

## **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 to know exact details of coverage opted by You.

Title	Description	Policy /
	(Please refer to applicable Policy Clause Number in next column)	Clause Number
Droduct Name	Digit Employees Componentian Insurance Policy	Number
Unique Identificatio n Number (UIN) allotted by IRDAI	IRDAN158RP0020V01201920	
Structure	Indemnity Basis	
Interests		
Insured	Employee or Employees	
Sum Insured / Motor Insured Declared	Sum Insured Amount available under Your policy will be as per the amount mentioned in Your Policy Schedule.	
	Product Name Unique Identificatio n Number (UIN) allotted by IRDAI Structure  Interests Insured Sum Insured / Motor Insured	Product Name Digit Employees Compensation Insurance Policy Unique Identification Number (UIN) allotted by IRDAI Structure Indemnity Basis  Interests Insured Sum Insured / Motor Insured Declared  Product Name Digit Employees Compensation Insurance Policy  IRDAN158RP0020V01201920  Indemnity Basis

6	Policy	COVER	AGE		
C	Coverage	Coverages will be as mentioned in your Policy Schedule/Certificate of Insurance.			
		If any Employee or Employees of the Insured shall sustain Injury by accident arising out of and in the course of his employment in the Business, for which the Insured is liable to pay compensation under any Law(s) specified in the Schedule, then the Company shall indemnify the Insured upto the Limit of Indemnity against all sums for which the Insured shall be so liable, including costs and expenses for defending any such claim incurred with the Company's consent.			
		ENDOR	RSEMENTS		
		I. N	Medical expenses cover		
			Occupational disease cover		
		III. C	Coverage for contractors workers	s/ employees	
7	Add-on Cover	Below is the list of all the tariff endorsement / Add on cover.			
		SI.no	Name of the Add on cover	UIN	Sum insured
		1	Medical Expenses Cover	IRDAN158RP0020V01201920	As per the policy schedule
		2	Occupational Disease Cover	IRDAN158RP0020V01201920	As per the policy schedule
		3	Coverage for Contractors Workers/Employees	IRDAN158RP0020V01201920	As per the policy schedule
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9	Exclusions	This Policy shall not cover liability of the Insured in respect of the following:	
		1. For Injury caused to Employee by accident directly or indirectly caused by or arising from or in	
		consequence of or attributable to war, invasion, act of foreign enemy, hostilities (whether war be	
		declared or not) civil war, mutiny, insurrection, rebellion, revolution or military or usurped power,	
		nuclear weapons material, ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.	
		2. For Injury caused to Employee by accident directly or indirectly caused by or arising from or in	
		consequence of or attributable to any act of terrorism regardless of any other cause or event	
		contributing concurrently or in any other sequence to the loss, unless this exclusion is specifically waived by the Company and mentioned in the Policy Schedule.	
		For the purpose of this exclusion, an act of terrorism means an act or series of acts, including but	
		not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of	
		persons, whether acting alone or on behalf of or in connection with any organization(s) or	
		government(s), or unlawful associations, recognized under Unlawful Activities (Prevention)	
		Amendment Act, 2008 or any other related and applicable national or state legislation formulated	
		to combat unlawful and terrorist activities in the nation for the time being in force, committed for	
		political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public or any section of the public in fear for such purposes.	
		3. Accident occurring at any other place than the Place or Places of Employment specified in the	
		Policy Schedule, unless the Employee was at such other place whilst on duty for the purpose of	
		the Business and on the directions of the Insured or any of its official authorized to exercise control and supervision over the Employee.	
		4. Occupational diseases contracted by an Employee listed in Employee's Compensation Act 1923,	
		as amended from time to time, unless specifically agreed and mentioned in Your Policy Schedule on payment of additional premium.	
		5. For interest and/or penalty imposed on the Insured under any law or otherwise.	
		6. Under any Law for medical expenses in connection with treatment of any injury sustained by an	
		Employee, unless specifically agreed and mentioned in Your Policy Schedule on payment of additional premium.	
		7. For persons employed in the Business under a Contractor or Sub-Contractor of the Insured unless specifically covered in the Policy Schedule on payment of additional premium.	
		8. For Injury sustained by person whilst in the employment of the Insured in business other than	
		what is mentioned in the policy or in respect of employee/s who are not specifically mentioned in the Policy Schedule.	

