

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 Group Janata Personal Accident Policy (UIN: GODPAGP21540V012021)	
2	Policy number	As per the Policy Schedule	
3	Type of Insurance Product/ Policy	Benefit Basis	
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- NA <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
5	Policy Coverage (What am I covered for?) (Policy Clause Number/s)	<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>a. Death: We will pay 100% of the Sum Insured as stated in the Policy schedule/ Certificate of Insurance in the event of Accidental Bodily Injury causing the Insured’s death within 12 months of the Accidental Bodily Injury being sustained.</p>	C. Benefits covered

		<p><u>Additional Benefit under Death Cover</u> Disappearance: We shall be liable to be pay under this benefit, if the Insured Member’s full body cannot be located within a period of consecutive twelve (12) months, following a forced landing, stranding, sinking, or wrecking of a Common Carrier in which such Insured Member was known to have been travelling as a fare paying passenger or in any event arising as a result of Act of God Perils during the Policy Period, where it is reasonable to believe that such Insured Member has died as a result of an Accidental Injury.</p> <p>b. Permanent Total Disability: In the event of Accidental Bodily Injury causing the Insured’s Permanent Total Disability within 12 months of the Accidental Bodily Injury being sustained, We will pay 100% of the Sum Insured as stated in the Policy schedule/Certificate of Insurance</p> <p>c. Permanent Partial Disability: In the event of Accidental Bodily Injury causing the total and irrecoverable loss of sight of one eye, or total and irrecoverable loss of use of a hand or a foot, We will pay 50% of the Sum Insured stated in the Policy Schedule/ Certificate of Insurance.</p> <p>It is also hereby further expressly agreed and declared that upon payment of claim under the benefit, the Total Sum Insured shall stand reduced by the amount paid under the said claim.</p>	
6	Exclusions (what the policy does not cover)	<p><u>There are 3 types of exclusions:</u> <u>I. STANDARD EXCLUSIONS (Please refer below for brief headers, for detail exclusions, please refer to the policy wordings)</u> 1. Hazardous or Adventure sports: Code- Excl09 2. Breach of law: Code- Excl10</p> <p><u>II.SPECIFIC EXCLUSIONS ((Please refer below for brief headers, for detail exclusions, please refer to the policy wordings)</u> 3. Breach of Law with Criminal Intent, Suicide and Self-Injury 4. Pre-Existing Condition 5. War and hazardous substances 6. Legal Liability 7. Defence Operation</p> <p><u>III.Any other specific exclusions mentioned in the policy schedule/COI.</u></p>	<p>D.I Standard Exclusion</p> <p>D.II Specific Exclusion</p>

<p>7</p>	<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>N/A</p>	
<p>8</p>	<p>Financial limits of coverage</p> <p>I. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess</p>	<p>Sub – Limit - N/A</p>	

	<p>amount is more than the specified amount)</p> <p>IV. Any other limit (as applicable)</p>		
<p>9</p>	<p>Claims/Claims Procedure</p>	<p>1. CLAIMS NOTIFICATION AND PROCEDURE</p> <p>i. If the Insured Person meets any accidental injury 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:</p> <p>a. Policyholder or the Insured Person or someone claiming on his/her behalf must inform Us immediately and in any event within 30 days from the date of occurrence any accident/incident that may result in a claim and submit all documents to us within 30 days from the date of intimation.</p> <p>b. Insured Person should allow examination by our medical advisors if we ask for this.</p> <p>c. Policyholder or Insured Person or someone claiming on his/her behalf must promptly give us documentation and other information we ask for to investigate the claim or our obligation to make payment for it.</p> <p>d. In case of the Insured Person's death, someone claiming on his/her behalf must inform us in writing immediately and send us a copy of the post-mortem report (if conducted) within 30 days.</p> <p>*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) and (f) above may be considered where the reason for delay is proved to our satisfaction.</p> <p>ii. LIST OF CLAIM DOCUMENTS</p> <p>In addition to the Duly Completed Claim Form signed by the Insured/Insured's Nominee/Legal Heir & NEFT Details or Cancelled Cheque of the Insured/Insured's Nominee/Legal Heir, ID proof (KYC document) of insured and Nominee, address proof wherever applicable, We need to have the below documents, wherever applicable:</p>	<p>E.II.31</p>

		<p>Accidental Death</p>	<ul style="list-style-type: none"> • Copy of Address Proof (Ration Card or Electricity Bill Copy). • Attested Copy of Death Certificate. • Death Summary/Certificate from the hospital authority (wherever applicable) • Burial Certificate (wherever applicable). • Attested Copy of Statement of Witness, if any lodged with police authorities. (wherever applicable). • Attested Copy of FIR / Panchanama / Inquest Panchanama. (wherever applicable). • Attested Copy of Post Mortem Report (Only if conducted). • Attested Copy of Viscera report if any (Only if Post Mortem is conducted). • Copy of FIR and the missing report filed with Police (In case of Disappearance) • Attested copy confirming disappearance from appropriate authority following a forced landing, stranding, sinking or wrecking of Common Carrier (in case of Disappearance) 		
		<p>Permanent Total Disablement Permanent Partial Disablement</p>	<ul style="list-style-type: none"> • Attested Copy of disability certificate from relevant government Medical authority. • Attested copy of FIR. (If required) • All Investigation reports confirming the disability. • Complete Treatment record with follow-up documentation. • Disability assessment report from Digit empanelled medical specialist (if required) 		
<p>iii. PAYING A CLAIM</p> <p>a. Insured agree that the Company need only make payment when Insured or someone claiming on Insured's behalf has provided the Company with necessary documentation and information.</p>					

		<p>b. The Company will make payment to Insured or Insured’s Nominee. If there is no Nominee and Insured is incapacitated or deceased, The Company will pay Insured’s heir, executor or validly appointed legal representative and any payment The Company makes in this way will be a complete and final discharge of The Company’s liability to make payment.</p> <p>c. 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.</p> <p>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.</p> <p>e. 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.</p> <p>f. In such cases, the Company shall settle or reject the claim within 15 days from the date of receipt of last necessary document.</p> <p>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.</p> <p>Note: “Bank Rate” shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claims has fallen due.</p> <p>iv. INSUFFICIENT DOCUMENT Under “General Terms and Clauses Condition No. 31 - Claims Notification and Procedure”, We have provided list of relevant necessary documents to be submitted at the time of claim. We shall not be liable to pay any claim in case all the relevant necessary documents are not submitted to Us and further We shall settle or reject a claim, as may be the case, within thirty days of the receipt of the last necessary document.</p>	
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.</p>	E.I.13

		You may get in touch with the above email id and call centre number we assist you in case of any Policy Servicing issues.	
11	Grievance s/Complaints	<p>In case of any grievance the insured person may contact the company through Website: Error! Hyperlink reference not valid.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 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</p> <p>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</p>	E.I.13
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. 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. b. 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. 	E.I.11

		<p>c. The Acquiring insurer shall decide and communicate on the proposal immediately but not more than 5 days of receipt of information from Existing insurer.</p> <p>d. 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> <p><u>Migration</u> 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. The insurer may underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months.</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 grounds of non-disclosure, 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.12</p> <p>E.1.7</p>
12	Your Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>Please Disclose any change in Material Information during the policy period.</p> <p>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>	