

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 to know exact details of coverage opted by You.*

SI No	Title	Description	Policy Clause Number
1	Name of Insurance Product/ Policy	Saral Suraksha Bima, Go Digit (GODPAIP21616V012021)	
2	Policy number	Please refer Your Policy Schedule	
3	Type of Insurance Product/ Policy	<p>On Benefit Basis: Base cover: a. Death b. Permanent Total Disablement c. Permanent Partial Disablement</p> <p>Optional Covers: a. Temporary Total Disablement c. Education Grant</p> <p>On Indemnity Basis: Optional Cover b. Hospitalisation Expenses due to Accident</p>	4. Coverage
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 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>Sum Insured Amount available under Your policy will be as per amount mentioned in Your Policy Schedule.</p>	NA

<p>5</p>	<p>Policy Coverage (What am I covered for?) (Policy Clause Number/s)</p>	<p>Detailed Coverages are listed below.</p> <p>Base Cover</p> <p>The covers listed below are in-built Policy benefits and shall be available to all Insured Persons in accordance with the procedures set out in this Policy.</p> <p>a) Death: The company shall pay the benefit equal to 100% of Sum Insured, specified in the policy schedule, on death of the insured person, due to an Injury sustained in an Accident during the Policy Period, provided that the Insured Person's death occurs within 12 months from the date of the Accident. Where claim payment has been made owing to disappearance of insured person following an accident, if after the payment of accidental death claim, it is found that the insured person has survived the accident, then the policyholder has to refund the payment back to the company in consideration of the obligatory guarantee as provided during the claim.</p> <p>b) Permanent Total Disablement: The company shall pay the benefit equal to 100% of Sum Insured, specified in the policy schedule, if an insured Person suffers Permanent Total Disablement of the nature specified below, solely and directly due to an Accident during the Policy Period, provided that the Permanent Total Disablement occurs within 12 months from the date of the Accident:</p> <ul style="list-style-type: none"> a) Total and irrecoverable loss of sight of both eyes or b) Physical separation or loss of use of both hands or feet or c) Physical separation or loss of use of one hand and one foot or d) loss of sight of one eye and Physical separation or loss of use of hand or foot e) If such Injury shall as a direct consequence thereof, permanently, and totally, disables the Insured Person from engaging in any employment or occupation of any description whatsoever. <p>c) Permanent Partial Disablement: The company shall pay the following percentage of Sum Insured, specified in the policy schedule, if the Insured Person suffers Permanent Partial Disablement of the nature specified below solely and directly due to an Accident during the Policy Period provided that the Permanent Partial Disablement shall occur within 12 months of the date of the Accident.</p> <table border="1" data-bbox="452 1145 1729 1492"> <thead> <tr> <th></th> <th>Loss Covered</th> <th>Percentage of Sum Insured</th> </tr> </thead> <tbody> <tr> <td rowspan="6">1.</td> <td>Loss of Use / Physical Separation:</td> <td></td> </tr> <tr> <td>One entire hand</td> <td>50%</td> </tr> <tr> <td>One entire foot</td> <td>50%</td> </tr> <tr> <td>Loss of Sight of one eye</td> <td>50%</td> </tr> <tr> <td>Loss of toes - all</td> <td>20%</td> </tr> <tr> <td>Great both phalanges</td> <td>5%</td> </tr> <tr> <td></td> <td>Great - one phalanx</td> <td>2%</td> </tr> </tbody> </table>		Loss Covered	Percentage of Sum Insured	1.	Loss of Use / Physical Separation:		One entire hand	50%	One entire foot	50%	Loss of Sight of one eye	50%	Loss of toes - all	20%	Great both phalanges	5%		Great - one phalanx	2%	<p>C. Benefits Covered Under The Policy</p>
	Loss Covered	Percentage of Sum Insured																				
1.	Loss of Use / Physical Separation:																					
	One entire hand	50%																				
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	Loss of Sight of one eye	50%																				
	Loss of toes - all	20%																				
	Great both phalanges	5%																				
	Great - one phalanx	2%																				