		<ul> <li>9. Any liability of Yours which attaches by virtue of an agreement, but which would not have attached in the absence of such agreement.</li> <li>10. For any sum which the Insured would have been entitled to recover from any party but for an agreement between the Insured and such party</li> <li>11. For any Accident occurring whilst the Employee is under the influence of intoxicating liquor or drugs.</li> <li>12. For any incapacity or death of an Employee resulting from his/her deliberate self-injury or the deliberate aggravation of an accidental Injury.</li> <li>Any other Specific exclusion mentioned in Policy Schedule.</li> </ul>	
10	Special Conditions and Warranties (if any)	Special Conditions and Warranties will be as per your Policy Schedule/COI.	
	Admissibility of Claim	Admissibility of Claim  Bodily Injury and Death of Employee arising out of and in the course of his employment in the Business.  The claim will be admissible only if loss/damage of the Insured due to perils mentioned in Policy Schedule.  • Any other peril except for the exclusions mentioned in policy wordings including both specific and general exclusion.  Reporting of Loss Occurrence Call our Helpline numbers 1800-258-5956 or Email us - hello@godigit.com. Notice shall be given to the Company immediately upon the occurrence of any loss or damage in the event of any claim. Thereafter You shall give all such information and assistance as the	4. Condition applicable
		Company shall require.  Reasonable Care The Insured shall take reasonable precautions to prevent accidents and disease and shall comply with all statutory obligations, manufacturer's recommendations and other safety regulations in conduct of the Business.	

		<ul> <li>Situations where your Claim might get Rejected:         <ul> <li>Due to exclusions mentioned in the Policy Wordings. Please refer exclusions provided in the Policy Wordings.</li> </ul> </li> <li>Sample Claim Calculation process         <ul> <li>All claims will be settled and amount of compensation will be subject to the provision of employee</li> </ul> </li> </ul>	
		compensation act.	
12	Policy Servicing - Claim Intimation and Processing	<ul> <li>Toll free Number: 1800-258-5956</li> <li>Email: hello@godigit.com</li> <li>You can connect with our customer service team at the time of occurrence of loss/ damage for its intimation.</li> <li>TAT (turn around time) for settlement of the claim will depend on the nature of claim.</li> <li>In case the claim is not settled within the specified timelines, then the claimant is entitled for</li> </ul>	
		interest as per the rate specified in prevailing regulatory provisions.	
13	Grievance Redressal and Policyhold ers Protection	The Company is committed to extend the best possible services to its customers. However, if you are not satisfied with our services and wish to lodge a complaint, please feel free to call our 24X7 Toll free number 1800-258-5956 or you may email to the customer service desk at <a href="mailto:hello@godigit.com">hello@godigit.com</a> . After investigating the matter internally and subsequent closure, we will send our response. Senior Citizens can now contact us on 1800-258-5956 or write to us at <a href="mailto:seniors@godigit.com">seniors@godigit.com</a> . If You are not satisfied with the redressal of grievance through one of the above methods, You may contact the grievance officer at <a href="mailto:grievance@godigit.com">grievance@godigit.com</a> .	grievance redressal
		For updated details of grievance officer, kindly refer the link: <a href="https://www.godigit.com/claim/grievance-redressal-procedure">https://www.godigit.com/claim/grievance-redressal-procedure</a> Grievance may also be lodged at IRDAI Integrated Grievance Management System- <a href="https://irdai.gov.in/igms1">https://irdai.gov.in/igms1</a>	



14	Obligations of the Policyholder	<ul> <li>To disclose all information correctly sought by the insurer at time of filling the proposal form</li> <li>In case of any change / modification / addition to the already declared information the same shall be brought to the notice of the Insurer immediately</li> <li>Non-disclosure of material information may affect the claim settlement.</li> <li>Disclosure of other material information during the policy period.</li> </ul>	
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