

DIGIT EXTRA SECURE COVER
PROPOSAL FORM / TRANSCRIPT
(UIN:IRDAN158RPMS0006V01202526)

- a. This proposal will be the basis of the insurance policy that we issue. You must disclose all facts relevant to all person(s)/asset(s) proposed to be insured that may affect the Company's decision to issue a policy or its terms. Non-compliance may result in avoidance of the policy.
- b. If there is insufficient space for you to provide information, whether as requested or otherwise, please attach a separate sheet duly signed or affixed with thumb impression.
- c. If you are in doubt, you can get in touch with your agent/intermediary or call us at 1800-258-5956 or e-mail at hello@godigit.com

*For Office Use only:

* For Partner Use Only:

Scrutiny No	Receipt No	Policy No	Partner Code	Sub Partner Code	Partner Name

PERSONAL DETAILS

- 1) Proposer: Title Mr./Ms/Mrs. Name: _____
- 2) Are you an existing Go Digit General Insurance Ltd. Customer (Digit): Yes / No. If yes, please mention the Policy No: _____
- 3) Date of Birth:(DDMMYY) _____ 4) PAN No _____ 5) UIDAI NO _____
- 6) GST Number _____
- 7) Profession: Business / Govt Job / Doctor / Lawyer / IT professional / Office work / Field Job
- 8) Driving license issue year _____
- 9) Present Address: _____
- _____ PIN CODE _____
- 10) Mobile No _____ 11) Email Id _____

VEHICLE DETAILS

Registration No		Make	
Date of Registration		Model	
Chassis No		Vehicle variant (sub type)	
Engine No		Fuel Type	Petrol/ CNG/ Diesel/ Electric
Year of Manufacture		Vehicle Type	Private Car / TW / Commercial Vehicle
*Colour		Wheels	
*Trailer registration No		Permit Type (In case of commercial vehicle)	Private Carrier/Public Carrier
Cubic Capacity/GVW (for Goods Carrying Vehicle)		GVW (In case of commercial vehicle)	
*KM (Odometer) reading		Carriage Type (In case of commercial vehicle)	Stage Carriage /Contract Carriage /Private Service Vehicle
*Finance Details		Goods Type (In case of commercial vehicle)	Hazardous / Non-Hazardous
Max. Licensed Seating Capacity		*Vehicle modified for Physically challenged	
*Vehicle Usage/Body Type		Vehicle IDV	

Risk Coverage Period

Period of Insurance for below mentioned sections
 (Period of Insurance can be 1 to 10 years for respective Sections)
 Please tick if you want to opt for the section

Coverage	Sum Insured	Period of Insurance		Any Specific Details
		From	To	
<input type="checkbox"/> Section 1: Extended Warranty				
<input type="checkbox"/> Section 2: Legal Assistance Cover				
<input type="checkbox"/> Section 3: Daily Conveyance Benefit				
<input type="checkbox"/> Section 4: Accidental Hospitalization Cover				
<input type="checkbox"/> Section 5: Daily Hospital Cash Cover				
<input type="checkbox"/> Section 6: EMI Protection Cover				
<input type="checkbox"/> Section 7: Loss Of Revenue				
<input type="checkbox"/> Section 8: Breakdown Assistance				
<input type="checkbox"/> Section 9: Additional Towing Expenses				
<input type="checkbox"/> Section 10: Loss to Personal Belongings				
<input type="checkbox"/> Section 11: Tyre Protect				
<input type="checkbox"/> Section 12: Rim Protect				
<input type="checkbox"/> Section 13: Vehicle Loan Shield				
<input type="checkbox"/> Section 14: Key & Lock Replacement Cover				
<input type="checkbox"/> Section 15: Engine and Gear Box Protect				
<input type="checkbox"/> Section 16: EV Home Charging Station Cover				
<input type="checkbox"/> Section 17: Jack Protection Cover				
<input type="checkbox"/> Section 18: Debris Removal Expenses				
<input type="checkbox"/> Section 19: Fuel Adulteration				
<input type="checkbox"/> Section 20: EV shield				
<input type="checkbox"/> Section 21: Driving Accessories Cover				
<input type="checkbox"/> Section 22: Paint Protection Film Cover				
<input type="checkbox"/> Section 23: Cyber Risk Cover				
<input type="checkbox"/> Section 24: Residual Value Insurance				
<input type="checkbox"/> Section 25: Smart Assistance Services				

