

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 - Pradhan Mantri Suraksha Bima Yojana (PMSBY) (UIN: GODPAGP23038V012223)
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 "Coverage" of Policy Wordings) If the Insured person shall sustain any Bodily Injury resulting solely and directly from Accident, then We shall pay to the Insured / nominee / assignee (as applicable) the sum hereinafter set forth under the table of benefit:		
	<<Table of Benefit>>	<u>Sum Insured</u>
a.	Death We shall pay the benefit equal to 100% of Sum Insured (ie. INR 2 lakh), specified in the policy schedule/ certificate of insurance, 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. Where claim payment has been made owing to disappearance of insured person following an accident, if after the payment of accidental death claim, it is found that the insured person has survived the accident, then the policyholder has to refund the payment back to the company in consideration of the obligatory guarantee as provided during the claim.	Rs. 2 Lakh
b.	Total and irrecoverable loss of both eyes or loss of use of both hands or feet or loss of sight of one eye and loss of use of hand or foot We shall pay the benefit equal to 100% of Sum Insured (ie. INR 2 lakh), specified in the policy schedule/ certificate of insurance, if an insured Person suffers disability of the nature specified above (ie. Total and irrecoverable loss of both eyes or loss of use of both hands or feet or loss of sight of one eye and loss of use of hand or foot), solely and directly due to an Accident during the Policy Period, provided that the disability occurs within 12 months from the date of the Accident	Rs. 2 Lakh
c.	Total and irrecoverable loss of sight of one eye or loss of use of one hand or foot We shall pay the benefit equal to 50% of Sum Insured (ie. INR 1 lakh), specified in the policy schedule/ certificate of insurance, if an insured Person suffers disability of the nature specified above (ie. Total and irrecoverable loss of sight of one eye or loss of use of one hand or foot), solely and directly due to an Accident during the Policy Period, provided that the disability occurs within 12 months from the date of the Accident	Rs. 1 Lakh

Our liability to make payment to You/ Insured Person for one or more of the events described at (a) to (b) above is limited to the Total Sum Insured of Rs. 2 Lakhs (Rupees Two Lakhs). You agree that We shall deduct from the amount payable under (a) or (b), the amount (if any) we have already paid under (c), so that our total payments under the policy does not exceed the Total Sum Insured of Rs. 2 Lakhs (Rupees Two Lakh). However, if We become liable to make payment under (a) or (b), then this insurance will cease as far as the Insured Person is concerned.

6. EXCLUSIONS (Refer “C. Exclusions” of Policy Wordings) We shall not be liable to make any payments under this policy in respect of suicide of the Insured Person.	
7. WAITING PERIOD NA	
8. FINANCIAL LIMITS OF COVERAGE Sub – Limit, Co-payment and Deductible as applicable to the policy is as mentioned below: <<>>	
9. CLAIMS PROCEDURE (Refer “D. II. 21. Claims Notification and Procedure” of Policy Wordings) Claims Notification and Procedure 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"> • Copy of Address Proof (Ration Card or Electricity Bill Copy). • Attested Copy of Death Certificate. • Hospital discharge summary/certificate in respect of the deceased person (wherever applicable) • Certificate issued by the last attending Registered Medical Practitioner (doctor registered with the Indian Medical Council) in respect of the deceased person (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) • In case of death due to accidents such as snake bite/ fall from tree, etc., hospital record specifying the deceased member’s name, father’s/husband’s name, address and the date, time and cause of death
Disability Claims	<ul style="list-style-type: none"> • Attested Copy of disability certificate from relevant government Medical authority/ Civil Surgeon. • Attested copy of FIR. (If required)

- All Investigation reports confirming the disability.
- Hospital record supporting the disability
- Complete Treatment record with follow-up documentation.
- Disability assessment report from Digit empanelled medical specialist (if required)

iii. PAYING A CLAIM

- a. You agree that We need only make payment when You /Insured Person or someone claiming on Insured Person's behalf has provided Us with necessary documentation and information.
- b. We will make payment to You/ Insured Person or Your/ Insured Person's Nominee. If there is no Nominee and Insured Person is incapacitated or deceased, We will pay Your/ Insured Person's heir, executor or validly appointed legal representative and any payment We make in this way will be a complete and final discharge of our liability to make payment.
- c. We will 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 "Claims Notification and Procedure"- List of claim documents mentioned above, We have provided list of relevant necessary documents to be submitted at the time of claim. We shall be liable to pay claims based on documents submitted to us. We shall settle or reject a claim, as may be the case, within 15 days from submission of claim.

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 contact details of the Insurance Ombudsman Centers - <https://www.cioins.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.