

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

Please Note: *This Customer Information Sheet provides information available under this Product. Kindly refer to the Policy Schedule/COI to know exact details of coverage opted by You.*

SI No	Title	Description	Policy Clause Number
1	Name of Insurance Product/ Policy	Digit Complete Care Policy (UIN: GODHLGP21492V022021)	
2	Policy number	As per the Policy Schedule	
3	Type of Insurance Product/ Policy	<p>On Indemnity Basis: <u>Section 2- Accidental Hospitalization Cover</u> 2a. Day Care Procedures 2b. Road Ambulance <u>Section 4. Out-Patient (OPD) benefit</u> <u>Section 5. Ancillary Expense Cover</u></p> <p>On Benefit Basis: Section 1. Personal Accident Protect Section 3. Daily Hospital Cash Cover.</p>	<p>C.Benefit Covered under the Policy</p> <p>I. Coverage</p>
4	Sum Insured (Basis) (Along with amount)	<p>This product can be on “Individual Sum Insured” as well as on “Floater Sum Insured” basis. Please refer Your Policy Schedule/COI to know the Sum Insured basis applicable to Your Policy.</p> <ul style="list-style-type: none"> Individual Sum Insured -Where each member has a separate sum insured under the policy) Floater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilised by any or all members. <p>Aggregate Sum Insured as per policy schedule/COI (Including cumulative bonus, if any)</p> <p><u>Important Note:</u> Please refer to your policy schedule for more details on section-wise sum insured.</p>	NA

<p>5</p>	<p>Policy Coverage (What am I covered for?) (Policy Clause Number/s)</p>	<p><u>COVERAGE</u></p> <p>Please find the below detailed of all coverages available under the Product. Coverages available under Your Policy will be as mentioned in Your policy schedule/COI.</p> <p><u>SECTION 1. PERSONAL ACCIDENT PROTECT</u></p> <p><i>Digit Simplification: The day bad luck strikes</i></p> <p>If this cover has been opted, We will compensate the Insured as per the following scale and up to the Sum Insured mentioned in the Policy Schedule/Certificate of Insurance against this Section, if the Insured sustains Accidental Bodily Injury while getting into, getting off or travelling inside the vehicle mentioned in the Policy Schedule/Certificate of Insurance and which independently of any other cause shall within Six calendar months of the occurrence of such injury result in:</p> <table border="1" data-bbox="427 571 1798 858"> <thead> <tr> <th data-bbox="427 571 1335 616">Nature of Injury</th> <th data-bbox="1335 571 1798 616">Scale of Compensation</th> </tr> </thead> <tbody> <tr> <td data-bbox="427 616 1335 655">i) Death</td> <td data-bbox="1335 616 1798 655">100% of the Sum Insured</td> </tr> <tr> <td data-bbox="427 655 1335 735">ii) Loss of two limbs or sight of two eyes or one limb and sight of one eye</td> <td data-bbox="1335 655 1798 735">100% of the Sum Insured</td> </tr> <tr> <td data-bbox="427 735 1335 775">iii) Loss of one limb or sight of one eye</td> <td data-bbox="1335 735 1798 775">50% of the Sum Insured</td> </tr> <tr> <td data-bbox="427 775 1335 858">iv) Permanent total disablement from injuries other than named above</td> <td data-bbox="1335 775 1798 858">100% of the Sum Insured</td> </tr> </tbody> </table> <p><u>SPECIAL CONDITIONS</u></p> <ol style="list-style-type: none"> 1. Compensation shall be payable under only one of the items (i) to (iv) above in respect of any such person arising out of any one occurrence and the total liability of the Company shall not in the aggregate exceed the Sum Insured mentioned in Your Policy Schedule during any one period of insurance in respect of any such person. 2. Such compensation shall be payable directly to the injured person or to his/her legal representative(s) whose receipt shall be the full discharge in respect of the injury of such person. <p>This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.</p> <p><u>SECTION 2. ACCIDENTAL HOSPITALIZATION COVER</u></p> <p><i>Digit Simplification: Hospital stays are never fun. And the less said about hospital food, the better! That said, it's good to know that Digit will try and make it easy, should you need to spend some time in a hospital, before you're back on your feet.</i></p> <p>If this Cover has been opted and the Insured sustains Accidental Bodily Injury while getting into,</p>	Nature of Injury	Scale of Compensation	i) Death	100% of the Sum Insured	ii) Loss of two limbs or sight of two eyes or one limb and sight of one eye	100% of the Sum Insured	iii) Loss of one limb or sight of one eye	50% of the Sum Insured	iv) Permanent total disablement from injuries other than named above	100% of the Sum Insured	<p>C. Section 1.</p>
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getting off or travelling inside the vehicle mentioned in the Policy Schedule/Certificate of Insurance, that requires Insured Person's Hospitalization as an inpatient, We will pay all Reasonable and Customary Charges that are Medically Necessary and Incurred by the Insured Person. Expenses are covered up to Sum Insured mentioned in Your Policy Schedule/Certificate of Insurance against this Section, for the following:

