

DIGIT TWO WHEELER PACKAGE POLICY – LONG TERM- ADD-ON COVER – WORDINGS

LIST OF ADD-ON COVERS:

1. **DIGIT TWO WHEELER PACKAGE POLICY -LONG TERM- CONSUMABLE COVER**
(UIN: IRDAN158RP0007V01201718/A0022V01201718)
2. **DIGIT TWO WHEELER PACKAGE POLICY -LONG TERM- PARTS DEPRECIATION PROTECT**
(UIN: IRDAN158RP0007V01201718/A0023V01201718)
3. **DIGIT TWO WHEELER PACKAGE POLICY -LONG TERM- ENGINE AND GEAR BOX PROTECT**
(UIN: IRDAN158RP0007V01201718/A0024V01201718)
4. **DIGIT TWO WHEELER PACKAGE POLICY -LONG TERM- BREAKDOWN ASSISTANCE**
(UIN: IRDAN158RP0007V01201718/A0025V01201718)
5. **DIGIT TWO WHEELER PACKAGE POLICY -LONG TERM- TYRE PROTECT**
(UIN: IRDAN158RP0007V01201718/A0026V01201718)
6. **DIGIT TWO WHEELER PACKAGE POLICY -LONG TERM- RETURN TO INVOICE**
(UIN: IRDAN158RP0007V01201718/A0027V01201718)
7. **DIGIT TWO WHEELER PACKAGE POLICY -LONG TERM- DAILY CONVEYANCE BENEFIT**
(UIN: IRDAN158RP0007V01201718/A0028V01201718)
8. **DIGIT TWO- WHEELER PACKAGE POLICY- LONG TERM - EV SHIELD**
(UIN: IRDAN158RP0007V01201718/A0030V01202324)
9. **DIGIT TWO-WHEELER PACKAGE POLICY - LONG TERM - ACCIDENTAL HOSPITALIZATION COVER**
(UIN: IRDAN158RP0007V01201718/A0008V01202425)
10. **DIGIT TWO-WHEELER PACKAGE POLICY – LONG TERM - DAILY HOSPITAL CASH COVER**
(UIN: IRDAN158RP0007V01201718/A0009V01202425)

DEFINITIONS (Applicable to all the Add-On Covers)**You may need to know (more legalese)**

The words and phrases listed below have specific meanings mentioned hereunder with respect to Coverages and Exclusions, wherever they appear in the document for purpose of reference.

1. **Accident, Accidental:** A sudden, unforeseen, unintended event caused by external, visible and/or violent means.
2. **Add-On Cover Policy:** The Schedule containing information related to **You** and **Your Vehicle**, Terms and Conditions, Exclusion and without limitation any Annexure or Endorsement to it, which sets out the Insurance contract between **You** and **Us**.
3. **Vehicle Insurance:** Two-Wheeler Package Policy, pertaining to **Your** Two-Wheeler issued by an IRDAI licensed insurance company covering own damage under Section I and Third-Party Liability under Section II of the Indian Motor Tariff.
4. **Co-Payment:** is a cost-sharing arrangement which provides that the policyholder/insured will bear a specified percentage of the admissible claim amount.
5. **Digit Authorized Repair Shop:** Any automobile repair shop which is formally approved by **Us** as preferred Service Provider for repair of **Your Vehicle**.
6. **IDV:** Insured's Declared Value (Sum Insured) of **Your Vehicle** as per the **Vehicle Insurance**.
7. **Market Value:** This is the replacement value of similar item less depreciation for age, usage and condition.
8. **Own Damage Claim:** The claims raised by **You** under the **Vehicle Insurance** against **Your** Insurance Company for loss or damage to **Your Vehicle** under Section I (Own Damage Section).
9. **Original ex-showroom Price:** This is the price mentioned on the Original Purchase Invoice of the Insured Vehicle.
10. **Partial Loss:** Any loss involving repair of **Your** Vehicle but not amounting to **Total Loss/ Constructive Total Loss**.
11. **Policy Period / Add -On Cover Policy Period:** The Period from the Commencement Date and Time to the Expiry Date and Time as shown in the Policy Schedule of **Vehicle Insurance**.
12. **Policy Schedule:** Policy schedule is the part of the insurance contract that identifies the policyholder and includes details of the property and persons covered, the amount of coverage, the extent of coverage including Add-On Covers (if Opted), the exclusions, the deductibles, and the payment receipt details.
13. **Total Loss/ Constructive Total Loss:** A Vehicle will be considered to be a **Total Loss/ Constructive Total Loss**, where the aggregate cost of retrieval and / or repair of the insured vehicle, subject to terms and conditions of the **Vehicle Insurance** exceeds 75% of the IDV.
14. **We, Our, Us, Digit:** Go Digit General Insurance Ltd.
15. **Your Vehicle/Insured Vehicle:** The Two-Wheeler Insured by us as per the **Add-On Cover Policy**.
16. **You, Your:** The person or persons whose vehicle are insured as set out in the Policy Schedule.

DIGIT TWO WHEELER PACKAGE POLICY -LONG TERM- CONSUMABLE COVER

A. ADD-ON WORDINGS

Under this **Add on Cover**, we will Compensate **You** towards the replacement/replenishing costs of the **Consumables** with new ones, in the event of a **Partial Loss** to **Your Vehicle** and/or its accessories, arising out of any peril as covered under Section I of **Your Vehicle Insurance** Policy.

“**Consumables**” shall mean any Item or substance of Insured Vehicle which is not damaged in the **Accident** and has limited life or has been consumed completely / partially during their usage and deemed to be unfit for reuse and need replacement to complete the vehicle repair. Such as bolt, screw, nut, engine oil, gear box oil, brake oil, battery electrolyte, oil filter, fuel filter, bearings, washers, gasket, sealant, clip, rivets and items of similar nature excluding fuel.

B. CONDITIONS

Claims made by **You** under this **Add-On Cover** are subject to conditions set forth under **Your Vehicle Insurance** Policy.

C. EXCLUSIONS

In addition to the General Exclusions listed under your **Vehicle Insurance**, we shall not be liable to pay any claim whatsoever under this cover in the event of the following:

1. Where **Vehicle Insurance** is not valid.
2. Where the Own Damage Claim made by **You** under the **Vehicle Insurance** is not payable or admitted.
3. **Consumables** pertaining to any part/sub part/accessories not approved for replacement by us under **Your Vehicle Insurance** Policy.
4. Any claim which is notified after 30 days of the happening of the loss or damage, provided, we may, at our sole discretion, condone the delay in notification of claim on merits based on the reason for delay furnished by You to Us in writing.
5. Claim where Vehicle is not repaired at **Digit Authorized Repair Shop**.
6. The loss claimed or covered under any other type of insurance policy or cover.
7. **Constructive Total Loss/ Total Loss of Your Vehicle**.
8. Any claim where an opportunity is not given to **Us** to inspect and assess the damage or loss before commencement of repair.

