

## No Claim Discount

Add-on Cover under Individual Health Insurance Products offered by Go Digit General Insurance Ltd  
UIN: GODHLIA26040V022526

### Proposal Form - Annexure

(Relevant details with regard to add on cover to be attached with proposal form of the base product)

#### PROPOSER DETAILS

##### Details of Base Health Policy

|   |  |
|---|--|
| Name of the Proposer  |  |
| Name of Base Health Product to which this add on cover will be attached |  |
| Policy Number of Base Health Product                                    |  |

#### COVERAGE DETAILS

i. Please select type of No Claim Bonus You want to opt for (applicable only in case of no claim in the expiring policy)

☐ No Claim Discount ☐ Cumulative Bonus

ii. Please mention details of No Claim Bonus opted \_\_\_\_\_

#### Special Terms and Exclusions

1.  
2.

#### GST & PREMIUM PAYMENT DETAILS

|  |   |       |                                     |
|--|---|-------|-------------------------------------|
| GST State Code   |   | GSTIN |                                     |
| Premium Payment Term:  | <As per base product with which this add-on cover is filed> |       |                                     |
| Note: Instalment can also be paid through ECS or NACH mode. In cases where monthly instalment is allowed by NACH or ECS mandate, three (3) instalments need to be paid at the inception of the Policy. |   |       |                                     |
| Premium payment mode: Cash/Cheque/ DD/Card/ECS <As per base product>   |   |       |                                     |
| Cheque No/NEFT Ref No  | Bank Name   | Date  | Amount (Including applicable taxes) |
|  |   |       |                                     |

#### DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

- I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorized to propose on behalf of these other persons.
- I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.
- I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority."

Please read declaration wordings carefully before signing the Annexure (proposal form).

Date:

Signature of the Proposer

Place:

Declaration from Person filling the form in case proposer is unable to sign or signs in vernacular:

I hereby certify that the contents of the proposal form and/or any other documents used towards solicitation have been fully explained to the Proposer and that he/ she/they have fully understood the said contents. I hereby confirm that the responses have been recorded to the best of my ability.

Date:

Place:

Signature (on behalf of the Proposer)

Name &amp; Relationship with Proposer:

**Vernacular Declaration:**

Declaration from Person filling the form in case proposer is unable to sign or signs in vernacular:

I hereby certify that the contents of the proposal form and/or any other documents used towards solicitation have been fully explained to the Proposer and that he/ she/they have fully understood the said contents. I hereby confirm that the responses have been recorded to the best of my ability.

Date:

Place:

Signature (on behalf of the Proposer)

Name &amp; Relationship with Proposer:

**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.

**Go Digit General Insurance Ltd**, A Company incorporated under Indian Companies Act, 2013 and licensed by Insurance Regulatory and Development Authority of India [IRDAI] vide Reg No. 158, Corporate Identification Number L66010PN2016PLC167410, Reg. Address Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru 560095. Website: [www.godigit.com](http://www.godigit.com)