

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.:

Member Certificate No.:

Name of the
Policyholder/Co-applicant:

First Name

Last Name

Middle Name

Date of Birth:

D

D

M

M

Y

Y

Y

Y

Gender:

M

F

O

Date of Death:
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Time of Death:
 0 0 : 0 0 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
 ☐ Hospitalization Cover Benefit

Health Cover Benefit:

☐ Accelerated Critical Illness
☐ Additional Critical Illness

Accidental Cover Benefit:

☐ Additional Accidental Death Benefit
☐ Additional Accidental Total & Permanent Disablement

Additional Personal Accident Benefit:

☐ Accidental Death
☐ Accidental Total & Permanent Disability

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@godiqit.com**

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

Contact Number:

Email ID:

IFSC Code:

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

Middle Name

Last Name

Bank Name:

Account Type:

Saving Account

Current Account

NRE Account

NRO Account

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

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.

[illegible][illegible]

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 of the Nominee/Legal Heir.**
- 3. Attested copy of your identity proof of the insured.**

Mandatory Document are required to be submitted along with claim intimation

7. 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

8. Loan Statment Required

9. Credit / Loan Account Statement from the lender in case of claims under lender-borrower schemes

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