DIGIT TWO WHEELER PACKAGE POLICY -LONG TERM DEPRECIATION PROTECT

A. ADD-ON WORDINGS

Under this **Add on Cover**, we will cover the depreciation amount on the assessed damaged parts pertaining only to the applicable parts category as per the plan opted by you in the event of a **Partial Loss** of **Your Vehicle**.

In the event **You** have opted for **Co-payment**, **your** contribution shall be to the extent agreed by **You** on the approved parts depreciation amount for each and every **Partial Loss** claim.

Cover / Benefits will be as per the Plan and the **Co-Payment** as opted by **You** and shown in **Your** Policy Schedule.

B. CONDITIONS

1. The benefits under this **Add-On Cover Policy** would be available only if **Your Vehicle** is repaired at **Digit Authorised Repair Shop**. In case **You** have opted to repair **Your Vehicle** at any other repairer/workshop, then **You** will have to bear an additional Co-Payment of 20% of the approved claim amount under this cover.
2. Claims made by **You** against **Us** under '**Parts Depreciation Protect**' are subject to the terms and conditions set forth under **Vehicle Insurance**.
3. The benefits under '**Parts Depreciation Protect**' can be utilized up to maximum of specified number of times (as mentioned in Policy Schedule) during each year of the **Add-On Cover Policy Period**.
4. Parts replacement during the repairs need to be approved by **Us**.

C. EXCLUSIONS

In addition to the General Exclusions listed under Your **Vehicle Insurance**, we shall not be liable to pay any claim whatsoever

1. Where **Vehicle Insurance** is not valid.
2. Where any claim made by **You** under Section I (Own Damage Section) of **Your Vehicle Insurance** is not payable or admitted.
3. Any other cost of repair fully or partly pertaining to any part / sub part / accessories not approved under the **Vehicle Insurance**.
4. Depreciation applicable to tyres, battery of **Your Vehicle** as per **Vehicle Insurance**.
5. Any claim which is notified after 30 days of the happening of the loss or damage, provided, we may, at our sole discretion, condone the delay in notification of claim on merits based on the reason for delay furnished by You to Us in writing.
6. The loss claimed or covered under any other type of insurance policy or cover.
7. Any claim where an opportunity is not given to **Us** to inspect and assess the damage or loss before commencement of repair.

D. NO CLAIM BONUS (NCB)

You are also entitled for a No Claim Bonus (NCB) on "Parts Depreciation Protect" **Add-on Cover**, as per the details below:

- i. NCB Entitlement (in %) at the time of inception of Policy
 - a. For Expiring Policy having Policy Period as 1 Year- NCB, wherever applicable, will be as per the following table,

| Period of Insurance | % DISCOUNT ON OWN DAMAGE PREMIUM |
|--|----------------------------------|
| No claim made or pending during the preceding full year of insurance | 20% |
| No claim made or pending during the preceding 2 consecutive years of insurance | 25% |
| No claim made or pending during the preceding 3 consecutive years of insurance | 35% |
| No claim made or pending during the preceding 4 consecutive years of insurance | 45% |
| No claim made or pending during the preceding 5 consecutive years of insurance | 50% |

- b. For Expiring Policy of other insurance companies having Policy Period more than 1 Year- NCB will be calculated on the basis of following table:

| NCB (in%) Eligibility as per Expiring Policy | NCB (in%) to be transferred to this Policy |
|--|--|
| 0 | 0 |
| 0.01- 20.00 | 20 |
| 20.01 - 25.00 | 25 |
| 25.01-35.00 | 35 |
| 35.01-45.00 | 45 |
| >45.00 | 50 |

- c. NCB Entitlement (in %) at the time of Policy Expiry

| NCB Slab | | | | | | |
|------------------------------------|---|-----------------------------------|------------------------------------|-------------------------------------|---------------------------------------|---|
| Policy term of the Expiring Policy | NCB (in %) at the time of inception of Policy | No Claim during the Policy Period | One Claim during the Policy Period | Two Claims during the Policy Period | Three Claims during the Policy Period | More than three Claims during the Policy Period |
| | | % discount on Own Damage Premium | | | | |
| 1 year | 0 | 20 | 0 | 0 | 0 | 0 |
| | 20 | 25 | 0 | 0 | 0 | 0 |
| | 25 | 35 | 0 | 0 | 0 | 0 |
| | 35 | 45 | 0 | 0 | 0 | 0 |
| | 45 | 50 | 0 | 0 | 0 | 0 |
| | 50 | 50 | 0 | 0 | 0 | 0 |
| 2 Years | 0 | 35 | 25 | 0 | 0 | 0 |
| | 20 | 45 | 35 | 0 | 0 | 0 |
| | 25 | 50 | 45 | 20 | 0 | 0 |
| | 35 | 50 | 45 | 25 | 0 | 0 |
| | 45 | 50 | 45 | 35 | 0 | 0 |
| | 50 | 50 | 45 | 45 | 0 | 0 |
| | 0 | 45 | 35 | 20 | 0 | 0 |

| | | | | | | |
|----------------|-----------|----|----|----|----|---|
| 3 Years | 20 | 50 | 45 | 25 | 0 | 0 |
| | 25 | 50 | 45 | 35 | 0 | 0 |
| | 35 | 50 | 45 | 35 | 20 | 0 |
| | 45 | 50 | 45 | 35 | 25 | 0 |
| | 50 | 50 | 45 | 35 | 25 | 0 |

No Claim Bonus will only be allowed provided the policy is renewed within 90 days of the expiry date of the previous policy.

"However, in the case of Military or Para military Personnel working in Forward Areas, the period of 90 days may be extended up to 365 days depending on the circumstances of each individual case with a declaration in writing by the policy holder that the vehicle was not put to use during the interim period".

NOTE:

- i. Maximum NCB that can be earned by an Insured is 50%
- ii. An Insured becomes entitled for NCB only at the time of renewal of policy after the expiry of the full duration of the Policy.

Sunset Clause: If at the renewal falling due any time between 1st July 2002 and 30th June 2003, both days inclusive, (after completion of the full policy period of 12 months) an insured becomes entitled to an NCB of 55% or 65% in terms of the Tariff prevailing prior to 1st July 2002, the entitlement of such higher percentage of NCB will remain protected for all subsequent renewals till a claim arises under the policy, in which case the NCB will revert to "Nil" at the next renewal. Thereafter, NCB if any earned, will be in terms of the above table.

DIGIT TWO WHEELER PACKAGE POLICY -LONG TERM- ENGINE AND GEAR BOX PROTECT

A. ADD-ON WORDINGS

By opting for this **Add-on Cover, Your Vehicle Insurance** policy is extended to cover the **Consequential Damage** to the internal child parts of the Engine or Gear Box, or transmission assembly arising out of:

- a. Water ingress
- b. Leakage of lubricating oil or coolant
- c. Damage to engine or gear box

Under this Add-On Cover, We shall pay you for the following:

- i. Repair and replacement costs of the Engine's internal child parts such as Crankshaft, Cylinder head, cam shaft, pistons, piston sleeve, gadget pins, valves, connecting rods and engine bearings, Oil pump and turbo/super charger and the like.
- ii. Repair or replacement of the affected internal child parts of the gear box or transmission assembly such as gear shafts, shifter, synchronizer rings / sleeves, actuator, sensor, Mechatronics and its affected child parts and bearings.
- iii. Labour Cost required to carry out the repair or replacement of the damaged child-parts of the Engine, gear box, and transmission assembly.
- iv. Cost of Consumables replenished including lubricating oil, coolant, nuts and bolts during the repair
- v. Depreciation on the parts replaced which are approved by **us**.

