

Details for Lender-Borrower Policies

Loan Account Number:

Loan Issued Date:

Outstanding Loan Amount Payable to MPH as on Death:

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 :**

First Name

[illegible]

Middle Name

[illegible]

Last Name

Relationship to the Insured:

Bank Name:

[illegible]

Account Type: ☐ Saving Account ☐ Current Account ☐ NRE Account ☐ NRO Account

Account Number:

IFSC Code:

Contact Number:

Email ID:

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 Name:

First Name

[illegible]

Middle Name

[illegible]

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:

[illegible]

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 Number:

IFSC Code:

Contact Number:

Email ID:

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:

I/We

First Name

[illegible]**Middle Name**[illegible]

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:

[illegible]

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

Name of the
Nominee/Claimant:

First Name

Middle Name

Last Name

Signature of the Nominee:

Relationship to the Insured:

Date: Place:

Seal/Stamp of Master Policyholder:

Date: 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 date 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

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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