

Saral Suraksha Bima, Go Digit

Proposal Form

URN: GODT/IND/PA/2021/01

Corporate office: Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka 560095

Note:

1. This proposal will be the basis of the insurance policy that we issue.
2. Read the Prospectus/CIS/Policy Wordings before filling up this proposal form to understand the meaning of the terms used herein better.
3. In case You require the hard copy of the Policy and related documents, please provide Your Consent: Yes/No
If You opt not to receive the hard copy of the Policy and related documents, we shall share these with You in Electronic Form i.e. Via E-mail or Direct Download from Our Website.
4. The Company liability will not commence until the proposal is accepted and premium is paid and realised by Us.

Proposer Details and Policy Details:

Proposer Details		Policy Details			
Name of the Proposer		First Policy Inception Date	DD/MM/YYYY		
		Policy Period	From	DD/MM/YYYY	00:01 Midnight
Address of Proposer			To	DD/MM/YYYY	00:01 Midnight
Mobile No		Partner Code			
Email Id		Partner Contact No.			
Government ID Proof					
Date of Birth					
Marital Status		Partner Email id			
Occupation		Family Composition			
ABHA ID (If Applicable)					

Insured Person Details:

Member No.	Full Name	Date of Birth (DD/MM/YY)/ Age	Gender (M/F/TG)	**Detailed Description of Occupation/ Risk Class	Gross Monthly Income	ABHA ID
1						
2						
3						
4						
5						
6						

**Detailed Description of Occupation/Service to be provided. Also mention if you are involved in any hazardous activity or Armed forces.

Coverage Details:

S. No.	Coverage Details	Sum Insured of Self	Sum Insured of Spouse	Sum Insured of Child/ Children*	Sum Insured of Parent/ Parent in Laws**	Specific Conditions
Base Covers						
Please mention Sum Insured- INR (2.5 Lakhs to 20 Cr.) in multiples of INR 50,000						
1	Death					
2	Permanent Total Disablement					
3	Permanent Partial Disablement					
Optional Covers (Please tick, if you want to opt for the cover)						
1	Temporary Total Disablement	<input type="checkbox"/> 0.2% of Base Sum Insured per week	<input type="checkbox"/> 0.2% of Base Sum Insured per week	-	<input type="checkbox"/> 0.2% of Base Sum Insured per week	

2	Hospitalization expenses due to Accident	<input type="checkbox"/> 10% of Base Sum Insured	<input type="checkbox"/> 10% of Base Sum Insured	<input type="checkbox"/> 10% of Base Sum Insured	<input type="checkbox"/> 10% of Base Sum Insured	
3	Education Grant	<input type="checkbox"/> 10% of Base Sum Insured per dependent child	<input type="checkbox"/> 10% of Base Sum Insured per dependent child	-	<input type="checkbox"/> 10% of Base Sum Insured per dependent child	
		Number of Dependent Child*** _____	Number of Dependent Child*** _____		Number of Dependent Child*** _____	

* Sum Insured is individually applicable for the number of Children covered under the policy as per the family composition.

** Sum Insured is individually applicable for the number of Parents/Parents -in-law covered under the policy as per the family composition.

*** For Education Grant cover, dependent child shall mean child aged not more than 25 years and studying in an educational institution as full-time student.

Additional details of Insured Persons:

Member Number	Details of Previous accident or Disability or Pre-existing Illness or Symptoms or Hospitalization or Diagnostic	Duration of such disability or Symptoms	Date of Last Consultation	Treatment Details with Treating Doctor Details	Result of the Treatment (Ongoing/Complete Recovery/ Recurrent or like to Recur)
1					
2					
3					
4					
5					
6					

Existing Insurance Policy:

Member Number	Do you have any other Personal Accident Policy	Policy Number	Policy Sum Insured	Name of the Insurer	Period of Insurance	Claims Receivable/ Received	Details of Life Insurance (If any)
1							
2							
3							
4							
5							
6							

Special Terms and Exclusions

- 1.
- 2.

NOMINEE DETAILS

Name of Insured Person	Name of Nominee	Mobile number of Nominee	E-mail Id of Nominee	Present Address of the Nominee	Permanent Address of Nominee (Not required, if same as present address)	Relationship of Nominee with Insured Person	Details of authorized person (If Nominee is minor)	Percentage of claim amount	Details of Bank Account of Nominee
									i. Bank a/c no. _____ ii. IFSC code _____ iii. Branch _____ iv. Bank Name _____
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									ii. IFSC code _____
									iii. Branch _____
									iv. Bank Name _____

Customer Bank Details

Bank Account No.	Branch	IFSC Code	Bank Name

GST& Premium Payment Details:

GST State Code		GSTIN				
Premium Payment Term:	Yearly / Half Yearly / Quarterly / Monthly					
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						

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 proposal form.**

Date:

Signature of the Proposer

Place:

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 & Relationship with Proposer:

Declaration for Occupation/Risk Class:

"I hereby confirm to have chosen the correct Occupation and further undertake to inform the Company about any change in Occupation during the policy period or at the time of renewal. I have noted that any failure to do so may result in inadmissibility of claim and/or cancellation of policy."

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

Customer Identification Procedure (As per KYC norms of IRDAI)

1. Please submit clear and legible copy of one document (valid and effective as on date of claim submission) each from Part A and Part B and your recent passport size photograph (not more than 6 months old) in case premium amount exceeds Rs 100,000.
 - a. Photograph
 - b. Part A (Identity proof, Anyone of below)
 1. PAN Card (If PAN Card is not available please submit any of the documents mentioned below)
 2. Passport
 3. Voter's Identity Card
 4. Driving License
 5. Personal Identification and Certification of the employees for your identity
 6. Aadhar (Letter issued by Unique Identification Authority of India containing details of name address and Aadhar Number)
 7. Job Card issued by NREGA duly signed by an officer of the State Government
 - c. Part B (Address proof, Anyone of below)
 1. Electricity Bill not older than 6 months from the date of Insurance Contract
 2. Telephone Bill pertaining to any kind of telephone connection like mobile, landline, wireless etc, provided it is not older than 6 months from the date of claim submission
 3. Ration Card
 4. Valid lease agreement along with rent receipts which is not more than 3 months old as a residence proof
 5. Saving Bank Passbook with details of permanent/ present residence address (updated up to 1 month prior to claim submission document)
6. Statement of saving bank account with details of present/ present address (updated up to 1 month prior to claim submission document)