"Consequential Damage" shall mean the damage caused to **Your Vehicle** not arising directly from an insured peril under the **Vehicle Insurance** but resulted consequently.

"

B. CONDITIONS

1. Claims made by **You** under this **Add-On Cover** are subject to conditions set forth under **Your Vehicle Insurance**.
2. Claims made by **You** under this **Add-On Cover** would be admissible only if there is an evidence of:
 - a. **Your Vehicle** being stopped in water logged area resulting into damage to internal parts of the engine due to water ingress
3. Maximum of one claim would be payable during each year of the **Add-On Cover Policy Period**.

C. EXCLUSIONS

In addition to the General Exclusions listed under your **Vehicle Insurance**, We shall not be liable to pay any claim whatsoever in the event of the following:

1. Any other **Consequential Damage** due to an Accident, apart from the loss or damage covered under this Add-On.
2. Any payment under this **Add-On Cover** in case of **Constructive Total Loss/ Total Loss of Your Vehicle**.
3. Any claim which is notified after 3 days of the happening of the loss or damage, provided, we may, at our sole discretion, condone the delay in notification of claim on merits based on the reason for delay furnished by You to Us in writing.
4. Loss or damage covered under any other type of insurance policy or manufacturer's warranty or recall campaign or any other packages.
5. Any Claim where the repair has been carried out without prior approval from Us.

6. Aggravated loss, deterioration or consequential damage to the engine, gear box and transmission assembly including corrosion due to following:
 - a) Delay
 - a. In retrieving the two-wheeler from water logged area to a safe place.
 - b. In instructing the garage to start the repair after the surveyor assessment is done.
 - c. On the part of the garage chosen by **You** in executing the repair work.
 - b) Where minimum required reasonable care has not been taken by **You** to protect the further loss or damage
 - c) Any claim where water inundation is not proved in case of water ingress related loss

DIGIT TWO WHEELER PACKAGE POLICY -LONG TERM- BREAKDOWN ASSISTANCE

A. ADD-ON WORDINGS

Under this **Add on Cover**, **you** shall be entitled to one or more of the below mentioned services or benefits from Us or Assistance Service Provider depending on the Plan opted under this **Add-On Cover** and as shown in the **Policy Schedule**.

- I. **Flat Battery:** In Case of **Your Vehicle** being immobilized due to malfunctioning of battery within the **geographical limit**, **we** would make an alternate arrangement to make **Your Vehicle** mobile. Provided always that
 - a. **Vehicle** has not already reached a workshop/repairer.
 - b. **We** would pay for all labour and conveyance costs towards this assistance.
 - c. **You** would bear any Cost of charging/replacement of battery.

- II. **Spare Keys:** If **Your Vehicle** keys are lost within the **geographical limit**, **we** would arrange for pickup and delivery of the spare keys of **Your Vehicle** to the place where the **Vehicle** is located
Alternatively, in the absence of spare keys, **we** would provide the service of unlocking **Your Vehicle** with the help of vehicle technicians at the location of the vehicle. Provided always that
 - a. **We** would pay for all labour and conveyance costs towards this assistance
 - b. **You** need to submit an Identity Proof to prove the Ownership of the **Vehicle**.

- III. **Flat Tyre:** In Case of **Your Vehicle** being immobilized due to flat tyres within the **geographical limit**, **we** would assist you in either of the following ways:
 - 1) Organize for a vehicle technician to replace the flat tyre with the spare tyre of the vehicle (if any) at the location of breakdown
or
 - 2) In the event of repairs not being possible at the place of breakdown, arrange to take the flat tyre to the nearest place of repair and deliver the tyre back to the place of breakdown & attach it to **Your Vehicle**.
Provided always that
 - a. **We** would pay the expenses on labour cost and conveyance cost, in relation to point (1) and (2) above,
 - b. **You** would bear any expenses on material/spare parts and any other incidental costs, if required while carrying out the repairs

- IV. **Minor Repairs:** In Case of **Your Vehicle** being immobilized due to a minor mechanical/electrical fault within the **geographical limit**, **We** would assist **You** with telephonic assistance to come up with solutions for such minor mechanical errors/faults/non-functioning of the insured's vehicle or sending a vehicle technician to the location of breakdown to carry out the Minor Repairs.
Provided always that
 - a. **We** would pay the expenses on labour cost and conveyance cost
 - b. Minor Repairs, for the purpose of this Add-On, would be defined as repairs which can be carried out at the location of breakdown/accident, requiring no spares and less than 45 minutes of labour time

- V. Towing Facility: In the event of **Your Vehicle** being immobilized or rendered unfit for the purpose of driving on the road which cannot be repaired on the spot of break down or accident, **We** would arrange for appropriate towing services to the nearest **Digit Authorized Repair Shop**
- VI. Urgent Message Relay to relatives: If **Your Vehicle** gets immobilized as a result of an accident and/or breakdown, we would arrange to send urgent message to the specified persons, as requested by **You**, through available means of communication
- VII. Medical Coordination: If **Your Vehicle** meets with an accident as a result of which **You** and/or any of the travelling passengers requires medical care, **we** would arrange for the telephonic contact details of the nearest available Medical Centre.
- VIII. Fuel Assistance:
1. In case of **Your Vehicle** being immobilized due to emptying of fuel tank within the **geographical limit**, **we** would arrange for supply of up to **five** litres of fuel, at the location of the breakdown.
 2. In case of **Your Vehicle** being immobilized due to contaminated fuel within the **geographical limit**, **we** would arrange for towing the Insured's vehicle to nearest garage for the purpose of emptying the fuel tank.
- Provided always that
- a. **You** would bear all expenses on fuel
 - b. **We** would bear all charges towards the towing of the vehicle
- IX. Taxi benefits: In case of **your vehicle** being immobilized due to an accident / breakdown at least 100 kms away from Your City of Residence, **We** shall provide free travel to the driver and pillion rider of the Insured vehicle to a single destination subject to a maximum limit as specified in the policy schedule.
- Provided always that:
- a. The required time of repair of the Insured vehicle exceeds 6 hours from the time of the accident / breakdown
 - b. The number of individuals riding on the Insured vehicle is not more than the maximum seating capacity of the Insured vehicle
- In the unlikely event of **We** being unable to arrange for this service, **we** may request **you** to arrange for the taxi or any other transportation services available on **your** own and submit the bill for the pre - authorized amount for reimbursement to **us**.
- X. Accommodation Benefits: In case of **Your Vehicle** being immobilized due to an accident / breakdown at least 100 kms away from Your City of Residence, **We** shall provide with a hotel accommodation / stay arrangement to the driver and pillion rider of the Insured vehicle for one-day subject to a per day limit of amount (as specified in policy schedule) per person (not exceeding the maximum seating capacity of the insured vehicle) and a maximum total limit as specified in the policy schedule for the actual persons at the time of loss. Provided always that:
- a. The required time of repair of the Insured vehicle exceeds 6 hours from the time of the accident / breakdown
 - b. We won't provide accommodation benefits if we have provided taxi benefit.

