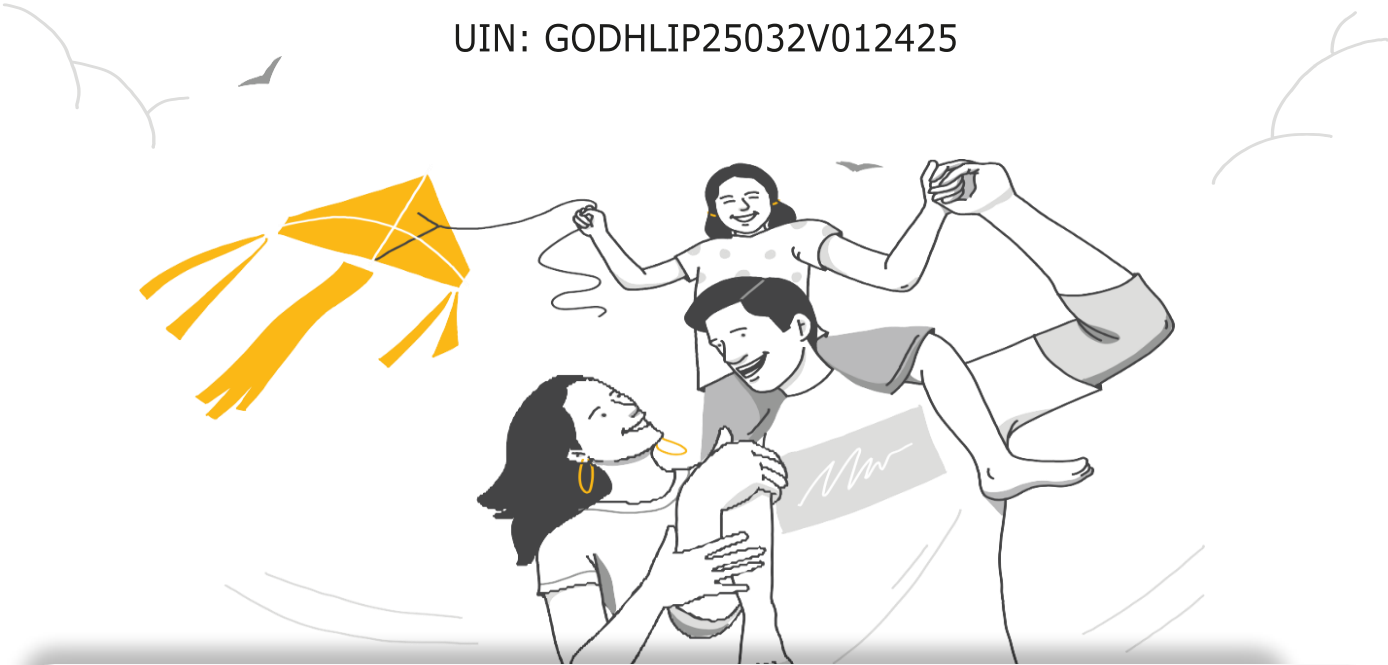


Digit Life Healthy Glow Policy

(Health Plus Life Combi Product from Go Digit General Insurance Ltd and Go Digit Life Insurance Ltd)

Proposal Form

UIN: GODHLIP25032V012425



Hi **<Company name>**, *Life and Health are the Biggest Treasure, you've made a wise decision to protect it!*

Your Proposal Number is XXXXXXXXX

Proposal Date	<Date>
---------------	--------

Cover Letter

Date: XX.XX.XXXX

To,

<Proposer's Name >

<Address>

<Contact Number>

Dear Sir/Madam,

We are glad that you have chosen our product '**Digit Life Healthy Glow Policy (UIN: GODHLIP25032V012425)**' and given us an opportunity to structure a product that fits into your needs.

Here is Your **Digit Life Healthy Glow Policy Proposal with Proposal No. <Proposal No.>**

Go Digit General Insurance Limited [GDGIL] and **Go Digit Life Insurance Limited [GDLIL]** jointly offering you coverage under **Digit Life Healthy Glow Policy** where, liability to settle the claim vests with respective insurers, i.e. for health insurance benefits "**GDGIL** and for life insurance benefits **GDLIL**". Any legal/quasi legal disputes would be dealt by the respective insurer.

Under **Digit Life Healthy Glow Policy**, You will Purchase two Policies I. **Digit Health Insurance Policy** offered by **Go Digit General Insurance Limited** & II. **Digit Glow Term Life Insurance** offered by **Go Digit Life Insurance Limited** as part of this combo solution.