Risk Details:

Section Coverage Details	Section 1: Digit Motor extended warranty	Yes / No	PlanType	<input type="checkbox"/> Plan A <input type="checkbox"/> Plan B <i>Plan A – This plan shall be available only for New Vehicle and for which this cover has been taken whilst the manufacturer’s warranty period is in force and the cover shall incept after the expiry of the Manufacturer Warranty Period.</i> <i>Plan B - This plan shall be available only for Pre-Owned Vehicle purchased where manufacturer warranty has lapsed. The cover</i>

				<i>shall commence from the date of purchase of the Vehicle/Equipment.</i>
			Date of sale/Delivery	
			Ex Showroom Price	
			Warranty provided on the vehicle by the manufacturer	In Mileage (Kilometers / Hour)
				In Month / Years
			Manufacturer Warranty Expiry Date	
			Will the vehicle be used for personal purpose or commercial purpose?	Personal / Commercial
			Any Parts of the vehicle specifically to be covered (if applicable)	
			Sum Insured (in INR)	
			Kilometers covered under Extended Warranty	_____ Kms
			Deductible Opted (1% to 10% of Sum Insured)	
			In case Plan B is opted, please provide following additional details: i. Date of Purchase of the Vehicle _____	
			ii. Present kilometer / hour reading _____	
			iii. Waiting Period _____	
			iv. Number of past owner (s) of the vehicle <input type="checkbox"/> Second Owner <input type="checkbox"/> Third Owner or above	
			In case of Vehicle is Electric Vehicle, please provide following additional details: i. Battery state of health provided by vehicle Manufacturer _____	
			Battery Type <input type="checkbox"/> Fixed <input type="checkbox"/> Swappable	
			Any other Details: _____	
	Section 2: Legal Assistance Cover	Yes / No	Plan: Basic Plan/Standard Plan Sum Insured: ₹ _____ Maximum No. of claim in a Policy Year: ____ Any other Details: _____	
	Section 3: Daily Conveyance Benefit	Yes/No	Plan: Standard / Comprehensive Per Day Allowance (Rs.) (100 to 3000 in multiples of 100): _____ Maximum Number of days Cover (3/4/5/7/10/15/30 days): _____ Time excess Opted (0/1/2/3/4/5 days): _____ Plan Opted: Comprehensive: Optional cover Benefit will be payable in case of Total Loss, Constructive Total Loss, Theft Loss and Partial Loss Standard: Optional cover Benefit will be payable only in case of Partial Loss and	

			excludes Total Loss, Constructive Total Loss and Theft Loss Additional Coverages Provided under this Section: I. Non-Accidental Loss or Damage to Vehicle: Yes / No
			Any other Details: _____
	Section 4: Accidental Hospitalization Cover	Yes/No	Sum Insured: INR _____ Co-pay opted: 0%/ 5%/ 10%/ 15%/20%/ 25% Maximum Limit for Ambulance Cover per Hospitalization: INR ____ Any other Occupant Cover: Yes/No Basis of Occupant Cover: Named Basis / Unnamed Basis Name of Occupant (If Named Basis): _____ Maximum Number of times you can claim in a policy year: One / Two/ Three/No Limit i. Accidental Medical Expense cover for Pet: Yes / No Maximum limit for Accidental Medical Expenses cover for Pet during policy year: INR _____ ii. Road Accident Hospitalization cover: Yes/No
			Any other Details: _____
	Section 5: Daily Hospital Cash Cover	Yes/No	Per day Daily Cash Allowance: INR _____ Maximum Number of days cover: _____ Time Excess _____ Any other Occupant Cover: Yes/No Basis of Occupant Cover: Named Basis / Unnamed Basis Name of Occupant (If Named Basis): _____ Additional Coverages Provided under this Section: i. Hospitalisation due to Road Accident : Yes / No
			Any other Details: _____
	Section 6: Vehicle EMI Protection Cover	Yes/No	Number of EMI Options: 1 EMI / 2 EMI's / 3 EMI's Time Excess Options: 5 days / 10 days 15 days / 20 days / 25 days / 30 days / 35 days / 40 days / 45 days / 50 days / 55 days / 60 days EMI Amount: ₹ _____ Additional Coverages Provided under this Section: i. Non-Accidental Loss or Damage to Vehicle: Yes / No
			Any other Details: _____
	Section 7: Loss of Revenue	Yes/No	Time Excess Options - 0 day, 1 days, 2 days, 3 days, 4 days, 5 days, 10 days, 15 days, 20 days and 30 days. Maximum number of Days of Cover - 3 days, 5 days, 7 days, 10 days, 15 days, 20 days, 30 days, 45 days, 60 days, 75 days and 90 days) Per day Benefit Amount – (Minimum Rs. 1000 & Maximum Rs. 50,000 in multiples of 1000): _____ Additional Coverages: i. Non-Accidental Loss or Damage to Vehicle: Yes / No
			Any other Details: _____
	Section 8: Breakdown Assistance	Yes/No	Plans – Basic / Standard / Comprehensive /Platinum Limit (In KMs) _____ Maximum KM limit under Towing Facility (in INR): _____ Maximum amount limit under Towing Facility (in INR): _____

