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DIGIT LIFE GROUP MICRO TERM INSURANCE - CLAIM FORM (UIN: 165N003V01)

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:

- $\bullet\,$ 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.

General Information
Master Policy No.: Member Certificate No.: Member Certificate No.:
Name of the Policyholder/Co-applicant: First Name Middle Name
Last Name
Date of Birth: DDMMYYYY Gender: M F O
Details of Insured Member/Deceased
Date of Death: DDMMYYYY Time of Death: DO: DA.M. P.M.
Cause of Death: Medical Accident 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

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Accidental Permanent Partial Disablement Accidental Temporary Total Disablement
Hospitalization due to Accident Other
In a case of Hospitalization Cover Benefit:
Additional Lumpsum Hospitalization Benefit (LHB) Additional Daily Hospitalization Cash Benefit (DHCB)
Date of Admission:
Diagnosis:
Details for Lender-Borrower Policies (if applicable)
Loan Account Number: DDMMYYYY
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 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 Insured:
Bank Name:
Account Type: Saving Account Current Account NRE Account NRO Account
Account Number:

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If Payment to be made in favour of Nomineee/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.
- $\bullet\,$ 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.

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Declaration by Beneficiary/Nominee/Claimant/Legal Heir:
I/We
First Name Middle Name
(Nominee/Legal heir/Beneficiary/Claimant name)
Last 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.
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 Place:
Seal/Stamp of Master Policyholder:
Date: D D M M 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 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
 Attested copy of your identity proof of the Nominee / legal heir 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)
5. Bank details of the Nominee/Legal Heir (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
6. Additional documents in case of Suicide/ Accident - (FIR and Postmortem Report if applicable)
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
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
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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