## **No Claim Discount**

Add-on Cover under Individual Health Insurance Products offered by Go Digit General Insurance Ltd UIN: GODHLIA25035V012425

**Policy Schedule - Annexure** 

(Relevant details with regard to add on cover to be attached with Policy Schedule of the base product)

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

	Details of Proposer			<b>Policy Details</b>	
Proposer's Name	<as base="" health="" insurance="" per="" product=""></as>	Policy Number	<as p<="" th=""><th>er base health in</th><th>surance product&gt;</th></as>	er base health in	surance product>
Proposer's Address	<as base="" health="" insurance="" per="" product=""></as>	Policy Issue Date	DDMN	1YYYY	
Mobile No	<as base="" health="" insurance="" per="" product=""></as>	Period of Insurance	From	DDMMYYYY	00:00 Midnight
Email ID	<as base="" health="" insurance="" per="" product=""></as>		То	DDMMYYYY	23:59 Midnight
Partner Code and Name	<as base="" health="" insurance="" per="" product=""></as>	Policy Type:	<as base="" health="" insurance="" per="" product=""></as>		
Partner Contact and Email ID	<as base="" health="" insurance="" per="" product=""></as>	Premium Payment Zone	One <as base="" health="" insurance="" per="" product=""></as>		
Family Composition	<as base="" health="" insurance="" per="" product=""></as>	Co-payment for Geographical Limits Outside India	<as p<="" td=""><td>er base health in</td><td>surance product&gt;</td></as>	er base health in	surance product>
First Policy Inception Date	<as base="" health="" insurance="" per="" product=""></as>	O COLONIA COLO			

1. No Claim Bonus Opted << Cumulative Bonus / No Claim Discount>>	
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2.	<b>Details of No Claim Bonus Opted</b>	

2	Maximum Limit on Benefit Accrued	
э.	iviaximum timit on benefit Accided	

## **Special Terms (If Applicable)**

## Premium and Payment Details <As per base product>

GST State Code		GSTIN	
Receipt No.		Receipt Date	
Invoice No.		Invoice Date	
Premium Payment Term: As per base product			

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)	

<sup>2.</sup>xxxxxxxxxxxxxxxxxxxxxxx

## **Important Notice**

- 1. \*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
- 2. This policy is subject to the standard policy wordings, warranties, exclusions and conditions as per "Base product with which this add-on cover is attached" Wordings. In case of dispute, the terms and conditions detailed in the policy document and policy schedule shall prevail.
- 3. 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.
- 4. 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

Inst	tal	m	en	t S	C	hec	lu	le

Premium Due Date	Amount Due (INR)
<as base="" per="" product=""></as>	

This is to certify that Mr./ Ms	has paid Rs	towards "Base product with which this add-on cover is		
attached" Policy for Period from DD/MM/YYYY to DD/MM	M/YYYY and Policy Number: Deductions f	or premium paid under this approved product can be claimed		
subject to eligibility and conditions prescribed under Sec	tion 80D of The Income Tax Act, 1961. T	ax laws are subject to amendments from time to time. Kindly		
check with your Tax consultant for eligibility / impact ana	alysis.			
Claim Administrator Details				

**80 D Certificate** 

Claim Administrator Details		
Third-Party Administrator Name	Inhouse Service Providers/TPA	
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: XXXXXXXXXX, GSTIN Address: Go Digit General Insurance Ltd, XXXXXXXXXXX. Website: www.godigit.com