

DIGIT DONOR SHIELD POLICY
POLICY SCHEDULE
UIN: GODHLIP25038V012425

Corporate office: Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka
560095

Details of Proposer		Policy Details		
Proposer's Name		Policy Number		
Proposer's Address		Policy Issue Date	DDMMYYYY	
Mobile No		Period of Insurance	From	DDMMYYYY 00:00 Midnight
Email ID			To	DDMMYYYY 23:59 Midnight
Partner Code and Name		Policy Type:	Individual	
Partner Contact and Email ID		First Policy Inception Date		

Details of Members Insured

Member No.	Full Name	Relationship with Proposer	Date of Birth (DD/MM/YY)	Age	Gender (M/F/TG)	Height	Weight	Occupation	Nominee/Assignee Name	Nominee/Assignee Relationship with Insured
1										
2										

Coverage Details

Section with Benefits	Sum Insured (INR)	Limits	Waiting Periods	Deductible (INR) / Co-Payment (%)	Specific Conditions
Coverages					
SECTION 1 - IN PATIENT HOSPITALIZATION	INR	<Sum Insured>			
A. Surrogacy Cover		Accommodation/Room Rent: 1% of Section 1.A Sum Insured ICU Limit: 2% of Section 1.A Sum Insured	Initial Waiting Period: _____ Days		
A1. Pre / Post Hospitalization Expenses	*Inbuilt	Pre Hospitalization _____ Days Post Hospitalization _____ Days OR Onetime Lumpsum Benefit: _____ % of the Claim Amount Approved under Section 1A			
A2. Road Ambulance	*Inbuilt	Max up to the INR 2000			
A3. Alternate Treatment (Ayush) Benefit	*Inbuilt	NA			
B. Oocyte Donor		Accommodation/Room Rent: 1% of Section 1.B Sum Insured ICU Limit: 2% of Section 1.B Sum Insured	Initial Waiting Period: _____ Days		
B1. Pre / Post Hospitalization Expenses	*Inbuilt	Pre Hospitalization _____ Days Post Hospitalization _____ Days OR Onetime Lumpsum Benefit: _____ % of the Claim Amount Approved under Section 1B			
B2. Road Ambulance	*Inbuilt	Max up to the INR 2000			
B3. Alternate Treatment (Ayush) Benefit	*Inbuilt	NA			
SECTION 2 - CARDIAC AMBULANCE	*Inbuilt	Covered upto 2% of Sum Insured of Section 1	As mentioned under Section 1.		
SECTION 3 - OPD CONSULTATION WITH GYNAECOLOGIST	Sum Insured	Covered upto _____ % of Sum Insured of Section 1	As mentioned under Section 1.		
SECTION 4 - DAY CARE TREATMENT	*Inbuilt	NA	As mentioned under Section 1		
SECTION 5 - MODERN TREATMENT	*Inbuilt	NA	As mentioned under Section 1		

SECTION 6 - ROOM RENT MODIFICATION	*Inbuilt	Maximum Upto Single Private AC Room	NA	
SECTION 7 - WELLNESS BENEFIT PROGRAM	NA	1. XXXXXXXXXXXXXXXXXXXXXXXX 2. XXXXXXXXXXXXXXXXXXXXXXXX	<u>Services Opted</u>	

*Sum Insured for all these covers will be part of Section 1 – IN PATIENT HOSPITALIZATION Sum Insured

Special Terms and Exclusions

- XXXXXXXXXXXXXXXXXXXXXXXXXX
- XXXXXXXXXXXXXXXXXXXXXXXXXX

Underwriting Warranty:

- XXXXXXXXXXXXXXXXXXXXXXXXXX
- XXXXXXXXXXXXXXXXXXXXXXXXXX

Customer Bank Details

Bank Account No.	Branch	IFSC Code	Bank Name

Premium and Payment Details

GST State Code		GSTIN	
Receipt No.		Receipt Date	
Invoice No.		Invoice Date	
Premium Payment Term:			
Description	Amount (INR)	Description	Amount (INR)
Base Premium		CGST rate and amount (INR)	
		SGST/UTGST rate and Amount (INR)	
Underwriting Loading (INR)		IGST rate and Amount (INR)	
Total Net Premium (INR)		Gross Premium (INR)	

Important Notice

- *Cheque dishonor / Non-receipt of payment:** The policy is void ab-initio in case of non-receipt of premium or dishonor of Cheque issued towards premium payment
- This policy is subject to the standard policy wordings, warranties, exclusions and conditions as per "Digit Donor Shield Policy" Wordings. In case of dispute, the terms and conditions detailed in the policy document and policy schedule shall prevail.
- The coverage has been provided basis information provided by you/proposer to us and we will not be liable under the insurance contract if it is found that any of your statements or particulars or declarations in the proposal form or other documents are incorrect /misleading /Fraudulent in any respect on any matter to the grant of a cover or submission of claim in future.
- The Policy Wording attached herewith includes all the standard coverage offered by Go Digit General Insurance Ltd. to its customers. Your entitlement for coverage/benefits shall be restricted to the Coverage/Benefits as mentioned in this Policy Schedule. For any clarification, please call our Call Center Number 1800 103 4448.

Some Fields are optional

80 D Certificate

This is to certify that Mr./ Ms. _____ has paid Rs. _____ towards "Digit DONOR SHIELD" Policy for Period from DD/MM/YYYY to DD/MM/YYYY and Policy Number: Deductions for premium paid under this approved product can be claimed subject to eligibility and conditions prescribed under Section 80D of The Income Tax Act, 1961. Tax laws are subject to amendments from time to time. Kindly check with your Tax consultant for eligibility / impact analysis.

Claim Administrator Details

Third-Party Administrator Name	Medi Assist Insurance TPA Pvt. Ltd
Contact Details	1800-103-4448
Email Id	Healthclaims@godigit.com

For & On Behalf of Go Digit General Insurance Ltd.

**Consolidated Stamp Duty is Deposited
with Department of Stamps, Bengaluru**

Authorized Signatory

Printed, Signed and Executed at Bangalore

GST Reg. No.: XXXXX

HSN:9971/General Insurance Services

In case of any claim, please contact our 24-Hour Call Centre at 1800 103 4448 or email us at 'hello@godigit.com'.

Go Digit General Insurance Ltd, Address Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka 560095, IRDAI Reg No. 158, CIN U66010PN2016PLC167410, GST Reg. No: XXXXXXXXX, GSTIN Address: Go Digit General Insurance Ltd , XXXXXXXXXX. Website: www.godigit.com.