	Other than great if more than one toe lost	1%
2.	Loss of Use of both ears	50%
3.	Loss of Use of one ear	20%
4.	Loss of four fingers and thumb of one hand	40%
5.	Loss of four fingers	35%
6.	Loss of thumb - both phalanges - one phalanx	25% 10%
7.	Loss of Index finger three phalanges two phalanges one phalanx	10% 8% 4%
8.	Loss of middle finger three phalanges two phalanges one phalanx	6% 4% 2%
9.	Loss of ring finger three phalanges two phalanges one phalanx	5% 4% 2%
10.	Loss of little finger three phalanges two phalanges one phalanx	4% 3% 2%
11.	Loss of metacarpus first or second (additional) third, fourth or fifth (additional)	3% 2%
12.	Any other permanent partial disablement	Percentage as assessed by the independent Medical Practitioner

Maximum amount payable in respect of multiple nature of disablements shall be restricted to sum insured chosen by the policyholder.

Note:

- a) The base sum insured chosen and cumulative bonus, if any, is applicable cumulatively for all the three covers specified under 4.1(a), 4.1(b) and 4.1(c) above i.e, there is a single sum insured for all the three covers namely, Accidental death, Permanent total disability and Permanent Partial Disability.
- b) If the accident occurs during the policy period, benefits covered under 4.1(a), 4.1(b) and 4.1(c) above are payable, even if death or Permanent Total Disablement or Permanent Partial Disablement or any combination thereof occurs after the completion of policy period, but within 12 months from the date of accident.

Optional Covers:

The covers listed below are optional benefits and shall be available to Insured Persons in accordance with the terms set out in the Policy, if the listed cover is opted.

II. Optional Covers

a) Temporary Total Disablement:

If the insured Person sustains an Injury in an Accident during the Policy Period and which completely incapacitates the Insured Person from engaging in any employment or occupation of any description whatsoever which the Insured Person was capable of performing at the time of the Accident (Temporary Total Disablement), the company shall pay the benefit as specified in the policy schedule, till the time the insured person is able to return to work, provided that:

- i. The period of temporary total disablement shall exceed four consecutive weeks from the date of accident, however, the benefit shall be reckoned from the date of accident and shall be payable for the entire duration of disablement.
- ii. the compensation payable under this benefit mentioned under Section 4.2(a) shall not be payable for more than 100 weeks in respect of any one Injury calculated from the date of commencement of disablement and in no case shall exceed the Sum Insured.
- iii. The Temporary Total Disablement is certified in writing by the treating Medical Practitioner to have commenced within 30 days from the date of the Accident.
- iv. The compensation shall be paid by the company at quarterly intervals, after ascertaining the amount payable. If the period of temporary total disablement is for less than a quarter or three months, the compensation may be paid at the end of the disablement period.
- v. During the course of payment under this benefit, the company shall have right to call for a certification from an independent medical practitioner with regard to the continuity of temporary total disability specified under this section.
- vi. The insured shall notify the company immediately on resuming to his occupation/employment. Where it is found that the insured resumed to his occupation/employment without notifying to the

company and received the compensation under this cover, the company shall have right to claim the recovery of such benefit paid.

Note: For the purpose of this benefit, "week" is a period of seven consecutive calendar days.

b) Hospitalisation Expenses due to Accident:

The Company shall indemnify medical expenses incurred for hospitalisation arising due to accident during the policy period, up to the limit of 10% of the base sum insured, specified in the policy schedule.

The hospitalisation expenses shall cover the following:

- i. Room, Boarding, Nursing Expenses as provided by the Hospital/ Nursing Home,
- ii. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor/ surgeon or to the hospital.
- iii. Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities, and such other similar expenses. (Expenses on Hospitalisation for a minimum period of 24 hours are admissible. However, this time limit of 24 hours shall not apply when the treatment does not require hospitalisation as specified in the terms and conditions of policy contract, where the treatment is taken in the Hospital and the Insured is discharged on the same day.)
- iv. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses
- v. The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure carried out to treat the accidental injury covered under the policy
- vi. Expenses incurred on hospitalization due to accident, under AYUSH (as defined in IRDAI (Health Insurance) Regulations, 2016) systems of medicine shall be covered without any sub- limits.

The following other expenses necessitated due to injury shall also be covered under the optional cover specified under Section 4.2(b):

- i. Dental treatment
- ii. Plastic surgery
- iii. All the day care treatments.
- iv. Expenses incurred on road Ambulance subject to a maximum of Rs.2000/- per hospitalization.

