

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 lifecclaims@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.: Member Certificate No.:

[illegible][illegible]

Middle Name

Last Name

[illegible]

Gender: ☐ M ☐ F ☐ O

Time of Death: : A.M. P.M.

Cause of Death: ☐ Medical ☐ Accident ☐ Murder ☐ Suicide

In case of Death due to Medical/Illness: ☐ Hypertension ☐ Diabetes ☐ Heart Disease ☐ Liver Disease ☐ Kidney Disease

☐ Cancer ☐ Stroke/CVA (cerebrovascular accident)

Other (Specify)

Place of Death:

Claim Request for: ☐ Death Benefit ☐ Accidental Death Benefit ☐ Critical Illness ☐ Terminal Illness ☐ Disability

Other (Specify)

Details for Employer-Employee Policies (Graded/Designation & CTC is only applicable In case of SA criteria is based on Graded/Designation/CTC)

Employee ID:	<input type="text"/>	Employee Last Drawn CTC (per year):	<input type="text"/>
Employee Designation with Grade (Whichever applicable):			
Employee Designation:	<input type="text"/>		
Grade:	<input type="text"/>		
Date of Joining Organization:	<input type="text"/>	Date of Last Attended Duties:	<input type="text"/>

Details for Lender-Borrower Policies

Loan Account Number:	<input type="text"/>	Loan Issued Date:	<input type="text"/>
Outstanding Loan Amount Payable to MPH:	<input type="text"/>	Balance Claim Amount Payable to Nominee:	<input type="text"/>

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

In case there is more than one Nominee, please refer to and fill out the pages provided in the Annexure.

If Payment to be made in favour of Nominee/Beneficiary/legal heirs, then please provide the below details:

Nominee's/Beneficiary/ legal heirs' Name :	<input type="text"/>	<input type="text"/>
	First Name	Middle Name
	<input type="text"/>	
	Last Name	
Relationship to the Insured:	<input type="text"/>	
Bank Name:	<input type="text"/>	
Account Type:	<input type="checkbox"/> Saving Account <input type="checkbox"/> Current Account <input type="checkbox"/> NRE Account <input type="checkbox"/> NRO Account	

Account Holder's Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	First Name												Middle Name											
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	Last Name																							

[illegible]

Account Number:

IFSC Code:

Contact Number:

Email ID:

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.

- 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.

Name of the Nominee/Claimant:

First Name

Middle Name

Last Name

Signature of the Nominee:

Relationship to the Insured:

Date:

D

D

M

M

Y

Y

Y

Y

Place:

Seal/Stamp of Master Policyholder:

Date:

D

D

M

M

Y

Y

Y

Y

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
- 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

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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