Here is premium payment detail for Your **Digit Life Healthy Glow Policy**:

Mode of Payment	Cheque No/NEFT Ref	Bank Name	Date	Amount (Including applicable taxes)	
				Part I (Health Insurance Section)	Part II (Life Insurance Section)

If You wish to connect with our support team for any query:

Contact Our Customer Support team:

For Health: 1800-258-4242 or mail us at hello@godigit.com

For Life: 9960126126 or mail us at life@godigit.com

Yours Sincerely,

<Name>

<Designation>

Go Digit General Insurance Limited

I. - DIGIT HEALTH INSURANCE POLICY

- a. 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.
- b. 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.
- c. In case You agree not to receive 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.
- d. Please submit KYC document
- e. 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@godigit.com along with the Proposal Form, if applicable.

PROPOSER DETAILS

Name of the Proposer		Date of Birth (DD/MM/YY)			
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			

*Period of Insurance: 1 Year 2 Years 3 Years.

DETAILS OF PERSONS TO BE INSURED

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

PLAN DETAILS

S.No.	Member Name	Sum Insured	Floater	Deductible	Plan opted
1		2L/3L/4L/5L/10L/15L/20L/25L/50L/1Cr/2Cr/3Cr	2L/3L/4L/5L/10L/15L/20L/25L/50L/1Cr/2Cr/3Cr	2500/5000 7500/10,000 15000/20000/ 25000/30,000/ 40,000/50,000	<Double Wallet Plan/Infinity Wallet Plan/Carry Forward Sum Insured Plan/Worldwide Treatment Plan/Early Start Plan/Senior Priority Plan>
2		2L/3L/4L/5L/10L/15L/20L/25L/50L/1Cr/2Cr/3Cr			<Double Wallet Plan/Infinity Wallet Plan/Carry Forward Sum Insured Plan/Worldwide Treatment Plan/Early Start Plan/Senior Priority Plan>
3		2L/3L/4L/5L/10L/15L/20L/25L/50L/1Cr/2Cr/3Cr			<Double Wallet Plan/Infinity Wallet Plan/Carry Forward Sum Insured Plan/Worldwide Treatment Plan/Early Start Plan/Senior Priority Plan>
4		2L/3L/4L/5L/10L/15L/20L/25L/50L/1Cr/2Cr/3Cr			<Double Wallet Plan/Infinity Wallet Plan/Carry Forward Sum Insured Plan/Worldwide Treatment Plan/Early Start Plan/Senior Priority Plan>
5		2L/3L/4L/5L/10L/15L/20L/25L/50L/1Cr/2Cr/3Cr			<Double Wallet Plan/Infinity Wallet Plan/Carry Forward Sum Insured Plan/Worldwide Treatment Plan/Early Start Plan/Senior Priority Plan>

OPTIONAL COVERS

S.No.	Coverage Name	Opted (Yes/No)	Terms and Conditions
1	Consumables Cover	Yes/No	
2	Network Hospital Discount	Yes/No	
3	Pre-existing Disease/Specific Disease/Initial Waiting Period Modification	Yes/No	

DEDUCTIBLE OPTIONS

2,500 <input type="checkbox"/>	5,000 <input type="checkbox"/>	7,500 <input type="checkbox"/>	10,000 <input type="checkbox"/>	15,000 <input type="checkbox"/>
20,000 <input type="checkbox"/>	25,000 <input type="checkbox"/>	30,000 <input type="checkbox"/>	40,000 <input type="checkbox"/>	50,000 <input type="checkbox"/>

Do You have or had any retail Policy with Go Digit: Yes/No

Are you enrolled in any of the corporate GMC policy: Yes/No

EXISTING INSURANCE POLICY

Member Number	Do you have any other Health Insurance	Policy Number	Policy Sum Insured	Name of the Insurer	Period of Insurance	Claims Receivable/Received	Details of Life Insurance (If any)
1							
2							
3							
4							
5							
6							

SPECIAL TERMS AND EXCLUSIONS

1.
2.

PREMIUM PAYMENT ZONE AND GEOGRAPHICAL LIMITS

Premium Payment Zone: Zone 1 Zone 2

Based on your city of residence, Zones have been classified into two as mentioned below:

Zone 1: Delhi/NCR, Mumbai including (Navi Mumbai, Thane and Kalyan) and Greater Hyderabad Area.

Zone 2: Rest of India apart from Zone 1.

Note: In case of family floater policies, a single zone shall be applied to all the members covered under the policy.