In the unlikely event of **We** being unable to arrange for this service, **We** may request **You** to arrange for accommodation on **Your** own and submit the bill for the pre - authorized amount for reimbursement to **Us**.

- XI. Legal Advice: If **Your Vehicle** meets with an accident, as a result of which **You** require the services of a legal advisor, **we** would arrange for the telephonic contact details of an appropriate legal advisor belonging to a nearby area as requested by **You**. Provided always that:
- a. **We** would intimate **You** of all charges payable for the services of such legal advisor and all such charges would be borne by **You**.

“Geographical Limit” shall mean area lying within 500 Kilometers of radius from the center point of your city of residence.

“City of Residence” shall mean City as mentioned in the address declared by **You** at the time of Policy issuance and mentioned in the Policy Schedule.

B. CONDITIONS

1. The benefits under ‘Breakdown Assistance’ can be utilized for a maximum of 4 times during each year of the **Add -On Cover Policy Period** except for ‘Fuel Assistance’, ‘Taxi Benefits’ and ‘Accommodation Benefits’ for which the aggregate utilization limit is 2 times during each year of the **Add-On Cover Policy Period**
2. Claims made by **You** against **Us** under ‘Breakdown assistance’ are subject to the terms and conditions set forth under **Vehicle Insurance**.
3. List of cities where we offer breakdown assistance service is available on our website and can be updated from time to time.

C. EXCLUSIONS

In addition to the General Exclusions listed under your **Vehicle Insurance**, **we** shall not be liable to pay any claim whatsoever in the event of the following:

1. Where **Your Vehicle** can be safely transferred on its own power to the nearest dealer/workshop.
2. Any loss or damage caused due to theft, earthquake, acts of terrorism, riots, strikes, Act of God perils like flood, earthquake etc and confiscation, intervention of Government Authorized Agencies, Police Authorities or Law Enforcing Agencies.
3. The cost of any parts, components/consumables or materials used to repair **Your Vehicle**.
4. Repair and labour costs other than 45 minutes of roadside labour on the spot of accident in case of minor repairs.
5. Any loss or damage arising out of any action of **Yours** which violate law of the land.
6. Any loss or damage caused to **Your Vehicle** when it is being used /driven against the recommendation of the owner’s / manufacturer’s manual.
7. Any claims where services have been availed of without **Our** prior consent.

D. WHAT TO DO IN CASE OF BREAKDOWN: If **Your Vehicle** breaks down please call our Assistance Service Provider at 1800 300 34448. Please have the following information ready to share with the call recipient, who will use it to validate Your Policy,

- Your telephone number which our Assistance Service Provider can call **You** back on

- **Your Vehicle** registration
- **Your** insurance Policy number
- The precise location of **Your** Vehicle (or as accurate as **You** can be in the circumstances)
- **Your** Vehicle make, model and colour together with any specific details, which may assist **Us** in locating You Quickly

We will take **Your** details and ask **You** to remain nearby the mobile phone **You** are calling from. Once our Assistance Service Provider has made all the arrangements, they will contact **You** to advise who will be coming out to **You** and how long they are expected to take. **Your** mobile phone must therefore be switched on and available to take calls at all times. **You** will then be asked to return to **Your** Vehicle. Please remember to guard **Your** safety at all times and remain with or near **Your** Vehicle until the assistance arrives. Once the assistance arrives at the scene, please be guided by their safety advice. If the Police or Highways Agency are present at the scene please advise them that **You** have contacted our Assistance Service Provider or give them our Assistance Service Provider's telephone number to call Assistance Service Provider on **Your** behalf.

DIGIT TWO WHEELER PACKAGE POLICY -LONG TERM- TYRE PROTECT

(Offered only to Vehicles fitted with Run Flat Technology)

A. ADD-ON WORDING

Under this **Add on Cover**, we will reimburse **you** for the

- cost of replacing the damaged tyre(s) with a new equivalent or near equivalent tyre(s) of make-model and specification similar to the one being used in the Insured vehicle at the time of availing Vehicle Insurance/at the time of accident/damage to the tyre
- labour charges toward removing & refitting of the tyre and
- charges towards wheel balancing,

as may be necessitated, arising out of accidental loss or damage to Tyre & Tubes of **Your Vehicle** making the tyre unfit for use due to:

- bulge in tyre
- bursting of tyre
- cut or damage to the tyre

B. CONDITIONS

1. Claims made by **You** under this **Add-On Cover** are subject to conditions set forth under **Your Vehicle Insurance** Policy.
2. In the event of a claim under 'Tyre Protect', the admissible claim amount will not exceed the following, basis the unused tread depth of the respective tyre:

| Unused Tread Depth of the Tyre(s) at the Time of Loss | Admissible Claim Amount | Inspection Conditions |
|--|---------------------------------|---|
| >= 7 mm | 100% of the cost of new tyre(s) | 1. Tyre pressure as Specified by manufacturer 2. Unused Tread depth will be measured at the centre of the tread. 3. Minimum 3 measurements at 3 different places will be taken for the purpose of arriving at mean tread depth which will be the basis of indemnity under the coverage. |
| >=6.5 mm and <6.9 mm | 85% of the cost of new tyre(s) | |
| >=5 mm and <=6.4 mm | 75% of the cost of new tyre(s) | |
| >=3 mm and <= 4.9 mm | 50% of the cost of new tyre(s) | |
| < 3 mm | Nil | |

3. The benefits under 'Tyre Protect' can be utilized only for a maximum of two (2) tyre(s) of the Insured **Vehicle** during each year of the Add-On Cover Policy Period
4. Where the Loss or Damage to Tyre(s) is caused by an insured peril due to which the Insured Vehicle is also damaged and covered under "Own Damage" section of the **Vehicle Insurance**, then Benefit payment under this **Add-On Cover** will be admissible claim amount as per table above less amount payable under Own Damage Section of the **Vehicle Insurance**
5. If **You** replace tyre(s) of the Insured **Vehicle** on **Your** own, it is **Your** obligation to inform **Us** about such change with necessary details like Tyre Make, Model, Serial Number, Invoice Copy of the new tyre(s) in the absence of which We shall not be liable to make any payment of claim under this cover.

