digit LIFE INSURANCE

DIGIT LIFE GROUP LONG TERM PLAN - CLAIM FORM (UIN: 165N002V01)

General Information

We understand this is a difficult time for you. We will do our best to make the claim process as smooth as possible. Some important details before you fill the form:

- The claimant must be the beneficiary or legally entitled person under the policy.
- After filling the form has to be emailed to lifeclaims@godigit.com
- In case of the smallest of doubts, please call us at 9960126126 / 18002962626 (we are available 24X7).
- You may also reach out to your **agent/ broker or Digit representative** who sold you the policy.

Master Policy No.:
Master Policyholder Name:
Name of the Policyholder: Image: Comparison of the policyholder: First Name Middle Name
Last Name
Date of Birth: DDMMYYYYY Gender: M F O
Date of Death: D M Y Y Y Time of Death: 0 0 0 A.M. P.M.
Cause of Death: Medical Accident Murder Suicide
In case of Death due to Medical/Illness:
Cancer Stroke/CVA (cerebrovascular accident)
Other (Specify)
Place of Death:
Claim Request for: Death Benefit Accidental Death Benefit Critical Illness Disability
Other (Specify)
Details for Employer-Employee Policies
Employee ID: Employee Last Drawn CTC (per year):
Date of Joining Organization: D M Y Y Y Date of Last Attended Duties: D M Y Y Y
We understand filling this form must not be easy for you emotionally. If you need any help please reach out to us at 9960126126 / 18002962626 or mail us at lifeclaims@aodiait.com

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Details for Lender-Borrower Policies
Loan Account Number: Outstanding Loan Amount Payable to MPH as on Death: Description: Loan Issued Date: Description: Balance Claim Amount Payable to Nominee:
Payment Details
The Payment is to be made in favour of: Beneficiary/Nominee Master Policyholder
 In case of Lender-Borrower only outstanding loan amount will be paid to the lender as per the Policy terms of cover and balance to be paid to beneficiary/Nominee/legal heirs.
Only in case of Employer-Employee scheme or Lender-Borrower scheme.
Nominee
If Payment to be made in favour of Nominee/Beneficiary/legal heirs, then please provide the below details:
Nominee's/Beneficiary/ legal heirs' Name : Image: Comparison of the second se
Last Name
Relationship to the Insured:
Bank Name:
Account Type: Saving Account Current Account NRE Account NRO Account
If Payment to be made in favour of Master Policyholder(MPH)/Financial Institution(For Lender-Borrower Scheme), then please provide the below details:
Account Holder's Contraction C

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Last Name

If Payment to be made in favour of Master Policyholder(MPH)/Financial Institution(For Lender-Borrower Scheme), then please provide the below details:		
Bank Name:		
Account Type: Saving Account Current Account NRE Account NRO Account		

If Payment to be made in favour of Master Policyholder(MPH)/Financial Institution(For Lender-Borrower Scheme), then please provide the below details:		
IFSC Code:		
Contact Number:		

Some Mandatory Declarations

I/We hereby do consent that payment of the claim amount to be made as per the bank details mentioned above as a valid discharge.

Declaration by Master Policyholder:

- I/We the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect and agree that if I/We have made any false or fraudulent statement or there be any suppression or concealment, no claim shall be payable resulting into forfeiture of premium and/or cancellation of policy.
- Submission of claim form with documents does not assure admission of the liability.
- I/We agree to provide additional information to the Company, if required.
- I/We authorize the Digit Life and/or its representatives to obtain all employment/health/medical/hospital records/police records (including photocopies) information pertaining to the treatment/death/occupation/service records or otherwise of the deceased/insured member, as may be required by the Digit Life.

Declaration by Beneficiary/Nominee/Claimant/Legal Heir:

l/We		
	First Name	Middle Name
	Last Name	(Nominee/Legal heir/Beneficiary/Claimant name)

hereby give my/our unconditional and irrevocable consent out of free will and understanding to Go Digit Life Insurance Ltd to pay/adjust any claim payout, in the name of Life Assured directly to the Master Policyholder/Lender/Assignee,

Credit Societies/Co-operative or other	Banks/Financial Institution:	

towards the outstanding loan amount, as conveyed by the Lender, and balance if any may be paid to my/our bank account.

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Name of the Nominee/Claimant: Image: Claimant: Image:		
Last Name		
Signature of the Nominee:		
Date: D D M M Y Y Y Y Place:		
Seal/Stamp of Master Policyholder:		
Date: DDMMYYY Place:		
Mandatory Document are required to be submitted along with claim intimation		
1. Attested copy of Death Certificate of the Insured Member Issued by Indian Government Authority.		
2. Attested copy of PAN card or Form 60		
3. Attested copy of your identity proof along with relationship proof (any one of the below-specifying your complete d	ate of birth)	
Voter ID Card Valid Driving License Aadhar Card		
Valid Passport Other (Please Specify)		
4. Bank details (any one of the below)		
Canceled Cheque with printed name and account details of Claimant		
Copy of bank passbook/bank statement NEFT form attested by the bank		
5. Additional documents in case of Suicide/Accident - (FIR and Postmortem Report is mandatory)		
FIR Panchanama Post-Mortem Report		
Newspaper cutting (if any) Inquest Report Final Police Investigation report		

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Mandatory Document are required to be submitted along with claim intimation				
6. In case of medical cause of death (Hospitalization/Non-Hospitalization) below documents are required				
Medical cause of death certificate				
Attendant Physician Statement (FORM "4A" to be filled by last attending doctor)				
All Medical records (diagnosis, treatment, and discharge/death summary) if applicable				
For Employer-Employee Policies				
7. Appraisal/Promotion Letter in case of Sum Assured revision during Member Coverage Term 8. In case of mid-term addition, Offer Letter or Appointment Letter				

IRDAI Registration number: 165, CIN: U66000PN2021PLC206995. Registered Name: Go Digit Life Insurance Limited, Registered Office Address: Ananta One (AR One), Pride Hotel Lane, Narveer Tanaji Wadi, City Survey No.1579, Shivajinagar, Pune – 411005, Maharashtra, Corporate Office Address: Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru-560095, Karnataka, Help line no.: 9960126126 / 18002962626, Website: www.godigit.com/life

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