MEDICAL HISTORY

Have any of the person proposed to be insured ever suffered from / are suffering from any of the following and/or having any of the habits mentioned below: Please tick 'YES' for insured wherever applicable and provide details in the table below:

Sr. No	Medical History / Habits	Yes/No	Please Tick the "Member Number "who had/having mentioned Medical History/Habits					Diagnosis Since (In Years)				
			1	2	3	4	5	Up to 1	2	3	4	> 4
1	Are you taking any medicines, prescribed or otherwise?		1	2	3	4	5	Up to 1	2	3	4	> 4
2	Any history of consultation or hospitalization (including day care) in last 4 years (other than uneventful maternity/delivery in case of female customer)		1	2	3	4	5	Up to 1	2	3	4	> 4
3	Any diagnostic tests like Blood/ECG/ECHO/CT or MRI Scan etc., in last 4 years other than preventive health check up with normal reports		1	2	3	4	5	Up to 1	2	3	4	> 4
4	Do you have undiagnosed symptoms like chest pain, weakness, weight loss, dizziness, joint pain, change in bowel habit, difficulty in breathing, pain in abdomen, bleeding/pain while passing stools?		1	2	3	4	5	Up to 1	2	3	4	> 4
5	Have you or any member of your family proposed to be insured, suffered or suffering from any disease/ailment/adverse medical condition of any kind especially Heart/Stroke/Cancer/Renal disorder/Joint/Gastrointestinal disease/Respiratory /neurological / endocrine / blood related disorder		1	2	3	4	5	Up to 1	2	3	4	> 4
6	Is there any other information relating to your health that has not been prompted by the questions listed above?		1	2	3	4	5	Up to 1	2	3	4	> 4
7	Was any proposal for life, health, hospital daily cash or critical illness insurance declined, deferred, withdrawn or accepted with modified terms		1	2	3	4	5	Up to 1	2	3	4	> 4
8	Do you Smoke tobacco		1	2	3	4	5	Up to 1	2	3	4	> 4
9	Do you Chew tobacco		1	2	3	4	5	Up to 1	2	3	4	> 4
10	Do you Consume Alcohol		1	2	3	4	5	Up to 1	2	3	4	> 4

Any additional details with respect to the questions answered "Yes" in the above table:

Member Number	Details of Illness with Symptoms	Date of Last Consultation	Treatment Details with Treating Doctor Details	Result of the Treatment (Ongoing/Complete Recovery/ Recurrent or like to Recur)
Member Number 1				
Member Number 2				
Member Number 3				
Member Number 4				
Member Number 5				

GST & PREMIUM PAYMENT DETAILS			
GST State Code		GSTIN	
Premium Payment Term:	Yearly / Half Yearly / Quarterly / Monthly		
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

Kindly refer Annexure 1 for detailed declaration.

Date:

Signature of the Proposer

Place:

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 PROCEDEURE (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 sub-mission document)
 6. Statement of saving bank account with details of present/ present address (updated up to 1 month prior to claim submission document)

II. DIGIT GLOW TERM LIFE INSURANCE

(A Non- Linked Non-Participating Individual Pure Risk Premium Life Insurance Plan)

Proposal Number:

Proposal date of filling:

For office use only
Intermediary code
Intermediary Name
POS/Specified Person's Name/Representative's Name
POS/Specified Person's Code/ Representative's Code
License Number

Please fill the below with full honesty as these details are the basis on which we will eventually be issuing the Digit Glow Term Life Insurance policy and basis which the claim can be considered in the future. So, every detail is important. Also make sure you carefully read the sales literature, given by the advisor, company or salesperson, before you start filling the form. You can contact us at life@godigit.com for any query. You can also visit our website www.godigit.com/life to learn more about us or the plan.

For any help, call Us on 9960126126 or write to Us at life@godigit.com

Hi there/<Name>, this is amazing! You are choosing to protect life! You are choosing a term insurance policy. And thank you for considering Digit Glow Term Life Insurance for this :)

This is a proposal form which is basically us trying to understand you a little better from the point of view of being able to take a decision on whether we will be able to write the risk (your life) or not. And hoping all is good, this will help us keep your details & declarations in place for the future in case of a claim. So please be super-duper honest and transparent with us as these details will be validated later at the time of claim as well :)

Hope you understand.