C. EXCLUSIONS

In addition to the General Exclusions listed under your **Vehicle Insurance**, we shall not be liable to pay any claim whatsoever in the event of the following:

1. Cost of puncture or tyre repair.
2. Any damage arising as a result of poor workmanship while undertaking repair or at the time of manufacturing / assembly or due to unauthorized repair.
3. Any damage that results from violations of operating instructions given in the manual provided by Two-wheeler manufacturer including without limitations of maximum load, manufacturer's recommended tyre pressure, passenger capacity, racing, rally & modifications that have not been approved.
4. Inconsequential aspects such as minor damage, scratches, minor cuts, noises, sensations and vibrations that do not affect performance.
5. Any damage that results from improper storage or transportation.
6. Routine maintenance and adjustments of wheels / tyres / tubes.
7. Claim towards wheel balancing, wheel alignment if tyre replacement is not admitted.
8. Claim where vehicle is not repaired at **Digit Authorized Repair Shop**
9. Any claim where an **opportunity is not given to us** to inspect the damage or loss before commencement of repair.
10. Where a loss is covered under manufacturer's warranty or recall campaign or under any other such packages at the same time
11. Any loss or damage to tyre(s) of the **Insured Vehicle** which has been used for its full specified life as per manufacturer's guidelines
12. Any loss or damage that results from neglect of the periodic maintenance as specified by the manufacturer of the **Insured Vehicle** and/or manufacturer of the tyre(s)
13. Where the batch number of damaged tyre(s) is different than the make, model or batch number specified in the **Schedule**
14. Theft of tyre(s) of the **Insured Vehicle**.
15. Any loss or damage to rims, wheel accessories, suspension or any other part or accessories of the Insured Vehicle arising as a result of damage to the tyre(s) of the Insured Vehicle.

DIGIT TWO WHEELER PACKAGE POLICY -LONG TERM- RETURN TO INVOICE

A. ADD-ON WORDING

In the event of **Your Insured Vehicle**

- A.** being a **Total Loss / Constructive Total Loss / Total Theft**; provided you have opted for Comprehensive Cover; or
- B.** being a **Total Loss / Constructive Total Loss**; provided you have opted for Standard Cover
We will compensate **You** in either of the following ways:
1. Pay the cost of new vehicle of same or near equivalent make, model, features, specification of the Insured Vehicle less amount payable under **Vehicle Insurance** Policy; or
 2. If exactly same make, model, variant is discontinued **Our** Liability will be limited to the shortfall with respect to the last available invoice price of the **Insured Vehicle** immediately before discontinuation.

In addition, you will also receive the following benefits:

- (a) Payment towards First time registration charges of the New Vehicle.
- (b) Payment of Road Tax
- (c) Insurance Policy to Cover the New Vehicle which includes Own Damage Cover, Third Party Liability Cover and Add-On Cover (as availed in Your **Vehicle Insurance** Policy) provided You opt to insure the new vehicle with us.
- (d) Payment of Cost of any accessories which were specifically Insured under Section 1 (Own Damage) of the **Vehicle Insurance** Policy provided these are not part of factory fitted accessories of the new vehicle

B. CONDITIONS

1. No depreciation will be applied to assess the loss in the event of **Total Loss / Constructive Total Loss**.
2. **You** shall bear the **Co-payment** percentage of the admissible claim amount under this **Add-on Cover**. Applicable Co-payment percentage is shown on the Policy Schedule.
3. Claims made by **You** under this Add-On Cover are subject to conditions set forth under **Your Vehicle Insurance**
4. Any compensation under this **Add-On Cover** will be full and final settlement of **Our** liability under this **Add-On Cover**.
5. Claim Payment in case of Total theft of the Insured Vehicle will be subject to submission of Final Investigation Report by the Policy Authorities but not before 90 days from the date of theft provided you have opted for comprehensive cover.

C. EXCLUSIONS

In addition to the General Exclusions listed under your **Vehicle Insurance**, **we** shall not be liable to pay any claim whatsoever in the event of the following:

1. If the Claim of **Total Loss / Constructive Total Loss / Total Theft** of the vehicle is not admissible under Section 1 (Own Damage) of the **Vehicle Insurance** Policy.
2. The bank/finance Company whose interest is endorsed in the policy shall agree in writing.
3. Cost of any accessories which were not specifically Insured under Section 1 (Own Damage) of the **Vehicle Insurance** Policy Or not part of Original Equipment Manufacturer (OEM) fitment.

4. If the vehicle is recovered within 90 days of the theft unless Final Investigation Report/Non-Traceable Report is submitted.
5. Any claim which does not qualify as **Total Loss / Constructive Total Loss** as per the Vehicle Insurance Policy.

DIGIT TWO WHEELER PACKAGE POLICY -LONG TERM- DAILY CONVEYANCE BENEFIT

A. ADD-ON WORDINGS

If a claim for accidental loss or damage is admitted under “Section I – Own Damage” of Your **Vehicle Insurance** Policy, **We** will compensate for **Your** transportation cost during the repair period due to non-availability of **Your Two-Wheeler, in either** of the two ways mentioned below:

- a) Pay a fixed allowance per day; or
- b) Provide coupons from well-known taxi operators including without limitations to OLA and UBER for an amount equal to the per day fixed allowance.

as per the Plan, Maximum Number of Days, Time Excess & Per Day Fixed Allowance mentioned in the Policy Schedule.

“Act of God Perils” shall mean Natural Catastrophes like earthquake, storms and floods which are Inevitable accidents that would affect large areas and population.

“Time Excess” shall mean the Excess Period opted by **You** for which **We** shall not be liable for any claim payment. Claim Payment shall be considered for the number of days exceeding Time Excess Period after the Date of First Loss Assessment up to the maximum eligible number of days opted or date on which vehicle is ready for delivery whichever is earlier.

Example, if the insured Vehicle met with an accident on 01st Aug and it was given for repair on 3rd Aug, whereas the first Loss Assessment was on 05th Aug, Time Excess will be applicable from 05th Aug.

B. CONDITIONS

1. Claims made by **You** under this **Add-On Cover** are subject to conditions set forth under **Your Vehicle Insurance** Policy.
2. For computation of eligible number of days for **Partial Loss/ Total Loss / Constructive Total Loss** Claims, the start date will be calculated from the date of First Loss Assessment of **Your Vehicle** conducted by Us at the **Digit Authorized Repair Shop** and end on the day when vehicle is ready for delivery subject to the Maximum eligible number of days and **Time Excess** opted by **You** and mentioned in the Policy Schedule.
3. In case of theft and subsequent insured vehicle recovery the benefit shall be payable till the date of such recovery subject to the maximum number of days opted by you.
4. Maximum two (2) claims shall be admissible under this **Add-On** during each year of the **Add-On Cover Policy Period** subject to the maximum number of days as opted by **You** and mentioned in the **Policy Schedule**.

C. EXCLUSIONS

In addition to the General Exclusions listed under your **Vehicle Insurance**, **we** shall not be liable to pay any claim whatsoever in the event of the following:

1. **Time Excess** opted by **You** and mentioned in the **Policy Schedule**.
2. Where **Vehicle Insurance** is not valid.
3. Where the own damage claim made by you under the **Vehicle Insurance** is not payable or admitted.
4. Claim where vehicle is not repaired at **Digit Authorized Repair Shop**
5. Losses arising out of Act of God Perils, Riots & Strikes.
6. The loss claimed or covered under any other type of insurance policy or cover.

