Digit Life Group Term Life Plan Claim Form (Annexure) - Page 1

If Payment to be made in favour of Nomineee/Beneficiary/legal heirs, then please p	provide the below details:
Nominee's/Beneficiary/ legal heirs' Name : First Name Last Name	Middle Name
Relationship to the Insured:	
Bank Name:	
Account Type: Saving Account Current Account NRE Account	NRO Account
Account Number:	
Contact Number:	
If Payment to be made in favour of Master Policyholder(MPH)/Financial Institution the below details:	(For Lender-Borrower Scheme), then please provide
	(For Lender-Borrower Scheme), then please provide
Account Holder's Account Holder's Account Holder's Account Holder's Account Holder's Account Holder's Account Holder Account Holder's Account Holder Account	
the below details: Account Holder's Name: First Name Last Name	
the below details: Account Holder's Name: First Name	
the below details: Account Holder's Name: First Name Last Name	
the below details:	
the below details: Account Holder's Name: First Name Last Name Bank Name: Account Type: Saving Account	
the below details: Account Holder's Name: First Name Last Name Bank Name: Account Type: Saving Account Current Account NRE Account	

Nominee 2

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@godigit.com

Digit Life Group Term Life Plan Claim Form (Annexure) - Page 2

If Payment to be mo	de in favour of Nomineee/Beneficiary/legal heirs, then please provide the below details:
Nominee's/Beneficiary/ legal heirs' Name :	First Name Last Name
Relationship to the Insu	ed:
Bank Name:	
Account Type:	Saving Account Current Account NRE Account NRO Account
Account Number:	
IFSC Code:	
Contact Number:	
Email ID:	
If Payment to be mo the below details:	de in favour of Master Policyholder(MPH)/Financial Institution(For Lender-Borrower Scheme), then please provide
	Index in favour of Master Policyholder (MPH)/Financial Institution (For Lender-Borrower Scheme), then please provide Image: Strate St
the below details: Account Holder's	First Name Middle Name
the below details: Account Holder's Name:	
the below details: Account Holder's	First Name Middle Name
the below details: Account Holder's Name: Bank Name:	First Name Middle Name
the below details: Account Holder's Name: Bank Name:	First Name Middle Name
the below details: Account Holder's Name: Bank Name: Account Type:	First Name Middle Name
the below details: Account Holder's Name: Bank Name: Account Type: Account Number:	First Name Middle Name

Nominee 3

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Digit Life Group Term Life Plan Claim Form (Annexure) - Page 3

If Payment to be m	ade in favour of Nomineee/Beneficiary/legal heirs, then please provide the below details:
Nominee's/Beneficiary/ legal heirs' Name :	First Name Middle Name
	Last Name
Relationship to the Insu	red:
Bank Name:	
Account Type:	Saving Account Current Account NRE Account NRO Account
Account Number:	
IFSC Code:	
Contact Number:	
Email ID:	
If Payment to be m the below details:	ade in favour of Master Policyholder(MPH)/Financial Institution(For Lender-Borrower Scheme), then please provide
If Payment to be m the below details: Account Holder's Name:	ade in favour of Master Policyholder (MPH)/Financial Institution (For Lender-Borrower Scheme), then please provide
the below details: Account Holder's	
the below details: Account Holder's Name:	
the below details: Account Holder's	First Name Middle Name
the below details: Account Holder's Name:	First Name Middle Name
the below details: Account Holder's Name: Bank Name:	First Name Middle Name
the below details: Account Holder's Name: Bank Name: Account Type:	First Name Middle Name
the below details: Account Holder's Name: Bank Name: Account Type: Account Number:	First Name Middle Name

Nominee 4

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