe that such Insured Member has died as a result of an Accidental Injury.

- b. <<Permanent Total Disability(Benefit Cover):>> In the event of Accidental Bodily Injury causing the Insured's Permanent Total Disability within 12 months of the Accidental Bodily Injury being sustained, We will pay 100% of the Sum Insured as stated in the Policy schedule/Certificate of Insurance.

- c. <<Permanent Partial Disability(Benefit Cover):>> In the event of Accidental Bodily Injury causing the total and irrecoverable loss of sight of one eye, or total and irrecoverable loss of use of a hand or a foot, We will pay 50% of the Sum Insured stated in the Policy Schedule/ Certificate of Insurance.

It is also hereby further expressly agreed and declared that upon payment of claim under the benefit, the Total Sum Insured shall stand reduced by the amount paid under the said claim.

##### 6. EXCLUSIONS (Refer "D. Exclusions" of Policy Wordings)

###### I. Standard Exclusions

1. Hazardous or Adventure sports: Code- Excl09	2. Breach of law: Code- Excl10
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###### II. Specific Exclusions

3. Suicide and Self-Injury	4. Any claim arising from use or consumption of narcotic or intoxicating drugs or alcohol or solvent, or taking of drugs, except where the insured is not directly responsible for the injury / accident though under influence of intoxication
5. Pre-Existing Condition	6. War and hazardous substances
7. Legal Liability	8. Defence Operation

Any other exclusion as mentioned in the policy schedule

##### 7. WAITING PERIOD - NA

**8. FINANCIAL LIMITS OF COVERAGE**

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

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**9. CLAIMS PROCEDURE (Refer “E. II. 31. Claims Notification and Procedure” of Policy Wordings)**

i. If the Insured Person meets any accidental injury that may result in a claim under this policy, it is a condition precedent to Our liability under the Policy that below procedure should be followed:

- a. Policyholder or the Insured Person or someone claiming on his/her behalf must inform Us immediately and in any event within 30 days from the date of occurrence any accident/incident that may result in a claim and submit all documents to us within 30 days from the date of intimation.
- b. Insured Person should allow examination by our medical advisors if we ask for this.
- c. Policyholder or Insured Person or someone claiming on his/her behalf must promptly give us documentation and other information we ask for to investigate the claim or our obligation to make payment for it.
- d. In case of the Insured Person’s death, someone claiming on his/her behalf must inform us in writing immediately and send us a copy of the post-mortem report (if conducted) within 30 days.

\*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) and (f) above may be considered where the reason for delay is proved to our satisfaction.

**ii. 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 below documents, wherever applicable:

Accidental Death	<ul style="list-style-type: none"> <li>• Copy of Address Proof (Ration Card or Electricity Bill Copy).</li> <li>• Attested Copy of Death Certificate.</li> <li>• Death Summary/Certificate from the hospital authority (wherever applicable)</li> <li>• Burial Certificate (wherever applicable).</li> <li>• Attested Copy of Statement of Witness, if any lodged with police authorities. (wherever applicable).</li> <li>• Attested Copy of FIR / Panchanama / Inquest Panchanama. (wherever applicable).</li> <li>• Attested Copy of Post Mortem Report (Only if conducted).</li> <li>• Attested Copy of Viscera report if any (Only if Post Mortem is conducted).</li> <li>• Copy of FIR and the missing report filed with Policy (In case of Disappearance)</li> <li>• Attested copy confirming disappearance from appropriate authority following a forced landing, stranding, sinking or wrecking of Common Carrier (in case of Disappearance)</li> </ul>
Permanent Total Disablement Permanent Partial Disablement	<ul style="list-style-type: none"> <li>• Attested Copy of disability certificate from relevant government Medical authority.</li> <li>• Attested copy of FIR. (If required)</li> <li>• All Investigation reports confirming the disability.</li> <li>• Complete Treatment record with follow-up documentation.</li> <li>• Disability assessment report from Digit empanelled medical specialist (if required)</li> </ul>

### iii. PAYING A CLAIM

- a. Insured agree that the Company need only make payment when Insured or someone claiming on Insured's behalf has provided the Company with necessary documentation and information.
- b. The Company will make payment to Insured or Insured's Nominee. If there is no Nominee and Insured is incapacitated or deceased, The Company will pay Insured's heir, executor or validly appointed legal representative and any payment The Company makes in this way will be a complete and final discharge of The Company's liability to make payment.
- c. The Company shall settle or reject a claim, as the case may be, within 15 days from submission of claim.
- d. 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.

Note: "Bank Rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claims has fallen due.

### iv. INSUFFICIENT DOCUMENT

Under "General Terms and Clauses - Claims Notification and Procedure", We have provided list of relevant necessary documents to be submitted at the time of claim. We shall be liable to pay the claim only to extent, relevant necessary documents are submitted to Us.

**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](mailto: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](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](mailto:healthclaims@godigit.com) , Senior citizens can now contact us on 1-800-258-4242 or write to us at [seniors@godigit.com](mailto:seniors@godigit.com), Website: <https://www.godigit.com>

**Details of Company Officials:** 1800-258- 4242; [healthclaims@godigit.com](mailto: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](mailto:hello@godigit.com), Senior citizens can now contact us on 1-800-258-4242 or write to us at [seniors@godigit.com](mailto: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](mailto:grievance@godigit.com), For updated details of grievance officer, kindly refer the link: Click Here <https://www.godigit.com/claim/grievance-redressal-procedure> , The contact details of the Insurance Ombudsman Centers - <https://www.ciains.co.in/Ombudsman>.

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/> .

## 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.