

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

***Please Note:** This Customer Information Sheet provides information available under this Product. Kindly refer to the Policy Schedule/COI to know exact details of coverage opted by You.*

SI No	Title	Description	Policy Clause No.
1	Name of Insurance Product/ Policy	Digit Group Janata Personal Accident Policy (UIN: GODPAGP26041V022526)	
2	Policy No.	As mentioned in the policy schedule	
3	Type of Insurance Product/ Policy	Benefit Basis	
4	Sum Insured (Basis)	As mentioned in the policy schedule	NA
5	Policy Coverage (What policy covers)	<p><u>COVERAGE</u> Please find the below detailed of all coverages available under the Product. Coverages available under Your Policy will be as mentioned in Your policy schedule/COI.</p> <p>a. Death: 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. <u>Additional Benefit under Death Cover</u> 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.</p> <p>b. Permanent Total Disability: 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</p> <p>c. Permanent Partial Disability: 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.</p> <p>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.</p>	C. Benefits covered
6	Exclusions (what the policy does not cover)	<p><u>There are 3 types of exclusions:</u> <u>I. STANDARD EXCLUSIONS (Please refer below for brief headers, for detail exclusions, please refer to the policy wordings)</u> 1. Hazardous or Adventure sports: Code- Excl09 2. Breach of law: Code- Excl10</p> <p><u>II.SPECIFIC EXCLUSIONS ((Please refer below for brief headers, for detail exclusions, please refer to the policy wordings)</u> 3. Breach of Law with Criminal Intent, Suicide and Self-Injury 4. Pre-Existing Condition 5. War and hazardous substances 6. Legal Liability 7. Defence Operation</p>	<p>D.I Standard Exclusion</p> <p>D.II Specific Exclusion</p>
7	Waiting period	Not Applicable	
8	Financial limits of coverage I.Sub-limit II.Co-payment III.Deductible IV.Any other limit (as applicable)	<p>Sub – Limit – Not Applicable</p> <p>Co-payment – Not Applicable</p> <p>Deductible – Not Applicable</p>	

9	Claims/Claims Procedure	<p>1. CLAIMS NOTIFICATION AND PROCEDURE</p> <p>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:</p> <p>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.</p> <p>b. Insured Person should allow examination by our medical advisors if we ask for this.</p> <p>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.</p> <p>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.</p> <p>*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.</p> <p>ii. LIST OF CLAIM DOCUMENTS</p> <p>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:</p> <table><tr><td>Accidental Death</td><td><ul style="list-style-type: none">• Copy of Address Proof (Ration Card or Electricity Bill Copy).• Attested Copy of Death Certificate.• Death Summary/Certificate from the hospital authority (wherever applicable)• Burial Certificate (wherever applicable).• Attested Copy of Statement of Witness, if any lodged with police authorities. (wherever applicable).• Attested Copy of FIR / Panchanama / Inquest Panchanama. (wherever applicable).• Attested Copy of Post Mortem Report (Only if conducted).• Attested Copy of Viscera report if any (Only if Post Mortem is conducted).• Copy of FIR and the missing report filed with Policy (In case of Disappearance)• Attested copy confirming disappearance from appropriate authority following a forced landing, stranding, sinking or wrecking of Common Carrier (in case of Disappearance)</td></tr><tr><td>Permanent Total Disablement Permanent Partial Disablement</td><td><ul style="list-style-type: none">• Attested Copy of disability certificate from relevant government Medical authority.• Attested copy of FIR. (If required)• All Investigation reports confirming the disability.• Complete Treatment record with follow-up documentation.• Disability assessment report from Digit empanelled medical specialist (if required)</td></tr></table> <p>iii. PAYING A CLAIM</p> <p>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.</p> <p>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.</p> <p>c. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document.</p> <p>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.</p> <p>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.</p> <p>iv. INSUFFICIENT DOCUMENT</p> <p>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.</p>	Accidental Death	<ul style="list-style-type: none">• Copy of Address Proof (Ration Card or Electricity Bill Copy).• Attested Copy of Death Certificate.• Death Summary/Certificate from the hospital authority (wherever applicable)• Burial Certificate (wherever applicable).• Attested Copy of Statement of Witness, if any lodged with police authorities. (wherever applicable).• Attested Copy of FIR / Panchanama / Inquest Panchanama. 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10	Policy Servicing	<p>Call Centre Details of the Insurer</p> <p>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</p> <p>Details of Company Officials: 1800-258- 4242; healthclaims@godigit.com</p>	E.I.13				
11	Grievances/Complaints	<p>Customer Grievance Redressal Policy</p> <p>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 . Grievance may also be lodged at IRDAI Integrated Grievance Management System- https://irdai.gov.in/igms1 The contact details of the Insurance Ombudsman Centers are mentioned in https://cioins.co.in/Ombudsman.</p>	E.I.13				

11	Things you need to know	<p><u>Policy Renewal:</u> 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.</p> <p><u>Migration and Portability:</u> 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.</p> <p><u>Change in Sum Insured:</u> 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.</p> <p><u>Moratorium Period:</u> 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.</p>	<p>E.I.11</p> <p>E.I.12</p> <p>E.1.7</p>
12	Your Obligations	<p>Please disclose all pre-existing condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>Please Disclose any change in Material Information during the policy period.</p> <p>Material Information for the purpose of this policy shall mean all relevant information sought by the Company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk.</p>	