7. Benefit for a period of delay in taking delivery by **You** once vehicle is ready for delivery.

CANCELLATION (Applicable to all the above Add-On Cover)

1. **Add-On Covers** cannot be Cancelled on Standalone basis unless the **Vehicle Insurance** Policy is cancelled.
2. Cancellation Provision will be as mentioned in the **Vehicle Insurance** Policy.

DIGIT TWO- WHEELER PACKAGE POLICY- LONG TERM - EV SHIELD

Definitions specific to this add on cover:

1. **“Battery”** shall mean an electric-vehicle battery (EVB) which is a rechargeable battery used to power the electric motors of a battery electric vehicle (BEV) or hybrid electric vehicle (HEV).
2. **“Consequential Damage”** shall mean the damage caused to Your Vehicle not arising directly from an insured peril under the Vehicle Insurance but resulted consequently to any damage.
3. **“Drive Motor/electric Motor”** shall mean a motor which is fitted on the axles which converts electric energy into mechanical energy.
4. **“HEV (Hybrid electric vehicle) system”** - The HEV system contains of Electric motor, DC/DC step down converter, electric generator and power electronics controller.

A. ADD- ON WORDINGS

This add on cover will be available for Electric Vehicles (EV) or Hybrid Vehicles (Petrol +Electric).

Under this add on cover, we will indemnify You for the expenses incurred for repair or replacement due to consequential damages arising out of water ingression or short circuit or damages by accidental external means causing loss or damage to battery, drive Motor/electric Motor and Hybrid Electric Vehicle (HEV) system, forming part of the Insured Vehicle.

Provided always that:

- i. In case of loss or damage due to water ingression, payment under this add-on would be made only when there is evidence of water inundation resulting into damage to covered parts as mentioned above.
- ii. In case of loss or damage due to short circuit (while mounting, dismounting or vehicle in charging port), payment under this add-on would be made when it results into damage/failure to covered parts as mentioned above.
- iii. In case of loss or damage due to accidental external means, no depreciation will be applicable on the vehicle battery.

Additional Coverages Provided under this Add Cover

In order to provide comprehensive coverage to the electric vehicles/ hybrid vehicles, the add on cover also offers following additional coverages. However, same will be available if specifically opted and mentioned in the Policy Schedule:

- i. **Loss or damage to electrical panel for vehicle charging point**– If specifically opted, we will cover loss or damage to electrical panel for vehicle charging point due to the perils listed in section I of the base policy including any loss or damage due to animal attack and animal scratch to the panel. The electrical panel should be installed specifically for the insured vehicle and should not be for any other vehicle.
- ii. **Loss or damage to vehicle charger including charging cable** - If specifically opted, we will cover loss or damage to vehicle charger including charging cable due to the perils listed in section I of the base policy including any loss or damage due to animal attack. The coverage can be provided to wall mounted as well as portable vehicle charger.

iii. **Assistance Services Specific to EV** - If specifically opted, we will provide following assistance services to the vehicle being immobilized within the geographical limit as specified in the Policy Schedule and due to malfunctioning of battery or due to battery runs out of charge:

a. **Mobile charging station service** – In case Your vehicle battery runs out of charge, We would arrange for a mobile generator van or portable mobile generators at the vehicle location , which will help in charging vehicle battery.

Provided always that the charging from generator driven van will be available for 30 mins or till the time battery charge reaches 30% (whichever is earlier). Any additional charging cost over and above 30 mins or 30% battery charge will be borne by You.

In the event of We being unable to arrange for a mobile charging station service, we will arrange for towing service of the vehicle to charging station/ vehicle workshop / Your Home / Your Office, whichever is nearest, subject to maximum of 50 kilometres from the place of immobilization of the vehicle upto the limit of towing amount as specified in the Policy Schedule, provided towing service of the vehicle is available in the area where the vehicle is immobilized. Any additional towing cost over and above 50 kilometres will be borne by You.

List of cities where vehicle towing service is available is uploaded on our website and updated from time to time.

b. **Replacing Discharged Battery with Charged one (in case vehicle battery is swappable)** - In case battery of the vehicle is discharged and battery swap option is there, then we will arrange to deliver charged vehicle battery to the vehicle location.

B. CONDITIONS

1. Claims made by You under this Add-On Cover are subject to conditions set forth under Your Vehicle Insurance.
2. Maximum of number claims payable during the Policy Period will be as mentioned in the Policy Schedule.

C. EXCLUSIONS

In addition to the General Exclusions listed under your **Vehicle Insurance**, we shall not be liable to pay any claim whatsoever in the event of the following:

1. Any payment under this Add-On Cover in case of Constructive Total Loss/ Total Loss of Your Vehicle.
2. Loss or damage covered under any other type of insurance policy or manufacturer's warranty or recall campaign or any other packages.
3. Any claim which is notified after 3 days of the happening of the loss or damage, provided, we may, at our sole discretion, condone the delay in notification of claim on merits based on the reason for delay furnished by You to Us in writing.
4. Any Claim where the repair has been carried out without prior approval from Us.
5. Charging of the vehicle is not done as per the guidelines of OEM (Original Equipment Manufacturer)
6. Any claims related to loss or damage due to wear and tear.
7. Any claim where battery state of health is below the threshold as per OEM guidelines.
8. Any claim where battery is already dead due to untimely charging or any other purpose.
9. Vehicle stopped due to over discharge of batteries and is not plugged for charge within 24 hours from the time of stoppage.
10. Where minimum required reasonable care has not been taken by You to protect the further loss or damage

CANCELLATION CLAUSE APPLICABLE TO ALL ADD-ON COVER:

Cancellation Condition of the Add-On Cover will be same as that mentioned in Your Vehicle Insurance (Base Policy) to which this Add-On Cover is attached.

Subject otherwise to all other terms, conditions, limitation and exclusions mentioned in Your Vehicle Insurance Policy.

Subject otherwise to all other terms, conditions, limitation and exclusions mentioned in Your Vehicle Insurance Policy.

DIGIT TWO-WHEELER PACKAGE POLICY - LONG TERM - ACCIDENTAL HOSPITALIZATION COVER

A. ADD-ON WORDINGS

If You have opted for this Add-On Cover and You and/or any other occupant of the insured vehicle (if opted) sustains an Accidental Bodily Injury during the Policy Period whilst mounting and dismounting from or driving or traveling in the insured vehicle, that requires Hospitalization as an inpatient for a minimum period of 24 consecutive hours, We will pay You all Reasonable and Customary Charges that are Medically Necessary Treatment and Incurred in respect of an admissible claim. The claim can be made under the following benefits and up to the Sum Insured mentioned in Your Policy Schedule against this Add-On Cover:

| | |
|--------------------------------|---|
| Accommodation/Room Rent | Hospital accommodation in a ward, shared or private room. |
| ICU | Intensive Care Unit (ICU) Charges |
| Professional Fees | Fees for treatment by specialists, physicians, nurses, surgeons and anaesthetists. |
| Medication | Drugs, medicines, consumables, prescribed by a specialist or medical practitioner. This also includes Anaesthesia, Blood, Oxygen, Patient's Diet, Surgical appliances & cost of prosthetic and other devices or equipment if implanted during the Surgical Procedure. |
| Diagnostic | Necessary Procedures such as x-rays, pathology, brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment. |
| Theatre Fees | Operation Theatre Fees |

Additional Inbuilt Covers:

a. Day Care Procedures

If You and/or any other occupant of the insured vehicle (if opted) sustains Accidental Bodily Injury during the Policy Period whilst mounting and dismounting from or driving or traveling in the insured vehicle, due to which Insured needs to undergo medical treatment and/or surgical procedure as an inpatient under General or Local Anaesthesia in a hospital/day care centre for a stay less than 24 hour because of technological advancement, We will pay the Medical Expenses Incurred for such Day Care Procedures.