The form should take about 10-20 minutes to fill in case you have all relevant details & documents handy (listed below as a quick pre-filling checklist for you to keep, in order of importance):

1. Identity proof
2. Address proof
3. Age proof
4. PAN or Form 60
5. Nominee details
6. Medical history of Life to be Insured and their immediate family members
7. Other health & life insurance policy details (existing or simultaneously applied)
8. For housewives & students, details of any life insurance policy other members of the family may hold
9. ABHA ID, if you have one
10. Electronic Insurance Account details, if you have one

Okay let us start with some basics

Before we begin, let us know if we already serve you :)

- Yes, I am an existing customer of Digit
 No, I am not an existing customer of Digit

If yes, we would love to know the below details about your association with Digit:

Policy Number: _____

Registered Contact Number: _____

Any other Details: _____

Proposer/Life to be Insured details

Firstly, whose life are you covering under this policy i.e. who is the Life to be Insured?	My life/Someone else's
If Life to be Insured is not same as you, the Proposer, what is their relation to you? They are my...	Father/Mother/Brother/Sister/Spouse/ Grandfather/Grandmother/Son/Daughter/partner in a partnership firm/ employee/company-director/Trustee/Other
<i>Note: If you are covering someone else's life, then you become the Proposer & they become the Life to be Insured. We are telling you this since we will ask you details of the Proposer and Life to be Insured separately. If you are the Proposer as well as the Life to be Insured, just fill your details for both types of question.</i>	

Recent Passport Size Photograph of Proposer

Recent Passport Size Photograph of Life Insured

Note: ONLY one (1) photo is enough if you are the Proposer as well as the Life to be Insured. You can keep the other one blank.

What category do you fall under as a Proposer? <i>(Tick box if applicable)</i>	Individual / Proprietorship / Employer / Pvt or Public Ltd Company / Trust / HUF/Partnership Firm / NGO / Society / Others (please specify) _____
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This policy is to insure a Keyman

Keyman refers to a key employee or executive for whom the business or organization is taking the insurance.

Details of Life to be Insured

Note: Fill the below for Life to be Insured.

KYC Documents

CKYC (if available)	
PAN (If not, please attach Form 60)	
Type of Identity Proof submitted	
Type of Permanent Address Proof submitted	
Type of Current Address Proof Submitted (If it is different than Permanent Address)	
Type of Education Proof Submitted (Optional)	

Personal details

Full name	
Father's Name / Spouse's Name / Mother's Name	
Gender	Male/Female/Transgender
Date of Birth OR Age	DD/MMM/YYYY OR ___ Years
Marital Status	Single/Married/Divorced/Widowed/Others (please specify) _____
Nationality	
Country of Residence	

(If country of residence is outside India and for Non Indian Residents, FATCA/ CRS-Self Certification Form to be mandatorily completed)	
Contact details	
Contact number (with Country Code)	
WhatsApp Number	
E-mail ID	
Permanent Address	
Pin code of Permanent Address	
Current Address	
Pin code of Current Address	
Education and Work Details	
Education	Graduate and Above, 12th Pass/Diploma, 10th Pass and Above/Below 10th Pass
Occupation	Salaried/Professional/Self-Employed/Student/Homemaker/Retired/Agriculture/Unemployed/Landlord/Others (please specify)_____
Name of Employer / Business / School / College	
Organization Type	Govt/Pvt Ltd/Public Ltd/Proprietorship/Partnership/HUF/Trust/Society/NGO/NPO/Others (please specify)_____
Nature of Work	<Armed Forces/Police> <Mining> <Blue-collar Jobs> <Desk-Job/White-Collar Jobs> <Aviation> <Others, specify _____>
Annual Income (₹.)	
Details of the Vehicles owned	
<input type="checkbox"/> 2 Wheeler Registration Number _____ <input type="checkbox"/> 2 Wheeler Registration Number _____ <input type="checkbox"/> 4 Wheeler Registration Number _____ <input type="checkbox"/> 4 Wheeler Registration Number _____	
Additional Details (Tick box the statements that apply to you)	
Please share the Niti Ayog Darpan Portal Registration Number (if available) _____ (To be answered if proposer type is NPO/Trust/Society/NGO)	
<input type="checkbox"/> You are a Politically Exposed Person (PEP)** or related to one Please provide Details (if applicable): _____	
<input type="checkbox"/> You have been convicted/investigated for any criminal offense in the past. Please provide Details (if applicable): _____	
<input type="checkbox"/> Is your occupation associated with any specific hazard or do you take part in activities or have hobbies that could be dangerous in any way? (e.g. occupation- chemical factory, mines, explosives, radiation, corrosive chemicals and hobbies, armed forces, aviation other than as a fare paying passenger, shipping, diving, mountaineering, any form of racing etc.) Please provide Details (if applicable): _____	
Health & Lifestyle details (Tick box the statements that apply to you)	
Height (in Feet & Inches)	
Weight (in K)	
Cigarettes/bidis/Tabacco/Nicotine consumption habits Tick box the statement that best applies to you:	
<input type="checkbox"/> I do not consume cigarettes/bidis/Tabacco/Nicotine <input type="checkbox"/> I consume cigarettes/bidis /Tabacco/Nicotine	