C. Section 2.

Accommodation/Room Rent	Hospital accommodation in a ward, shared or private room.
ICU	ICU Charges
Professional Fees	Fees for treatment by specialists, physicians, qualified nurses, surgeons physiotherapist 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

2a. Day Care Procedures

Digit Simplification: Why stay unnecessarily in a hospital when the required procedure requires just a day!

If the Insured sustains Accidental Bodily Injury while getting into, getting off or travelling inside the vehicle mentioned in the Policy Schedule/Certificate of Insurance, 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 is not included in the scope of this Cover.

2b. Road Ambulance

Digit Simplification: Emergencies will and shall always be a top priority.

We will pay for the expenses incurred on Insured's 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 a claim under Section 2. Accidental Hospitalization Cover.
- b) The maximum liability per Hospitalization is restricted to the amount as mentioned in Your Policy Schedule / Certificate of Insurance against this Cover.

In case the hospital Insured has been transported to doesn't have the necessary medical services, We will pay for the cost for additional road transportation to the new Hospital too, which is prepared to admit and has the necessary medical services required. Make sure, 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.

SECTION 3. DAILY HOSPITAL CASH COVER

Digit Simplification: Staying in Hospital has expenditure beyond Hospital bill!

If this Cover has been opted, We agree to pay the Insured a Daily Cash Allowance, amount for this is mentioned in the Policy Schedule/Certificate of Insurance against this Section. This will be paid for each continuous and completed period of 24 hours of Hospitalisation arising out of Accidental Bodily Injury while getting into, getting off or travelling inside the vehicle mentioned in the Policy Schedule/Certificate of Insurance for a maximum number of days as mentioned in the Certificate of Insurance against this Section.

If the Insured is hospitalised 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 amount mentioned in the Policy Schedule/Certificate of Insurance against this Section.

Payment of claim under this benefit is subject to the time excess as opted and mentioned in the Policy Schedule /Certificate of Insurance against this Section.

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

SECTION 4. OUT-PATIENT (OPD) BENEFIT

C. Section 3.

Digit Simplification: Expenses like doctor's consultation fees, diagnostic tests, etc... when You are not hospitalized are covered under this!

If this Cover has been opted, We will pay the expenses incurred by the Insured as an Out-patient, for Medically Necessary Consultation and Examination by Medical Practitioners (Including AYUSH) to assess Insured's Health for any Illness or accidental bodily injury and Medically Necessary Out-patient diagnostic Procedures such as x-rays, pathology, brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment, subject to the following terms and condition:

1. Consultation, Examination and Diagnostic Tests are taken from a Network Service Provider.
2. The Limit Per Claim Incident i.e. Consultation, Examination and related Diagnostic Test does not exceed the amount mentioned in Your Policy Schedule/Certificate of Insurance against this Section.
3. No Waiting Period of any Pre-Existing Diseases.
4. Unlimited Consultations Per Year except for certain specialities mentioned in Your Policy Schedule/Certificate of Insurance where We will pay maximum up to number of times per Speciality mentioned in Your Policy Schedule/Certificate of Insurance during the Policy Period per Insured.
5. This benefit is available only on Cashless Facility.
6. Every consultation should be Pre-approved by Us or by Our Network Service Provider prior to Your Consultation Visit.

i. We will not pay the expenses in respect of the following:

