

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	Pradhan Mantri Suraksha Bima Yojana (PMSBY) UIN: GODPAGP23038V012223	
2	Policy number	As per the Policy Schedule	
3	Type of Insurance Product/ Policy	Benefit basis	2.1Types of 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/COI to know the Sum Insured basis applicable to Your Policy.</p> <p>Individual Sum Insured -Where each member has a separate sum insured under the policy) Floater Sum Insured- NA</p> <p>Aggregate Sum Insured as per policy schedule/COI (Including cumulative bonus, if any)</p> <p>Important Note: 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)

COVERAGE

If the Insured person shall sustain any Bodily Injury resulting solely and directly from Accident, then We shall pay to the Insured / nominee / assignee (as applicable) the sum hereinafter set forth under the table of benefit:

	<u>Table of Benefit</u>	<u>Sum Insured</u>
a.	<p>Death We shall pay the benefit equal to 100% of Sum Insured (ie. INR 2 lakh), specified in the policy schedule/ certificate of insurance, 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>	Rs. 2 Lakh
b.	<p>Total and irrecoverable loss of both eyes or loss of use of both hands or feet or loss of sight of one eye and loss of use of hand or foot We shall pay the benefit equal to 100% of Sum Insured (ie. INR 2 lakh), specified in the policy schedule/ certificate of insurance, if an insured Person suffers disability of the nature specified above (ie. Total and irrecoverable loss of both eyes or loss of use of both hands or feet or loss of sight of one eye and loss of use of hand or foot), solely and directly due to an Accident during the Policy Period, provided that the disability occurs within 12 months from the date of the Accident</p>	Rs. 2 Lakh
c.	<p>Total and irrecoverable loss of sight of one eye or loss of use of one hand or foot We shall pay the benefit equal to 50% of Sum Insured (ie. INR 1 lakh), specified in the policy schedule/ certificate of insurance, if an insured Person suffers disability of the nature specified above (ie. Total and irrecoverable loss of sight of one eye or loss of use of one hand or foot),</p>	Rs. 1 Lakh

C.Coverage

		solely and directly due to an Accident during the Policy Period, provided that the disability occurs within 12 months from the date of the Accident	
		<p>Our liability to make payment to You/ Insured Person for one or more of the events described at (a) to (b) above is limited to the Total Sum Insured of Rs. 2 Lakhs (Rupees Two Lakhs). You agree that We shall deduct from the amount payable under (a) or (b), the amount (if any) we have already paid under (c), so that our total payments under the policy does not exceed the Total Sum Insured of Rs. 2 Lakhs (Rupees Two Lakh).</p> <p>However, if We become liable to make payment under (a) or (b), then this insurance will cease as far as the Insured Person is concerned.</p>	
6	Exclusions (what the policy does not cover)	1. We shall not be liable to make any payments under this policy in respect of suicide of the Insured Person.	C. Exclusions
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 	N/A	
8	Financial limits of coverage		Section II 2.7

	<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 admissible claim amount to be paid by policyholder/insured).</p> <p>III.Deductible (It is a</p>	<p>Sub – Limit - N/A</p> <p>Co-payment- N/A</p> <p>Deductible- N/A</p>	
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	<p>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 applicable)</p>		
<p>9</p>	<p>Claims/Claims Procedure</p>	<p>1. 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> <ul style="list-style-type: none"> 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. b. Insured Person should allow examination by our medical advisors if we ask for this. 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. 	

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.
***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.

i. LIST OF CLAIM DOCUMENTS:

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:

Accidental Death	<ul style="list-style-type: none"> • Copy of Address Proof (Ration Card or Electricity Bill Copy). • Attested Copy of Death Certificate. • Hospital discharge summary/certificate in respect of the deceased person (wherever applicable) • Certificate issued by the last attending Registered Medical Practitioner (doctor registered with the Indian Medical Council) in respect of the deceased person (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 Policy (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) • In case of death due to accidents such as snake bite/ fall from tree, etc., hospital record specifying the deceased member's name, father's/husband's name, address and the date, time and cause of death
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D. 21

		<table border="1" data-bbox="443 129 1758 438"> <tr> <td data-bbox="443 129 660 438">Disability Claims</td> <td data-bbox="660 129 1758 438"> <ul style="list-style-type: none"> • Attested Copy of disability certificate from relevant government Medical authority/ Civil Surgeon. • Attested copy of FIR. (If required) • All Investigation reports confirming the disability. • Hospital record supporting the disability • Complete Treatment record with follow-up documentation. • Disability assessment report from Digit empanelled medical specialist (if required) </td> </tr> </table> <p>ii. PAYING A CLAIM</p> <p>a. You agree that We need only make payment when You /Insured Person or someone claiming on Insured Person’s behalf has provided Us with necessary documentation and information.</p> <p>b. We will make payment to You/ Insured Person or Your/ Insured Person’s Nominee. If there is no Nominee and Insured Person is incapacitated or deceased, We will pay Your/ Insured Person’s heir, executor or validly appointed legal representative and any payment We make in this way will be a complete and final discharge of our liability to make payment.</p> <p>c. We will 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. However, where the circumstances of a claim warrant an investigation in our opinion, 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, We will settle or reject the claim within 15 days from the date of receipt of last necessary document.</p> <p>e. We will settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document.</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>iii. INSUFFICIENT DOCUMENT</p> <p>Under “Claims Notification and Procedure”- List of claim documents mentioned above, 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>	Disability Claims	<ul style="list-style-type: none"> • Attested Copy of disability certificate from relevant government Medical authority/ Civil Surgeon. • Attested copy of FIR. (If required) • All Investigation reports confirming the disability. • Hospital record supporting the disability • Complete Treatment record with follow-up documentation. • Disability assessment report from Digit empanelled medical specialist (if required) 	
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10	Policy Servicing	<p><u>Call Centre Details of the Insurer</u> Toll Free: 1800-258- 4242</p>	E.I.10`		

		<p>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>	
11	Grievance s/Complaints	<p>Customer Grievance Redressal Policy 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 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</p> <p>The contact details of the Insurance Ombudsman Centers are mentioned in the Policy Wordings.</p>	E.I.10
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> NA</p>	

		<p><u>Portability</u> NA</p> <p><u>Migration</u> NA</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>	E.8
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>	