Alcohol consumption habits*Tick box the statement that best applies to you:*

- I do not consume alcohol
 I regularly consume alcohol
 I occasionally or socially consume alcohol

Additional Medical Information (Tick box the statements that apply to you)**Does ANY ONE of the following apply to you?**

- a. Do you have any disease OR medical conditions OR are you taking any medications excluding for common cold / flu OR are you hospitalised CURRENTLY?**
b. Have you recovered from any disease OR medical conditions OR consumed any medications for more than a week or been hospitalised in the PAST?
c. Are you planning a treatment / surgery in the near FUTURE except surrogacy and IVF?

 Yes No

Have you undergone medical tests in the last 4 years, such as blood tests, X-Ray, ECG, TMT, USG, Mammogram, MRI/CT scan, PET etc. other than for a routine checkup?

 Yes No

Note: This does NOT include routine health checkups that you may have taken before joining a new company or proactively as a part of an annual health checkup package in your health insurance by your employer or personal or to procure Life/Health insurance Policy

If yes, please give details _____

ONLY in case Life to be Insured is a FEMALE (Tick box the statements that apply to you) I am pregnant

If yes, please mention the number of weeks _____

Family Medical history (Tick box the statement ONLY if it applies to you) If an immediate family member i.e. a parent or sibling had been **diagnosed** or unfortunately **expired**, due to cancer, heart disease, stroke, or any other hereditary/familial disorders prior to the age of 60.**Please share below details (if applicable)**

Relation	Alive or Expired (tick one of the below)		Current Age/Age at Death	If alive, disease or illness diagnosed	If expired, cause of death
Father	<input type="checkbox"/> Alive	<input type="checkbox"/> Expired			
Mother	<input type="checkbox"/> Alive	<input type="checkbox"/> Expired			
Sister	<input type="checkbox"/> Alive	<input type="checkbox"/> Expired			
Brother	<input type="checkbox"/> Alive	<input type="checkbox"/> Expired			
Others (please specify) _____	<input type="checkbox"/> Alive	<input type="checkbox"/> Expired			

Travel/Residential Plans (Tick box & fill if applicable)				
<input type="checkbox"/> You travel/intend to travel outside India for a period of more than 180 days in a year				
Purpose of Travel				
Name of Country				
Name of City				
Duration of stay				
Nominee details				
<i>In case Proposer & Life Assured is different, you can SKIP the below as the nominee will be by default the Proposer. Nominee is the person to whom the claim money goes in case of Life to be Insured's unfortunate demise</i>				
Details	Nominee 1	Nominee 2	Nominee 3	Nominee 4
Full Name				
Date of Birth				
Gender				
Relationship with Nominee				
Share of claim to be given to them (%) Note: If only one nominee, by default this % will be 100%				
Contact Number				
Email				
Appointee Details (Where the nominee is a minor)				
Details	Appointee for Nominee 1	Appointee for Nominee 2		
Full Name				
Date of Birth				
Relationship with Nominee				
Note: For adding more Nominee(s) or Appointee(s), kindly use the Annexure.				
Additional information (Tick box the statements that apply to you)				
<input type="checkbox"/> You have an Ayushman Bharat Health Account (ABHA) registered under the Ayushman Bharat Digital Mission Yojana.				
Your ABHA number (if applicable) _____				
<input type="checkbox"/> You do not have an ABHA number but want to create one.				
Insurance policy details (Tick box the statements that apply to you)				
<input type="checkbox"/> You have bought any other health/life/critical illness/accident insurance policy with us or any other insurer in the past.				
<input type="checkbox"/> You had applied for any such policy but unfortunately it got declined, refused, withdrawn, postponed, or offered with restricted benefits or an increased premium.				
<input type="checkbox"/> You have made any claims against any such policies in the past.				
If yes to any of the above, please share below details: _____				
Name of the Insurer				
Policy Start/Proposal Date				
Decision				
Reason for above decision, if known				
Any claims made				
Additional Insurance Details of Family Members (ONLY if Life to be Insured is a Homemaker or Student)				
Relation	Age	Insurer	Sum Assured	
For Students				
Father				
Mother				
Brother				