Surgical Treatment	Any Surgical Procedure such as POP, Suturing, Dressings for Accidents and Animal Bite Related Outpatient Procedures Etc. Carried out by a Medical Practitioner
Medication	Drugs & Medicines Including Injections prescribed by a Medical Practitioner
Miscellaneous	Any Expense including but not limited to Spectacles, Hearing Aids, Implants, Contact Lenses and Physiotherapy, Psychiatric Counselling and Therapy, Vaccinations, Cosmetic Procedures, Ambulatory Devices like Walkers, BP Monitors, Glucometers, Thermometers, Vitamins and Supplements.
Out-Patient Dental Procedure	We will not pay for any Dental Procedures except for Consultation, Examination and Diagnostic Tests like Dental X-Ray

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

C. Section 4.

SECTION 5. ANCILLARY EXPENSE COVER

I. COVERAGE

We agree to pay up to the Sum Insured mentioned in the Policy Schedule/Certificate of Insurance against this Section for:

Cover 1 - OPD Treatment Expenses

Necessary Medical Expenses Incurred by the Insured for providing OPD Treatment to a Third Party, resulting solely from an Accidental Bodily Injury suffered by the Third Party during the Policy Period in connection with the vehicle.

We will pay for the benefits mentioned in the below table:

Professional Fees	Fees for Medically Necessary Consultation and Examination by Medical Practitioners to assess Third Party's Health for an accidental injury.
Diagnostic	Medically Necessary Out-patient diagnostic Procedures such as x-rays, brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment from a diagnostic centre.
Surgical Treatment	Minor Surgical Procedure such as POP, Suturing, Dressings for Accidents Related Outpatient Procedures Etc. Carried out by a Medical Practitioner
Medication	Drugs & Medicines prescribed by a Medical Practitioner
Out-Patient Dental Treatment	Out-patient dental treatment resulting solely and directly from vehicle accident.

We do not cover other Miscellaneous Expenses including but not limited to Spectacles, Contact Lenses and Cosmetic Procedures, Physiotherapy, Ambulatory Devices like Walkers, BP Monitors, Glucometers, Thermometers, Dietician Fees, Vitamins and Supplements.

Cover 2 - Hospitalization Expenses

All Reasonable and Customary Charges that are Medically Necessary and Incurred by the Insured in respect of Third Party's Hospitalization as an inpatient resulting solely from an Accidental Bodily Injury sustained by the Third Party during the Policy Period in connection with the vehicle.

We will pay for the benefits mentioned in the below table:

Accommodation/ Room Rent	Hospital accommodation in a ward, shared or private room.
ICU	ICU Charges

C. Section 5.

Professional Fees	Fees for treatment by specialists, physicians, qualified 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

Provided always that the:

a) OPD Treatment Expenses will be paid up to the Limit mentioned in Your Policy Schedule/Certificate of Insurance provided such Treatment is taken from Network Hospitals empanelled by Us or by Third Party Administrator engaged by Us Only, unless specifically agreed otherwise, by Us.

b) Hospitalization Expenses will be paid only if the Medical Treatment for Third Party is taken from Network Hospitals empanelled by Us or by Third Party Administrator engaged by Us Only, unless specifically agreed otherwise, by Us. Where the Insured has made Payment directly to the Hospital which is not a Network Hospital, We shall reimburse the expenses on submission of documents mentioned in the list of documents mentioned in the Claim Process below provided such hospital / establishments must be licensed or registered as may be required by any Local, State or National Law as applicable.

1. We will also assist with the following as soon as the Insured informs us about the vehicle accident and needs immediate guidance to deal with the accident scenario:

a) Call Us on Our help line number for preliminary legal guidance.

b) In case of vehicle accident leading to Third Party bodily injury, We will assist in arranging details of nearest Network Hospitals empanelled by Us or by Third Party Administrator engaged by Us, where OPD treatment or Hospitalization can be taken/done.

c) Assistance in arranging towing service for the vehicle involved in accident provided it is so damaged that it is immobilized or rendered unfit for the purpose of driving on the road, to the nearest vehicle repair shop. The towing charges needs to be paid by the Insured.

d) In case of vehicle involved in accident being immobilized due to an accident, we shall arrange a Taxi to a single destination within 50kms of radius from the accident site.