Note: The expenses that are not covered under the section 4.2(b) are placed under List- I of Annexure-B. The list of expenses that are to be subsumed into room charges, or procedure charges or costs of treatment are placed under List-II, List -III and List- IV of Annexure -B respectively.

		<p>c) Education Grant: Following an admissible claim of the insured person under the policy towards Death or Permanent Total Disability of the insured person, the company shall pay a one-time educational grant of 10% of the Base Sum insured (specified in the policy schedule), per child to all dependent children of the Insured provided that:</p> <p>a. Such Dependent Child/ Children(s) is/are pursuing an educational course as a full-time student in an educational institution.</p> <p>b. Age of the child or children as the case shall not be more than 25 completed years.</p>	
<p>6</p>	<p>Exclusions (what the policy does not cover)</p>	<p><u>EXCLUSIONS (Please refer below for brief headers, for detail exclusions, please refer to the policy wordings)</u></p> <p>(i) Any claim for death or disablement (whether of a permanent nature or of a temporary nature), hospitalisation of the insured person, directly or indirectly due to War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints, and detainment of all kinds.</p> <p>(ii) Any claim for death, disablement (whether of a permanent nature or of a temporary nature), hospitalization of Insured Person</p> <p>a. from intentional self-injury unless in self-defence or to save life, suicide or attempted suicide;</p> <p>b. whilst under the influence of intoxicating liquor or drugs or other intoxicants except where the insured is not directly responsible for the injury/ accident though under influence of intoxication.</p> <p>c. whilst engaging in aviation or ballooning, or whilst mounting into, or dismounting from or travelling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airlines in the world. [Standard type of aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft has a single engine or multiengine;]</p> <p>d. arising or resulting from the Insured Person committing any breach of law with criminal intent.</p> <p>(iii) Any claim for death, disablement (whether of a permanent nature or of a temporary nature), hospitalization of Insured Person due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.</p> <p>(iv) Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:</p>	<p>D. Exclusions</p> <p>I. SPECIFIC EXCLUSIONS</p>

		<p>A. Ionizing radiation or contamination by radio activity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self-sustaining process of nuclear fission) of nuclear fuel.</p> <p>B. Nuclear weapons material</p> <p>C. The radioactive, toxic, explosive, or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.</p> <p>D. Nuclear, chemical and biological terrorism</p> <p>(v) Any loss arising out of the Insured Person's actual or attempted commission of or wilful participation in an illegal act or any violation or attempted violation of the law.</p> <p><u>Exclusions specific to Optional cover "Hospitalisation Expenses due to Accident"</u></p> <p>The Company shall not be liable to make any payments under this policy in respect of any expenses incurred by the insured person in connection with or in respect of:</p> <p>1. <u>STANDARD EXCLUSIONS:</u></p> <p>i. Investigation & Evaluation (Code- Excl04)</p> <p>ii. 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)</p> <p>2. <u>SPECIFIC EXCLUSIONS:</u></p> <p>iii. Expenses incurred for treatment of accidental injuries which does not warrant hospitalization.</p> <p>iv. Any expenses incurred on Domiciliary Hospitalization and OPD treatment.</p> <p>v. Treatment taken outside the geographical limits of India.</p> <p>vi. All expenses listed in Annexure-B (List I) of the Policy wordings.</p>	
7	<p>Waiting period</p> <ul style="list-style-type: none"> • Time period during which specified diseases/ treatment 	Not Applicable	

	<p>s are not covered.</p> <ul style="list-style-type: none"> • It is counted from the beginning of the policy coverage 		
<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 of this limit).</p> <p>II.Co-payment (It is a specified amount /percentage of the</p>	<p>Not Applicable</p>	