Sister			
For Homemaker			
Spouse			

Proposer details

***If the Proposer is not the Life to be Insured, additionally share the below details as well
If Proposer and Life Assured are the same, you can SKIP the below.***

KYC Documents

CKYC (if available)	
PAN (If not, please attach Form 60)	
Type of Identity Proof submitted	
Type of Permanent Address Proof submitted	
Type of Current Address Proof Submitted (If it is different than Permanent Address)	
Type of Education Proof Submitted (Optional)	

Personal details

Full name	
Father's Name / Spouse Name's / Mother's Name	
Gender	Male/Female/Transgender
Date of Birth	
Age	
Marital Status	Single/Married/Divorced/Widowed/Others(pl ease specify)_____
Nationality	
Country of Residence (If country of residence is outside India and for Non Indian Residents, FATCA/ CRS-Self Certification Form to be mandatorily completed)	

Contact details

Contact number	
WhatsApp Number	
E-mail ID	
Permanent Address	
Pin code of Permanent Address	
Current Address	<input type="checkbox"/> Same as Permanent Address
Pin code of Current Address	<input type="checkbox"/> Same as Permanent Address

Education details and Work Details

Education	Graduate and Above, 12th Pass/Diploma, 10th Pass and Above/Below 10th Pass
Occupation	Salaried/Professional/Self-Employed/Student/Homemaker /Retired/Agriculture/Unemployed/Landlord/ Others(please specify)_____
Name of Employer / Business / School / College	
Organization Type	Govt/Pvt Ltd/Public Ltd/Proprietorship/Partnership/HUF/Trust/S ociety/NGO/NPO/Others(please specify)_____
Nature of Work	<Armed Forces/Police> <Mining> <Blue-collar Jobs> <Desk-Job/White-Collar Jobs> <Aviation> <Others, specify _____>
Annual Income (₹.)	

Details of the Vehicles owned

- 2 Wheeler Registration Number _____
- 2 Wheeler Registration Number _____
- 4 Wheeler Registration Number _____

4 Wheeler Registration Number _____

Additional details (Tick box the statements that apply to you)

Please share the Niti Ayog Darpan Portal Registration Number (if available) :

_____ (To be answered if proposer type is NPO/Trust/Society/NGO)

You are a Politically Exposed Person (PEP)** or related to one

Please provide Details (if applicable): _____

You have been convicted/investigated for any criminal offense in the past.

Please provide details (if applicable): _____

You have an Ayushman Bharat Health Account (ABHA) registered under the Ayushman Bharat Digital Mission Yojana.

Your ABHA number (if applicable) _____

You do not have an ABHA number but want to create one.

Proposer's electronic account details (Select the appropriate options of your choice)

You have an E-Insurance Account (eIA)

Your eIA Number (if applicable) _____

Your eIA Service Provider (if applicable) _____

You would like to convert your policies with Go Digit LI into electronic policies.

You would like to open an E-Insurance Account (eIA) and convert your policies into electronic policies.

Preferred Service Provider: _____

You would be okay to have a soft copy of your policy document.
(Recommended option to keep Mother Earth green!)

Payment details for the policy

Account Holder's Name

Account Number

Account Type

UPI ID

IFSC Code

Method of First Deposit

Amount (Rs)

Cheque/DD Issuing Bank

Cheque/DD Number

Mode for Renewal Premium

Who is paying for the premium?

I, the Proposer /
Life to be Insured /
Third Party (someone else but related)

ONLY if Payor is a Third Party, please provide the below

Premium Payor's Name

Relationship to Proposer

Date of Birth

DD-MMM-YYYY

*Non-profit organization means any entity or organization, constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961, that is registered as a trust or a society under the Societies Registration Act, 1860 or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013.

**Politically Exposed Person or PEP are individuals who are or have been entrusted with prominent public functions in India or abroad, e.g. Heads of States or Governments, Sr. Govt./judicial/military officers, Sr. Executives of State-Owned corporations, political party officials & family members of these individuals (spouse, children, parents, siblings, in-laws).