II. COVERAGE BASIS

This Cover can be opted on one of below two bases, as mentioned in Your Policy Schedule/Certificate of Insurance.

BASIS 1: If, the Insured has opted for this Basis, then he/she would be compensated only if the vehicle mentioned in the Policy Schedule/Certificate of Insurance meets with an accident during the Policy Period resulting in bodily injury, death or property damage to a third party.

BASIS 2: If, the Insured has opted for this Basis, then he/she would be compensated when any vehicle driven by the Insured meets with an accident during the Policy Period resulting in bodily injury, death or property damage to a third party.

III. SPECIAL CONDITIONS APPLICABLE FOR SECTION 5

1. The Person driving the vehicle holds a valid and effective driving license at the time of the accident for driving the particular class of vehicle and is not disqualified from holding or obtaining such a license.
2. The person holding a valid and effective Learner's license may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989 and any subsequent amendment as applicable.
3. The vehicle possesses a valid and effective Pollution Under Control (PUC) Certificate and fitness certificate.
4. The vehicle should have a valid Motor Third Party Liability Insurance unless this condition is specifically waived off by Us.
5. Any payment of claim under this Section does not amount to acceptance of a Motor Third Party Liability Claim under Motor Policy availed by the Insured from Us.
6. Third Party excludes persons travelling in the vehicle including family, friends and relatives.

IV. SPECIAL EXCLUSION APPLICABLE FOR SECTION 5

We shall not be liable for the following:

1. Any claim notified/reported to Us after 24 hours of accident, 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.
2. Any claim whilst the insured or any person driving the vehicle is under the influence of intoxicating liquor or drugs.
3. Any claim whilst the insured or any person driving the vehicle does not hold valid and effective driving license.
4. Any claim arising outside India.

5. Any claim arising out of any Contractual Liability.
6. Any claim for legal liability to third party and/ or consequential loss.
7. Any claim for OPD Treatment/Hospitalization due to Illness.
8. Any Claim for Insured's/Insured's Driver's OPD Treatment/Hospitalization.
9. Any claim for accidents happening prior to the Policy Inception.
10. Any claim for accidents resulting from electrical and mechanical breakdown of your vehicle.
11. Loss or damage to your vehicle.
12. Any award by the court/judicial/quasi-judicial authority for payment of compensation to Third Party.
13. Any claim directly or indirectly arising from or required as a consequence of:
 - a) War, invasion, acts of foreign enemy hostilities (whether or not War is declared), civil war, rebellion, revolution, insurrection or military or usurped power, mutiny, riot, strike, martial law or state of siege, attempted overthrow of Government or any acts of terrorism.
 - b) Chemical contamination or contamination by radioactivity from any nuclear material whatsoever or from the combustion of nuclear fuel.

V. CLAIMS PROCESS APPLICABLE FOR SECTION 5

1. Insured shall immediately, and in any event within 24 Hours report the incident to Us.
2. Based on the Incident reported, We will provide suitable assistance services mentioned above in Clause 3 under the Coverage Section.
3. For claims related to OPD Treatment/Hospitalization, where treatment has been availed from Network Hospitals empanelled by Us or by Third Party Administrator engaged by Us, We will make direct payment to the Hospital. Where the Insured has made Payment directly to the Hospital which is not a Network Hospital, We shall reimburse the expenses on submission of documents mentioned in the list of documents below, provided such hospital / establishments must be licensed or registered as may be required by any Local, State or National Law as applicable.
4. List of Documents to be submitted in case of a claim:
 - Documents pertaining to the vehicle to be submitted immediately within 24 hours of claims registration – Registration Copy, Driving License, Permit, Fitness Certificate, PUC. We may, at our sole discretion, condone the delay on merits based on the reason for delay furnished by You to Us.

- Document for OPD Treatment/Hospitalization Claim – Medical Certificate, Treatment Details, Medical Bills, Photo of the Injured, Discharge Summary, FIR (if applicable) and any other document requested by US.