		Maximum amount limit under Taxi Benefit (in INR): _____ Maximum amount limit under accommodation benefit (in INR): _____ Maximum Number of Claims in a Policy Year _____ Any other Details: _____
Section 9: Additional Towing Expenses	Yes/No	Sum Insured Options: (Minimum Rs. 5,000 & Maximum Rs. 50,000 in multiples of Rs. 5,000): _____ Any other Details: _____
Section 10: Loss to Personal Belongings	Yes/No	Sum Insured (Rs) (500 to 150000 in multiples of 500): _____ Maximum Number of times you can claim in a policy year: One/ Two Any other Details: _____
Section 11: Tyre Protect	Yes/No	Maximum No. of Fitted Tyres Covered: _____ Tyre1 Make & Model: _____ Serial Number: _____ Tyre2 Make & Model: _____ Serial Number: _____ Tyre3 Make & Model: _____ Serial Number: _____ Tyre4 Make & Model: _____ Serial Number: _____ Tyre5 Make & Model: _____ Serial Number: _____ Any other Details: _____
Section 12: Rim Protect	Yes/No	Maximum No. of wheel rims of the vehicle covered: _____ Sum Insured: _____ Rim Details: _____ Any other Details: _____
Section 13: Vehicle Loan Shield	Yes/No	Sum Insured: _____ EMI Amount: ₹ _____ Any other Details: _____
Section 14: Key & Lock Protect	Yes/No	Sum Insured Options Two Wheelers: Rs.1000 to Rs.5000 in multiples of 1000: _____ Maximum Number of times you can claim in a policy Year: ____ Any other Details: _____
Section 15: Engine and Gear Box Protect	Yes/No	Maximum Number of times you can claim in a policy Year: ____ Any other Details: _____
Section 16: EV Home Charging Station Cover	Yes/No	Sum Insured: _____ (In INR) Maximum Number of in a Policy Year: _____ Any other Details: _____
Section 17: Jack Protection Cover	Yes/No	Number of Jack Installed _____ Deductible Amount ₹ _____ Maximum Number of claim in a Policy Year: _____ Any other Details: _____
Section 18: Debris Removal Expenses	Yes/No	Sum Insured Options: (Minimum: Rs. 5,000 & Maximum Rs 50,000 in multiples of Rs. 5,000): _____ Additional Coverages: Non-Accidental Loss or Damage to Vehicle: Yes / No Any other Details: _____