	<p>admissible claim amount to be paid by policyholder/insured).</p> <p>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)</p> <p>IV. Any other limit (as</p>		
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	applicabl e)		
9	Claims/Cla ims Procedure	<p>Claim Procedure</p> <p>Notification of claim:</p> <ul style="list-style-type: none"> i. Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening. ii. Claims for insurance benefits must be submitted to the Company not later than one (1) month after the completion of the treatment or after transportation of the mortal remains/ burial in the event of Death. iii. If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation in an Emergency, the company shall be informed within 24 hours of the admission of the insured person in Hospital. <p>Note: The Company will examine and relax the time limit mentioned herein above depending upon the merits of the case.</p> <p>Documents to be submitted:</p> <p>Basic documents required for All claims</p> <ul style="list-style-type: none"> i. Duly completed claim form ii. Photo Identity Proof of the insured person iii. Copy of FIR/ Panchnama /Police Inquest Report (wherever these reports are required as per the circumstance of the Accident) duly attested by the concerned Police Station iv. Copy of Medico Legal Certificate (wherever it is required as per the circumstance of the Accident) duly attested by the concerned Hospital v. Any other relevant document required by the Company for assessment of the claim <p>Documents required in case of Death covered under Section 4. 1(a)</p> <ul style="list-style-type: none"> i. Death certificate; ii. Post-Mortem Report (if conducted); iii. Identity proof of Nominee or Original Succession Certificate/Original Legal Heir Certificate or any other proof to the satisfaction of the Company for the purpose of a valid discharge in case nomination is not filed by deceased. <p>Documents required in case of Permanent Total Disablement (PTO)/ Permanent Partial Disablement (PPD), covered under Sections 4.1(b) and 4.1(c)</p> <ul style="list-style-type: none"> i. Original treating Medical Practitioner's certificate describing the disablement 	14. Claim Procedure

- ii. Original Discharge summary from the Hospital
- iii. Disability certificate issued by treating Medical Practitioner
- iv. Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable.

Documents required in case of Temporary Total Disablement (TTD), covered under Section 4.2(a)

- i. Original treating Medical Practitioner's certificate confirming the disability
- ii. Original Discharge summary from the Hospital
- iii. Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable
- iv. Leave/Absence Certificate from Employer (If Employed)
- v. Medical Practitioner's certificate confirming the Injury and advising rest/ unfit to work for specified number of days
- vi. Fitness Certificate issued by the treating doctor.

Documents required for coverage under Section 4.2(b)- Hospitalisation Expenses due to Accident:

- i. Discharge Summary from The Hospital
- ii. Medical & Investigation reports
- iii. Prescriptions and consultation papers of the treatment
- iv. Original Hospital Main Bill
- v. Original Hospital Bill Break up of various expenses
- vi. Any other medical, investigation reports, as applicable

Documents required' for coverage under Section 4.2(b)- Education Grant:

- i. Proof to establish relationship- Passport/Education certificate establishing proof of relationship of child with parents/Birth Certificate.
- ii. Photo Identity Proof of Child
- iii. Age proof of Child
- iv. Bonafide Certificate issued by the educational institution confirming that he/she is a full-time student of the institution

Claim Settlement

- i. 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.
- ii. 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.

II. Claim Settlement

		<p>iii. 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.</p> <p>iv. 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. (Explanation: "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)</p> <p>Services Offered by TPA (Applicable wherever TPA is involved) Servicing of claims, i.e., claim admissions and assessments, under this Policy by way of pre authorization of cashless treatment or processing of claims other than cashless claims or both, as per the underlying terms and conditions of the policy. The services offered by TPA shall not include</p> <ul style="list-style-type: none"> i. Claim settlement and claim rejection; ii. Any services directly to any insured person or to any other person unless such service is in accordance with the terms and conditions of the Agreement entered into with the Company. <p>Payment of Claim All claims under the policy shall be payable in Indian currency only</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. 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.10
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</p>	E.I.10

		<p>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: Click Here 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> <p>The contact details of the Insurance Ombudsman Centers are mentioned in the Policy Wordings.</p>	
11	Things you need to know	<p><u>Free Look Period</u> The Free Look Period will be applicable on the new policy and not on renewals 1. The insured will be allowed a period of thirty (30) days from date of receipt of the Policy, whether received electronically or otherwise, to review the terms and conditions of the Policy, and to return the same if not acceptable. 2. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to a) a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or; b) where the risk has already commenced and the option of return of the Policy is exercised by the insured, a deduction towards the proportionate risk premium for period of cover or; c) where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.</p> <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> NA</p>	E.I.8

		<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> – NA</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>	