6 Exclusions
(what the
policy does
not cover)

- There are 3 types of exclusions:**
- I. STANDARD EXCLUSIONS (Please refer below for brief headers, for detail exclusions, please refer to the policy wordings)**
- 1. Investigation & Evaluation- Code- Excl04**
 - 2. Rest Cure, rehabilitation and respite care- Code- Excl05**
 - 3. Cosmetic or plastic Surgery: Code- Excl08**
 - 4. Hazardous or Adventure sports: Code- Excl09**
 - 5. Breach of law: Code- Excl10**
 - 6. Excluded Providers: Code- Excl11**
 - 7. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12**
 - 8. 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**
 - 9. 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**
 - 10. Refractive Error: Code- Excl15**
 - 11. Unproven Treatments: Code- Excl16**
- II.SPECIFIC EXCLUSIONS ((Please refer below for brief headers, for detail exclusions, please refer to the policy wordings)**
- 12. Artificial Life Maintenance**
 - 13. Suicide and Self-Injury**
 - 14. Pre-existing disability**
 - 15. Circumcision**
 - 16. Geography**
 - 17. Defence Operation**
 - 18. Non-Medical Expenses**
 - 19. Insufficient Document**
 - 20. Spectacles, Hearing aids & other Expenses**
 - 21. Ear, Eyesight & Optical Services**
 - 22. Preventive Treatment**

**D.I Standard
Exclusion**

**D.II Specific
Exclusion**

		<p>23. Unjustified or Unwarranted Hospitalization 24. Substance abuse and Addictions 25. War and hazardous substances 26. Legal Liability 27. Prosthetic and other devices 28. Specific Treatments 29. Dental Treatment 30. Non- Allopathic Treatment</p> <p>III. Any other specific exclusions mentioned in the policy schedule/COI.</p>					
7	<p>Waiting period</p> <ul style="list-style-type: none"> • Time period during which specified diseases/ treatments are not covered. • It is counted from the beginning of the policy coverage 	<p>(Waiting Periods as applicable to Your policy will be mentioned in your policy schedule) - NA</p>					
8	<p>Financial limits of coverage</p> <p>I. Sub-limit (It is a pre-defined</p>	<p>Sub – Limit, Co-payment and Deductible as applicable to Your policy will be mentioned in your policy schedule/COI.</p> <p>Sub- Limit</p> <table border="1" data-bbox="392 1380 1870 1492"> <thead> <tr> <th data-bbox="392 1380 907 1420">Section Details</th> <th data-bbox="907 1380 1870 1420">Sub Limits (Options)</th> </tr> </thead> <tbody> <tr> <td data-bbox="392 1420 907 1492">SECTION 1. PERSONAL ACCIDENT PROTECT</td> <td data-bbox="907 1420 1870 1492">NA</td> </tr> </tbody> </table>	Section Details	Sub Limits (Options)	SECTION 1. PERSONAL ACCIDENT PROTECT	NA	
Section Details	Sub Limits (Options)						
SECTION 1. PERSONAL ACCIDENT PROTECT	NA						

limit and the insurance company will not pay any amount in excess of this limit).

SECTION 2. ACCIDENTAL HOSPITALIZATION COVER	
2a. Day Care Procedures	NA
2b. Road Ambulance	1% of Section 2 Sum Insured Max up to the INR 5000
SECTION 3. DAILY HOSPITAL CASH COVER	NA
SECTION 4. OUT-PATIENT (OPD) BENEFIT	Per Claim Limit on Consultations and related Diagnostics ranging from INR 1,000 to INR 5,000 with an option of No Limit as mentioned in technical note / Internal Tariff.
SECTION 5. ANCILLARY EXPENSE COVER	Limit on OPD Treatment Expense: 1% to 10%.

