

DIGIT DONOR SHIELD POLICY
Proposal Form
(URN: GODT/IND/HL/2425/01)

UIN: GODHLIP25038V012425

- This proposal will be the basis of the insurance policy that we issue. You must disclose all facts relevant to all person(s)/asset(s) proposed to be insured that may affect the Company's decision to issue a policy or its terms. Non-compliance may result in avoidance of the policy.
- If there is insufficient space for you to provide information, whether as requested or otherwise, please attach a separate sheet duly signed or affixed with thumb impression.
- In case You require the hard copy of the Policy and related documents, please provide Your Consent: Yes/No
If You opt not to receive the hard copy of the Policy and related documents, we shall share these with You in Electronic Form I.e. Via E-mail or Direct Download from Our Website
- Please submit KYC document
- If you are in doubt, you can get in touch with your agent/intermediary or call us at 1800 258 4242 or e-mail at [hello](mailto:hello@godigit.com) along with the Proposal Form, if applicable. [@godigit.com](mailto:hello@godigit.com)

PROPOSER DETAILS

Name of the Proposer		Date of Birth (DD/MM/YYYY)			
Address of the Proposer		Marital Status	Single / Married		
Mobile No		Occupation	Salaried / Self Employed / Professional / Others		
PAN Number /AADHAR / Government ID Proof		First Policy Inception Date	DD/MM/YYYY		
Email ID		*Period of Insurance	From	DDMMYYYY	00:00 Midnight
Partner Code and Name			To	DDMMYYYY	23:59 Midnight
Partner Contact and Email ID		Policy Type	Fresh/Renewal/Roll-Over /Migration/Portability		
ABHA ID		Family Composition			

Note: *Period of Insurance will be limited to 3 years, for Surrogacy Cover
Period of Insurance will be limited to 1 Year, for Oocyte Donor cover.

DETAILS OF PERSONS TO BE INSURED

Member. No.	Full Name	Relation ship with Proposer	Date of Birth (DD/M M/YYYY)	Age	Gender (M/F/T G)	Height	Weight	Occupation	ABHA ID	Nominee/ Assignee Name	Nominee/ Assignee Relationship with Insured
1											
2											
3											
4											
5											

Coverage Details

Please tick for the sections you want to opt	Section with Benefits	Sum Insured (INR)	Limits	Waiting Periods	Deductible (INR) / Co-Payment (%)	Specific Conditions
	Coverages					
	SECTION 1- IN PATIENT HOSPITALIZATION	INR	<Sum Insured>	Initial Waiting Period: ____ Days		
	A.Surrogacy Cover		Accommodation/Room Rent: 1% of Section 1.A Sum Insured ICU Limit: 2% of Section 1.A Sum Insured			
	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			
	B1. Pre / Post Hospitalization Expenses	*Inbuilt	Pre Hospitalization ____ Days Post Hospitalization ____ Days OR Onetime Lumpsum Benefit: _____% of the Claim Amount Approved under Section 1B	Initial Waiting Period: ____ Days		
	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 (Options available 5% or 10% of Sum Insured)	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	<p align="center">Services Opted (Please tick)</p> <ol style="list-style-type: none"> 1. Doctor On Call 2. Wellness Coach 3. Lab Services and Imaging (For Diagnostic Services) 4. Pharmacy (Home Delivery) 5. Vital/Physical Activity Monitoring Services 6. Reminder Notifications 7. Medical Wallet 8. Report Aggregation 9. Home Care Services 10. Ambulance Arrangement Services 11. Pick-up and Drop services for consultations 12. Prioritizing Appointments 13. Mental Wellbeing 14. Physiotherapy 15. Childcare/Children's Activity 16. Out -Patient (OPD) Services 17. Fitness 			

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

Special Terms and Exclusions

- 1.
- 2.

QUESTIONS FOR OOCYTE DONOR

1. Do you have any existing illness or health conditions? ___ Yes / No
The health condition may have been treated/ diagnosed in the past or being treated currently, including any gynecological issues, if relevant- ___ Yes, ___ No
Please provide details _____
2. Have you ever been a donor before? - ___ Yes/ ___ No
3. Any other details/conditions need to be disclosed:

CUSTOMER BANK DETAILS

Bank Account No.	Branch	IFSC Code	Bank Name

GST & PREMIUM PAYMENT DETAILS

GST State Code		GSTIN	
Premium Payment Term:			

Note: Instalment can also be paid through ECS or NACH mode. In cases where monthly instalment is allowed by NACH or ECS mandate, three (3) instalments need to be paid at the inception of the Policy.

Premium payment mode: Cash/Cheque/ DD/Card/ECS			
Cheque No/NEFT Ref No	Bank Name	Date	Amount (Including applicable taxes)

DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

- I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorized to propose on behalf of these other persons.
- I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.
- I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority."

Please read declaration wordings carefully before signing the proposal form.

Date:

Signature of the Proposer

Place:

Declaration from Person filling the form in case proposer is unable to sign or signs in vernacular:

I hereby certify that the contents of the proposal form and/or any other documents used towards solicitation have been fully explained to the Proposer and that he/ she/they have fully understood the said contents. I hereby confirm that the responses have been recorded to the best of my ability.

Date:

Place:

Signature (on behalf of the Proposer)

Name & Relationship with Proposer:

Vernacular Declaration:

Declaration from Person filling the form in case proposer is unable to sign or signs in vernacular:

I hereby certify that the contents of the proposal form and/or any other documents used towards solicitation have been fully explained to the Proposer and that he/ she/they have fully understood the said contents. I hereby confirm that the responses have been recorded to the best of my ability.

Date:

Place:

Signature (on behalf of the Proposer)

Name & Relationship with Proposer:

INSURANCE ACT 1938 SECTION 41- Prohibition of Rebates

No person shall allow or offer to allow either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. ANY PERSON MAKING FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKHS RUPEES.

Go Digit General Insurance Ltd, A Company incorporated under Indian Companies Act, 2013 and licensed by Insurance Regulatory and Development Authority of India [IRDAI] vide Reg No. 158, Corporate Identification Number U66010PN2016PLC167410, Reg. Address Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru 560095. Website: www.godigit.com

Customer Identification Procedure (As per KYC norms of IRDAI)

1. Please submit clear and legible copy of one document (valid and effective as on date of claim submission) each from Part A and Part B and your recent passport size photograph (not more than 6 months old) in case premium amount exceeds Rs 100,000.
 - a. Photograph
 - b. Part A (Identity proof, Anyone of below)
 1. PAN Card (If PAN Card is not available, please submit any of the documents mentioned below)
 2. Passport
 3. Voter's Identity Card

4. Driving License
 5. Personal Identification and Certification of the employees for your identity
 6. Aadhar (Letter issued by Unique Identification Authority of India containing details of name address and Aadhar Number)
 7. Job Card issued by NREGA duly signed by an officer of the State Government
- c. Part B (Address proof, Anyone of below)
1. Electricity Bill not older than 6 months from the date of Insurance Contract
 2. Telephone Bill pertaining to any kind of telephone connection like mobile, landline, wireless etc, provided it is not older than 6 months from the date of claim submission
 3. Ration Card
 4. Valid lease agreement along with rent receipts which is not more than 3 months old as a residence proof
 5. Saving Bank Passbook with details of permanent/ present residence address (updated up to 1 month prior to claim submission document)
 6. Statement of saving bank account with details of present/ present address (updated up to 1 month prior to claim submission document)