Treatment normally taken on an out-patient basis (OPD treatment) is not included in the scope of this Cover.

b. Road Ambulance

We will pay for the expenses incurred on road transportation by a Healthcare or an Ambulance Service Provider to a Hospital for treatment following an Emergency arising out of an Accident, provided that:

- a) We have accepted claim under accidental hospitalisation, as provided under this add on cover.
- b) The maximum liability for road ambulance per Hospitalization is restricted to the limit as mentioned in Your Policy Schedule.
- c) The Coverage also Includes Your cost of road Transportation from a Hospital to another nearest Hospital which is prepared to admit You and provide the necessary medical services, if such medical services cannot satisfactorily be provided at a Hospital where You are situated. Such road Transportation has to be prescribed by a Medical Practitioner and/or should be Medically Necessary.

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

B. CONDITIONS

1. Claims made by You under this Add-On Cover are subject to conditions set forth under Your Vehicle Insurance Policy (base Two-wheeler Policy).
2. Any other occupant(s) of the vehicle can be covered under the Policy only if specifically opted by You and mentioned in the Policy Schedule. The aggregate liability of the Company for all the persons covered under this policy will be limited up to the Sum Insured mentioned in the Policy Schedule.
3. Number of persons travelling on the insured vehicle should not exceed the number specified in the registration certificate valid at the time of occurrence of the accident.
4. Maximum of number claims payable during the Policy year will be as mentioned in the Policy Schedule.
5. Accidental bodily injury sustained by You and/or any other occupant of the vehicle should be in direct relation with insured vehicle.

C. EXCLUSIONS

In addition to the General Exclusions listed under your Two-Wheeler Insurance, we shall not be liable to pay any claim whatsoever under this cover in the event of the following:

1. Where the Own Damage Claim under the base Two-wheeler Insurance Policy is not admitted, unless specifically agreed otherwise by Us.
2. Any Hospitalization/ treatment which is not related to the covered Accidental Bodily Injury.
3. **Investigation & Evaluation- Code- Excl04**
 - a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
 - b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
4. **Breach of law: Code- Excl10**
Expenses for treatment directly arising from or consequent upon You or vehicle occupant(s) committing or attempting to commit a breach of law with criminal intent.
5. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. **Code- Excl13**
6. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. **Code- Excl14**
7. **Unproven Treatments: Code- Excl16**
Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
8. We do not cover treatment directly or indirectly arising from or contributed or aggravated or accelerated by any of the following:
 - a) Suicide or attempted suicide or intentional self-injury
 - b) Use or consumption of narcotic or intoxicating drugs or alcohol or solvent, or taking of drugs (except under the direction of a Medical Practitioner)
 - c) Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs
9. Any Hospitalization for an existing disability from a previous Accident which has occurred prior to the first of this Policy.
10. Consequential losses of any kind.
11. Any expense on treatment of Insured as outpatient (OPD Treatment).
12. Pregnancy, resulting childbirth, miscarriage, abortion, or complications arising out of any of these.
13. Prosthetics and other devices NOT implanted internally by surgery.

14. Non-Medical Expenses: Items of personal comfort and convenience including but not limited to television (wherever specifically charged for), charges for access to telephone and telephone calls, internet, foodstuffs (except patient's diet), cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies including but not limited to charges for admission, discharge, administration, registration, documentation and filing. (Please visit our website for complete list of non-medical items)
15. War (whether declared or not), civil war, invasion, act of foreign enemies, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraint or detainment, confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority.
16. Chemical contamination or contamination by radioactivity from any nuclear material whatsoever or from the combustion of nuclear fuel.

D. CLAIMS PROCESS

Facility can be availed from any hospital within India of Your Choice Wherein You will have to make payment directly to the Hospital and submit the documents to Us for processing the reimbursement of the claim amount provided that:

1. We should be intimated immediately and in any event within 48 hours of date of admission in hospital.
2. In any event within 15 days from the date of discharge from hospital, submit all claim documents to Us.
3. For Claim You shall follow the below Procedure:
 - a. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
 - b. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate
 - c. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
 - d. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
 - e. In case of Your and/ or any other occupant's Death, We shall reimburse the claim amount to Your / any other occupant's Nominee as named in the Policy Schedule or Legal representative holding a valid succession certificate.

Note: There are times when You or any other person who could claim on Your behalf, may be in such a state of hardship, that You or Such other person is unable to give us a notice or file a claim within the prescribed time limit. In such cases, condonation of delay can be done by waiver of conditions 1 and 2 above may be considered where the reason for delay is proved to our satisfaction.

4. List of Documents

We have tried to reduce the number of documents you need to share but we shall not be liable to pay any claim in case all the necessary mandatory documents as mentioned in Our claims process are not submitted to Us.

- a. Duly Filled and Signed Claim form
- b. Discharge Summary
- c. Original Hospital Main Bill
- d. Original Hospital Bill Breakup of Various Expenses
- e. Original Pharmacy Bills

- f. Prescription for the Medicine Purchased (Except Hospital Supply) and investigation done outside the hospital
 - g. Consultation Paper
 - h. Investigation Reports
 - i. Digital Images/CDs of the investigation Procedures (If required)
 - j. MLC/FIR Reports (If applicable)
 - k. Original Invoice/Sticker (If applicable)
 - l. Postmortem Reports (If applicable)
 - m. Attending Physician Certificate (If applicable)
 - n. Death Certificate (If applicable)
 - o. KYC (Photo ID card)
 - p. Bank Details with Cancelled Cheque
 - q. Any other document required on case-to-case basis.
5. If any claim made by You or persons covered under the add on cover is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means, or devices are used by the person insured under this add on cover or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

E. DEFINITIONS SPECIFIC TO THIS ADD ON COVER:

1. **Day Care Centre** means any institution established for day care treatment of disease/ injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:
 - i. has qualified nursing staff under its employment;
 - ii. has qualified medical practitioner (s) in charge;
 - iii. has a fully equipped operation theatre of its own where surgical procedures are carried out
 - iv. maintains daily records of patients and shall make these accessible to the Company's authorized personnel.
2. **Day Care Treatment** means medical treatment, and/or surgical procedure which is:
 - i. Undertaken under general or local anaesthesia in a hospital/day care centre in less than twenty-four hours because of technological advancement, and
 - ii. which would have otherwise required a hospitalisation of more than twenty-four hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.
3. **Hospital** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under:
 - i) has qualified nursing staff under its employment round the clock;
 - ii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;
 - iii) has qualified medical practitioner(s) in charge round the clock;
 - iv) has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;
4. **Hospitalization** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