II. Co-payment (It is a specified amount /percentage of the admissible claim amount to be paid by policyholder/insured).

Details of Section Wise Deductible and Co-payment available under the product are mentioned below:

Name of the Benefit	Whether Deductible allowed	If Yes, range of Deductible		Whether Co-Pay allowed	If yes, range of Co-Pay
		Minimum	Maximum		Minimum
SECTION 1. PERSONAL ACCIDENT PROTECT	No	NA	NA	No	NA
SECTION 2. ACCIDENTAL HOSPITALIZATION COVER	No	NA	NA	No	NA

III. Deductible (It is a

	specified amount: - upto which an insurance company will not pay any claim, and - which will be deducted from total claim amount (if claim amount is more than the specified amount) IV. Any other limit (as applicable)	SECTION 3. DAILY HOSPITAL CASH COVER	Yes, Time Excess can be opted	Min Time Excess: 0 Days	Max Time Excess: 2 Days	No	NA	
		SECTION 4. OUT-PATIENT (OPD) BENEFIT	No	NA	NA	No	NA	
		SECTION 5. ANCILLARY EXPENSE COVER	No	NA	NA	No	NA	
9	Claims/Claims Procedure	1. CLAIMS NOTIFICATION AND PROCEDURE (Applicable to Sections 1 to 4) In the event of any accidental injury or illness or condition that may result in a claim under this policy, it is a condition precedent to Our liability under the Policy that below procedure should be followed depending on the type of claim: A. Cashless Claim Process: Cashless Facility can be availed from our network hospitals only. This is facilitated by our Service Provider / Third Party Administrator (TPA) and we would make a direct payment to the Network Hospital to the extent of Our Liability provided that: 1. We are given a notice at least 72 hours before any planned hospitalization or within 24 Hours of hospitalization in case of an emergency situation.						E.II.21

2. Request for cashless authorization shall be decided immediately but not more than one hour of receipt of request.
3. For Cashless Facility You shall follow the below Procedure:
4. Share the Health Card/Copy of E-Cards along with ID Proof with the Hospital Authority & Obtain the Pre-Authorization Form from the Hospital.
5. Submit Duly filled & Signed Pre-Authorization Form to the Hospital Counter.
6. Ensure that the Hospital shares the Duly filled & Signed Pre-Authorization Form to Service Provider / Third Party Administrator (TPA) for further Processing.
7. Service Provider / Third Party Administrator (TPA) will inform the decision and may issue authorization letter depending on the Policy Terms and Conditions to the Hospital directly.
8. Once the request for Pre-Authorization has been granted, the treatment must take place within 15 days of the Pre-Authorization Approval Date or the Policy Expiry Date whichever is earlier and shall be valid only if all the details of the Authorised details, Hospital and Location including Dates match with the details of the Actual Treatment Received.
9. We reserve the right to modify, add or restrict any Network Provider for Cashless Facility in Our sole discretion. Before availing Cashless Facility, please check the applicable updated list of Network Providers.
10. For any queries designated Service Provider / Third Party Administrator (TPA) may be contacted on the contact details mentioned on the Health Card/Copy of E-Cards issued to You

B. Reimbursement Claim Process (Applicable to Sections 1 to 3):

This condition is not applicable to Section 4 Out-Patient (OPD) Benefit.

Reimbursement 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 Service Provider / Third Party Administrator (TPA) for processing the reimbursement of the claim amount provided that:

1. We or Our Service Provider / Third Party Administrator (TPA) should be intimated within 48 hours of date of admission.
2. For Reimbursement Claim You shall follow the below Procedure:
 - a. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document.
 - b. In case the claim is not settled within the specified timelines, then the claimant is entitled for interest at bank rate plus 2 percent from the date of receipt of intimation to till the date of payment.
 - 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 15

days from the date of receipt of last necessary document. In such cases, the company shall settle or reject the claim within 15 days from the date of receipt of last necessary document.
d. In case the claim is not settled within the specified timelines, then the claimant is entitled for interest at bank rate plus 2 percent from the date of receipt of intimation to till the date of payment.

“Bank rate” shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.

e. In case of Your Death, We shall reimburse the claim amount to Your Nominee as named in Your Policy Schedule/Certificate of Insurance or Your Legal representative holding a valid succession certificate.