	Section 19: Fuel Adulteration	Yes/No	Sum Insured: _____ (In INR) Additional Coverages Provided under this Section: a) Repair of Engine: Yes/No b) Reimbursement cost of Fuel: Yes/No c) Reimbursement of Testing Cost of Fuel: Yes/No d) Towing of Vehicle to Nearest Repair Shop: Yes/No • Towing Distance (in Kms)/ Towing Amount (in INR) _____ e) Fuel Assistance: Yes/No f) Transportation cost of driver and co-passengers: Yes/No • Transportation Distance (in Kms) _____ Maximum Number of claim in a Policy Year: _____ Any other Details: _____																																																				
	Section 20: EV Shield	Yes/No	Sum Insured: _____ (In INR) Additional Coverage opted under this section: • Loss or damage to electrical panel for vehicle charging point: Yes/No • Loss or damage to vehicle charger including charging cable: Yes/No • Assistance Services Specific to EV: Yes/No Maximum No. of Claim in a Policy Year: _____ (One / Two/ No Limit) Co – Pay: _____ (0%/10%/20%/30%/50%) Any other Details: _____																																																				
	Section 21: Driving Accessories Cover	Yes/No	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">Name of Driving Accessories</th> <th style="width:20%;">Opted</th> <th style="width:20%;">Sum Insured (INR)</th> </tr> </thead> <tbody> <tr><td>Helmets</td><td>Yes/No</td><td></td></tr> <tr><td>Helmet Security Guard</td><td>Yes/No</td><td></td></tr> <tr><td>Elbow/Shin/Knee Guards</td><td>Yes/No</td><td></td></tr> <tr><td>Riding Jackets</td><td>Yes/No</td><td></td></tr> <tr><td>Rider Boots</td><td>Yes/No</td><td></td></tr> <tr><td>Riding Gloves</td><td>Yes/No</td><td></td></tr> <tr><td>Protective Eyewear</td><td>Yes/No</td><td></td></tr> <tr><td>Goggles</td><td>Yes/No</td><td></td></tr> <tr><td>Mask</td><td>Yes/No</td><td></td></tr> <tr><td>Body Armour</td><td>Yes/No</td><td></td></tr> <tr><td>Rain Wear</td><td>Yes/No</td><td></td></tr> <tr><td>Action Cam Mount/Hook</td><td>Yes/No</td><td></td></tr> <tr><td>Mobile Holder</td><td>Yes/No</td><td></td></tr> <tr><td>Helmet Bluetooth</td><td>Yes/No</td><td></td></tr> <tr><td>Bike Stickers</td><td>Yes/No</td><td></td></tr> <tr><td>Any other Driving Accessories</td><td>Yes/No</td><td></td></tr> </tbody> </table> Maximum number of claims in a Policy year: _____ Deductible Amount: INR _____ Any other Details: _____			Name of Driving Accessories	Opted	Sum Insured (INR)	Helmets	Yes/No		Helmet Security Guard	Yes/No		Elbow/Shin/Knee Guards	Yes/No		Riding Jackets	Yes/No		Rider Boots	Yes/No		Riding Gloves	Yes/No		Protective Eyewear	Yes/No		Goggles	Yes/No		Mask	Yes/No		Body Armour	Yes/No		Rain Wear	Yes/No		Action Cam Mount/Hook	Yes/No		Mobile Holder	Yes/No		Helmet Bluetooth	Yes/No		Bike Stickers	Yes/No		Any other Driving Accessories	Yes/No
Name of Driving Accessories	Opted	Sum Insured (INR)																																																					
Helmets	Yes/No																																																						
Helmet Security Guard	Yes/No																																																						
Elbow/Shin/Knee Guards	Yes/No																																																						
Riding Jackets	Yes/No																																																						
Rider Boots	Yes/No																																																						
Riding Gloves	Yes/No																																																						
Protective Eyewear	Yes/No																																																						
Goggles	Yes/No																																																						
Mask	Yes/No																																																						
Body Armour	Yes/No																																																						
Rain Wear	Yes/No																																																						
Action Cam Mount/Hook	Yes/No																																																						
Mobile Holder	Yes/No																																																						
Helmet Bluetooth	Yes/No																																																						
Bike Stickers	Yes/No																																																						
Any other Driving Accessories	Yes/No																																																						
	Section 22: Paint Protection Film Cover	Yes/No	1	Date of PPF Installation																																																			
			2	Name of PPF manufacturer																																																			
			3	PPF Specification	PPF Thickness _____ (MIL)																																																		
					PPF Elongation _____																																																		