5. **Injury/ Bodily Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
6. **In-Patient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
7. **Intensive Care Unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
8. **ICU Charges** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.
9. **Medical Practitioner/Doctor** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.
The registered practitioner should not be the insured or close member of the family.
10. **Medically Necessary Treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:
 - (i) is required for the medical management of the illness or injury suffered by the insured;
 - (ii) must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - (iii) must have been prescribed by a medical practitioner;
 - (iv) must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
11. **OPD treatment** means the one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
12. **Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.
13. **Sum Insured** means the amount as opted by You and stated in the Policy Schedule against the Cover for each insured person for Individual Sum Insured Policy and aggregately for all insured members for a Floater Policy.
14. **Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.
15. **Unproven/Experimental treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

F. CANCELLATION CLAUSE APPLICABLE TO ADD-ON COVER:

Cancellation Condition of the Add-On Cover will be same as that mentioned in Your Vehicle Insurance (Base Policy) to which this Add-On Cover is attached.

Subject otherwise to all other terms, conditions, limitation and exclusions mentioned in Your Vehicle Insurance Policy.

DIGIT TWO-WHEELER PACKAGE POLICY – LONG TERM - DAILY HOSPITAL CASH COVER

A. ADD-ON WORDINGS

If You have opted for this Add on Cover, We agree to pay a Daily Cash Allowance, amount as mentioned in the Schedule, for each continuous and completed period of 24 hours of Hospitalization arising out of Accidental Bodily Injury sustained by You and/or any other occupants of the insured vehicle (if opted) whilst mounting and dismounting from or driving or traveling in the insured vehicle during the Policy Period, for a maximum number of days as mentioned in Your Policy Schedule.

If You are hospitalized in the **Intensive Care Unit (ICU)** of a hospital for each continuous and completed period of 24 hours, We will pay twice the daily cash allowance mentioned in the policy schedule.

Payment of claim under this add on cover is subject to the time excess as opted and mentioned in the Policy Schedule.

B. Conditions

1. Claims made by You under this Add-On Cover are subject to conditions set forth under Your vehicle insurance policy (base Two-Wheeler Policy).
2. Any other occupant(s) of the vehicle can be covered under the Policy only if specifically opted by You and mentioned in the Policy Schedule.
3. The maximum period for which the Daily Allowance would be paid to You and/or any other occupants would not exceed the benefit period during the Policy year, per occupant as opted. This period would be inclusive of the period of stay in Intensive Care Unit of a Hospital during the Policy year.
4. For this cover, completion of every 24 Hours of In-patient Hospitalization from the time of admission is considered to be a day.
5. Number of persons travelling on the insured vehicle should not exceed the number specified in the registration certificate valid at the time of occurrence of the accident.
6. Accidental bodily injury sustained by You and/or any other occupant of the vehicle leading to hospitalization should be in direct relation with insured vehicle.

C. Exclusions

In addition to the General Exclusions listed under your Two-Wheeler Insurance, we shall not be liable to pay any claim whatsoever under this cover in the event of the following:

1. Where the Own Damage Claim under the base Two-wheeler Insurance Policy is not payable, unless specifically agreed otherwise by Us.
2. Any Hospitalization which is not related to the covered Accidental Bodily Injury
3. Any Hospitalisation directly arising from or consequent upon You or vehicle occupant(s) committing or attempting to commit a breach of law with criminal intent.
4. Any Hospitalisation directly or indirectly arising from or contributed or aggravated or accelerated by any of the following:
 - a) Suicide or attempted suicide or intentional self-injury
 - b) Use or consumption of narcotic or intoxicating drugs or alcohol or solvent, or taking of drugs (except under the direction of a Medical Practitioner)
 - c) Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs
5. Any Hospitalization for an existing disability from a previous Accident which has occurred prior to the first of this Policy.

6. Consequential losses of any kind
7. Any Hospitalisation arising out of War (whether declared or not), civil war, invasion, act of foreign enemies, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraint or detainment, confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority.
8. Any Hospitalization arising out of Chemical contamination or contamination by radioactivity from any nuclear material whatsoever or from the combustion of nuclear fuel.

D. Claims Process

1. We should be intimated immediately and in any event within 48 hours of date of admission in hospital.
2. In any event within 15 days from the date of discharge from hospital, submit all claim documents to Us.
3. For Claim You shall follow the below Procedure
 - a. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
 - b. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
 - c. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
 - d. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
 - e. In case of Your and/ or any other occupant's Death, We shall pay the claim amount to Your / any other occupant's Nominee as named in the Policy Schedule or Legal representative holding a valid succession certificate.

Note: There are times when You or any other person who could claim on Your behalf, may be in such a state of hardship, that You or Such other person is unable to give us a notice or file a claim within the prescribed time limit. In such cases, condonation of delay can be done by waiver of conditions 1 and 2 may be considered where the reason for delay is proved to our satisfaction.

4. List of Documents

We have tried to reduce the number of documents you need to share but we shall not be liable to pay any claim in case all the necessary mandatory documents as mentioned in Our claims process are not submitted to Us.

- a. Duly Filled and Signed Claim form
- b. Discharge Summary
- c. Medical Records (Optional Documents may be asked on need basis: Indoor case papers, OT notes, PAC notes etc.)
- d. Copy of Hospital Main Bill
- e. Investigation Reports & Consultation Papers
- f. Attending Physician Certificate (If applicable)
- g. FIR Reports (if applicable)
- h. Death Certificate (If applicable)
- i. *KYC (Photo ID card) (If applicable)
- j. Bank Details with Cancelled Cheque

k. Any other document required on case-to-case basis.

5. If any claim made by You or persons covered under the add on cover is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means, all benefits under this policy and the premium paid shall be forfeited.

E. DEFINITIONS SPECIFIC TO THIS ADD ON COVER:

1. **Hospital** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under:

(i) has qualified nursing staff under its employment round the clock;

(ii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;

(iii) has qualified medical practitioner(s) in charge round the clock;

(iv) has a fully equipped operation theatre of its own where surgical procedures are carried out;

(v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;

2. **Hospitalization** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

3. **Injury/ Bodily** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

4. **Intensive Care Unit (ICU)** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

5. **Medical Practitioner/Doctor** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.

The registered practitioner should not be the insured or close member of the family.

F. CANCELLATION CLAUSE APPLICABLE TO ADD-ON COVER:

Cancellation Condition of the Add-On Cover will be same as that mentioned in Your Vehicle Insurance (Base Policy) to which this Add-On Cover is attached.

Subject otherwise to all other terms, conditions, limitation and exclusions mentioned in Your Vehicle Insurance Policy.

NOTIFICATION OF CLAIM (Applicable to all the above Add-On Cover)

In case of claim, kindly contact us at 1800 300 34448 or write to us at hello@godigit.com