List of Claim Documents					
Sr. No	List of Documents / Information	Personal Accident Claims	Accidental Hospitalizati on Claim	Daily Hospital Cash Claim	Out-Patient (OPD) Claim
1	Duly Filled and Signed Claim form	√	√	√	√
2	Discharge Summary	x	√	√	x
3	Medical Records (Optional Documents may be asked on need basis: Indoor case papers, OT notes, PAC notes etc.)	√	√	x	x
4	Original Hospital Main Bill	x	√	x	x
5	Original Hospital Bill Break Up	x	√	x	x
6	Original Pharmacy Bills	x	√	x	x
7	Prescriptions for the Medicines purchased (except hospital supply) and investigations done outside the Hospital	x	√	x	x
8	Consultation Papers	x	√	x	√
9	Investigation Reports	x	√	x	√
10	Digital Images/CDs of the Investigation Procedures (if required)	x	√	x	√
11	MLC/FIR Report (If applicable)	√	√	x	x

12	Original Invoice/Sticker (If applicable)	x	√	x	x
13	Post Mortem Report (If applicable)	√	√	x	x
14	Disability Certificate (If applicable)	√	√	x	x
15	Attending Physician Certificate (If applicable)	√	√	x	x
18	Death Certificate (If applicable)	√	√	x	x
19	KYC (Photo ID card) (If applicable)	√	√	√	√
20	Bank Details with Cancelled Cheque	√	√	√	√

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 A.1 , B.1 and B.2.a may be considered where the reason for delay is proved to our satisfaction.

*KYC documents shall be required at the claim settlement stage where claims pay-out to the Insured Member exceeds a threshold limit of Rs. 1 Lakhs per claim.

10	Policy Servicing	<p><u>Call Centre Details of the Insurer</u> Toll Free: 1800-258- 4242 Email: healthclaims@godigit.com Senior citizens can now contact us on 1-800-258-4242 or write to us at seniors@godigit.com Website: https://www.godigit.com</p> <p><u>Details of Company Officials:</u> NA With intent to provide better and fast service to our customers, our claims process is paperless. You may get in touch with the above email id and call centre number we assist you in case of any Policy Servicing issues.</p>	E.I.16
11	Grievance s/Complaints	<p><u>Customer Grievance Redressal Policy</u> In case of any grievance the insured person may contact the company through Website: https://www.godigit.com Toll Free: 1-800-258- 4242 Email: hello@godigit.com Senior citizens can now contact us on 1-800-258-4242 or write to us at seniors@godigit.com Insured person may also approach the grievance cell at any of the company's branches with the details</p>	E.I.16

		<p>of grievance If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at grievance@godigit.com For updated details of grievance officer, kindly refer the link: https://www.godigit.com/claim/grievance-redressal-procedure If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017 Grievance may also be lodged at IRDAI Integrated Grievance Management System- https://irdai.gov.in/igms1 The contact details of the Insurance Ombudsman Centers are mentioned in the Policy Wordings.</p>	
11	Things you need to know	<p><u>Policy Renewal</u> Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</p> <p><u>Migration and Portability:</u></p> <p>When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p> <p><u>Portability</u> In case of Indemnity based insurance sections</p> <ol style="list-style-type: none"> A Policyholder has the choice to port his/ her policies from one Insurer to another. The Acquiring and the Existing Insurers shall jointly, ensure that the entire underwriting details and claim history of the Policyholders are seamlessly transferred. The existing insurer shall provide the information sought by the Acquiring insurer immediately but not more than 72 hours of receipt of request through Insurance Information Bureau of India (IIB) https://iib.gov.in/ portal. The Acquiring insurer shall decide and communicate on the proposal immediately but not more than 5 days of receipt of information from Existing insurer. The policyholder is entitled to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, specific waiting periods, waiting period for pre-existing disease, Moratorium period etc from the Existing Insurer to the Acquiring Insurer in the previous policy <p><u>Migration</u></p>	E.I.13

		<p>In case of migration of one policy to another with the same Insurer, the policyholder (including all members under family cover and group insurance policies) can transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting periods, waiting period for pre-existing diseases, Moratorium period etc. in the previous policy to the migrated policy.</p> <p><u>Change in Sum Insured:</u> Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.</p> <p><u>Moratorium Period</u> After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on any grounds of non-disclosure and/or misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract. The accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period.</p>	<p>E.I.15</p> <p>E.I.6 & E.I.10</p>
<p>12</p>	<p>Your Obligations</p>	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. Please Disclose any change in Material Information during the policy period. Material Information for the purpose of this policy shall mean all relevant information sought by the Company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk.</p>	