								PPF Tensile Strength _____ (PSI)	
			4	PPF Coverage Area	Whole Body	Yes/No			
					Count. of Body Parts (If not whole Body)				
			5	Experience of PPF Installer	_____ Years				
			6	Sum Insured (in INR) for PPF (Based on original purchase price or chosen sum insured as per policy terms)	_____ (INR)				
			7	Compulsory Deductible Amount	_____ (INR)				
			8	Voluntary Deductible	Yes/No	_____ (INR)			
			9	Total Loss / Constructive Total Loss / Theft	Yes/No				
			10	Maximum number of claims in a year	<1,2,3,4 and Unlimited>				
			11.	Any other Details					
	Section 23: Vehicle cyber risk cover	Yes/No	Sum Insured: _____ (In INR)						
			Deductible/Excess Amount: _____ (INR)						
			Any other Details: _____						
	Section 24: Residual Value Insurance	Yes/ No	Guaranteed resale Value of the vehicle _____						
			Coverage Terms _____						
			Return condition of the vehicle _____						
			Waiting Period _____						
			Additional details _____						
	Section 25: Smart Assistance Services	Yes/No	Details of services: To be opted						
			i. Assistance for home building/ property repair and maintenance services: Yes/No						
			ii. Assistance for booking home appliances repair and maintenance services: Yes/No						
			iii. Assistance for booking Electrician, Plumber, Carpenter services: Yes/No						
			iv. Assistance for booking Pest control services: Yes/No						
			v. Assistance for booking cab / vehicle: Yes/No						
			vi. Any other assistance: _____						
			vii. Any other Details: _____						

NOMINEE DETAILS

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 _____
								i. Bank a/c no. _____ ii. IFSC code _____ iii. Branch _____ iv. Bank Name _____
								i. Bank a/c no. _____ ii. IFSC code _____ iii. Branch _____ iv. Bank Name _____

ADDITIONAL DETAILS

1. Any other information relevant to the Risk/ policy (If Any, please provide details)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Please provide the claims history (if any)	<ul style="list-style-type: none"> Coverage _____ Number of claims made: _____ Cause of Loss: _____ Total Claimed Amount (in INR) _____
3. Details of any other existing insurance policy covering the same risk as covered under this policy (including details of Motor Insurance Policy Details (If any))	<ul style="list-style-type: none"> Company Name: _____ Policy No: _____ Policy Expiry Date: _____
4. Please attach Invoice copy of the Vehicle	

CUSTOMER BANK ACCOUNT DETAILS

Bank Account No.	Branch	IFSC Code	Bank Name

*PREMIUM PAYMENT DETAILS

Cheque No/NEFT Ref No	Bank Name	Date	Amount (Including applicable taxes)

DECLARATION

- I/We, hereby declare that the statements and particulars given in this Proposal form are complete, true and accurate and I/We agree that the Insurance company will not be liable under the insurance contract if it is found that any of my/our statements or particulars or declarations in this proposal form or other documents are incorrect /misleading /Fraudulent in any respect on any matter to the grant of a cover or submission of claim in future.
- I/We hereby agree to receive all monies due from the company by way of refund of premium, claims etc. into my/our bank account / payment mode as specified in the instrument / electronic transaction tendered towards insurance premium and such electronic transfer will constitute full and final discharge of the Company's obligation.
- I / We declare that the rate of NCB claimed by me/us is correct and that no claim as arisen in the expiring policy period (copy of the policy enclosed). I/We further undertake that if this declaration is found to be incorrect, all benefits under the policy in respect of Section I of the Policy will stand forfeited.
- I hereby affirmatively warrant that the Assured named herein/owner of the vehicle insured holds a valid Pollution Under Control (PUC) Certificate on the date of commencement of the Policy and the same has been shown to the agent/authorized person of intermediary. I further undertake to renew and maintain a valid and effective PUC Certificate during the duration of the Policy period.
- I/We, hereby agree that in Case of Break in Insurance, the policy would be issued subject to acceptance of risk after evaluation of the Vehicle Inspection report. Own Damage cover (Section – I) would not commence unless the satisfactory Vehicle Inspection report has been received by us. If the Company does not receive the Vehicle Inspection report or the report is adverse, the Company, at its discretion, will cancel Policy.
- I/We further declare that I/we will notify in writing any change in the details so furnished hereinabove occurring after the proposal has been submitted but before communication of the risk acceptance by the Company.
- I/We authorize the Company to share information pertaining to my proposal including medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority.

- I/We hereby agree and undertake that I/we are agreeable not to receive the hard copy of the Policy and related documents. Please mention specifically if you want to receive a hard copy. ___ Yes/ ___ No

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 & 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