Product Details

Sum Assured on Death (₹)	<Amount>	
Policy Term	< ____ > Year/(s)	
Premium Details	Premium Payment Term	< ____ > Years
	Premium Payment Frequency	<Single> /<Annual>/<Half-Yearly>/ <Quarterly>/ <Monthly>
	Modal Premium in first policy year (₹)	<Amount>
	Modal Premium in subsequent policy years (₹)	<Amount> <Not Applicable>

Note:

1. Cheque/ DD should be drawn in favor of "Go Digit Life Insurance Ltd. Proposal Number - <Proposal Number>" only. Please mention proposal no. and name of the proposer behind the cheque/DD.
2. In the event of non-realization of first premium deposit, the policy, if issued, shall be treated as cancelled/void from inception.
3. In case of non-acceptance/ withdrawal of this application for insurance, the company shall return the first premium deposit without any interest and after deducting the expenses incurred on the medical tests/ examination.
4. Kindly submit PAN/Form 60 (as defined under Income Tax Rules, 1962), at the time of applying for the policy. The premium payment can be done only through the acceptable premium collection modes. Where any customer/proposer wishes or proposes to make any payment in cash, it can be accepted up to the limit of ₹49,999/- only at the authorized collection points. In case you opt to pay cash up to an acceptable limit, you are requested to pay cash only at the authorized collection points and not to advisor or employee. The company will not be responsible for any loss in this regard.
5. Please submit a cash authority letter along with the cash if you are depositing the cash through a third party.
6. Payments made through credit cards can be accepted only if the card is issued in the name of the relevant proposer/ policy holder / Life to be Insured. Payment shall be made only by person having insurable interest in the Policy.

Declaration and Authorization

Kindly refer Annexure 1 for detailed declaration.

Please sign the Proposal Form and share it with the Insurer. The Proposer and Life to be Insured, if applicable can also sign the Proposal form digitally /electronically.

Signature/Thumb impression of Proposer / Confirmed Electronically

Signature / Thumb impression of Life to be Insured / Confirmed Electronically

Date

Place

Declaration (If proposal form is signed in vernacular language / if thumb impression is affixed above/ Proposal Form is filled by person other than

Proposer or Life to be Insured

Declaration by the person filling in the form (In case form is filled up / signed in a language different from that of the Proposal Form)

"I hereby declare that I have fully explained the above questions to the proposer and I have truthfully recorded the answers given by the proposer."

Name of the Declarant: _____

Address of the Declarant: _____

Signature of the Declarant

Date:

Place: _____

"I certify that the contents of the form have been fully explained to me by (Name, Designation, and occupation) Mr. / Mrs.: _____ and I have understood the same.

Signature / Thumb Impression
of Proposer / Confirmed
Electronically

Date:

Place: _____

In case the Proposer is illiterate, his/her thumb impression should be attested by a person of standing whose identity can easily be established, but unconnected with the insurance Company and this declaration should be made by him.

"I hereby declare that I have fully explained the above questions and contents of the proposal form to the proposer in _____ language, and that the proposer has affixed the thumb impression above after fully understanding the contents thereof."

Name of the Declarant: _____

Address of the Declarant: _____

Signature of the Declarant

Date:

Place: _____

Section 39 of Insurance Act 1938

The nomination shall be applicable subject to Section 39 of the Insurance Act, 1938, as amended from time to time. This section enables policy holder to nominate any person or persons to whom the money secured by the policy can be paid in the event of death of the person whose life is insured. If the nominee is minor, it is advisable to appoint a person who can secure money on behalf of the minor. If there is any assignment or transfer made in the policy, nomination will be deemed cancelled. Other information in this regard can be ascertained on our website and/or from the agent or the insurance intermediary prospect may like to engage.

Section 41 of the Insurance Act, 1938 (4 of 1938) as amended from time to time:

In accordance with Section 41 of the Insurance Act, 1938 as amended from time to time, 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 or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

Section 45 of the Insurance Act, 1938 as amended from time to time:

1. No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.
2. On ground of fraud, a policy of life insurance may be called in question within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later. For this the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured, as applicable, the grounds and materials on which such decision is based.
3. Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy : (i) The suggestion, as a fact of that which is not true and which the insured does not believe to be true; (ii) The active concealment of a fact by the insured having knowledge or belief of the fact; (iii) Any other act fitted to deceive; and (iv) Any such act or omission as the law specifically declares to be fraudulent.
4. Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak.
5. No insurer shall repudiate a life insurance policy on the ground of fraud if the insured / claimant can prove that the mis-statement was true to the best of his knowledge and that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer. The onus of disproving lies upon the Policyholder, if alive, or claimant.
6. A life insurance policy may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued. For this, the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured, as applicable, the grounds and materials on which such decision to repudiate the policy of life insurance is based. Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured, as applicable, within a period of ninety days from the date of such repudiation.

7. Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance Policy would have been issued to the insured.

8. The insurer can call for proof of age at any time if he is entitled to do so and no Policy shall be deemed to be called in question merely because the terms of the Policy are adjusted on subsequent proof of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

Digit Glow Term Life Insurance, Go Digit Life Insurance Limited. IRDAI Registration number: 165, CIN: U66000PN2021PLC206995, Registered Office: Go Digit Life Insurance Limited, Ananta One (AR One), Pride Hotel Lane, Narveer Tanaji Wadi, City Survey No. 1579, Shivajinagar, Pune-411005; Corporate Office: Go Digit Life Insurance Limited, Atlantis,95,4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka 560095; Helpline Number: 9960126126; Website:www.godigit.com/life Email: life@godigit.com

HOW TO FILE A CLAIM?



Annexure for additional Nominee(s) and/or Appointee(s)

Nominee details		
Nominee is the person to whom the claim money goes in case of Life to be Insured's unfortunate demise		
Details	Nominee 3	Nominee 4
Full Name		
Date of Birth		
Gender		
Relationship with Nominee		
Share of claim to be given to them (%) Note: If only one nominee, by default this % will be 100%		
Contact Number		
Email		
Appointee Details (Where the nominee is a minor)		
Details	Appointee for Nominee 3	Appointee for Nominee 4
Full Name		
Date of Birth		
Relationship with Nominee		

(DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS TO BE INSURED)

- I/ We understand that this 'Combi-Product' of Health insurance and Life insurance is jointly offered by "Go Digit General Insurance Limited ["GDGIL"] and Go Digit Life Insurance Limited ["GDLIL"] respectively, individually referred to as "Insurer" and collectively referred to as 'Insurers'.
- I/we understand that the risks assumed under this 'Combi Product' are distinct and are assumed / accepted by respective insurer. The Product is also independently available from the respective Insurer.
- I/ We understand that the liability to settle the claim vests with respective insurers, i.e. for health insurance benefits " GDGIL and for life insurance benefits "GDLIL". Any legal/quasi legal disputes, would be dealt by the respective insurer for respective benefits.
- I/ We understand that I am / We are eligible to continue with either part of this Combi-Product, discontinuing the other during the policy term.
- I/ We understand that the health cover of this Combi-Product is ordinarily renewable except on the grounds of fraud, moral hazard or misrepresentation or non-compliance of any of the provisions by You.
- I/ We confirm that I am / We are advised to familiarize myself/ourselves with the policy benefits and policy service structure of the 'Combi Product' before deciding to purchase the policy.
- I/ We hereby also declare that I/ We have received the sales literature for the Product.
- I/We understand that the premium payable as well as the sum assured (main as well as additional benefits) may vary upon assessment of risk by the insurers.
- I/ We understand that all policy servicing requests pertaining to this Combi-Product shall be received by either of the insurers. All requests impacting premium or policy terms towards the coverage of a particular insurer shall be serviced by the respective insurer.
- I/We 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/us 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/ We understand that the information provided by me/us will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurers and that the policy will come into force only after full payment of the premium chargeable.
- I/ We declare that I/We consent to the insurers 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/We authorize the insurers to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority and or any person, entity as deemed required by the Insurer(s).
- I/We declare that I/we have answered all the questions in the proposal form and the statements made/information (including the state of health and habits of the life/lives to be insured) given to Go Digit General Insurance Ltd. and Go Digit Life Insurance Ltd, which will form the basis of the insurance policy and have duly signed it after fully understanding its contents, the nature of the questions and the importance of disclosing all information while answering such questions. I/we have not withheld/ suppressed any material information/fact or made any incorrect statement/declaration and made true and complete disclosure.
- I/ We have made no statement to the insurers, Insurance Advisor, Medical Examiner or any other person associated with the insurers which in any way modifies/contradicts the answers/ statements given by me/ us in this proposal form.
- I/We undertake to notify the insurers of any change in the information given by me/ us in the proposal form with respect to Life/Lives to be Insured including change in their state of health or change in occupation or any decisions about their existing policies or proposals, subsequent to the signing and submitting of this Proposal form and before the acceptance of the risk by the insurers.
- I/We also understand that the premium and the benefits payable under the Policy are subject to taxes/ duties/ charges in accordance to applicable laws. I/We confirm that all premiums will be paid from bonafide sources.
- I / We also understand that the insurers reserves the right to request additional health information or any other information on the basis of the responses given to questions in this Proposal Form. I/We hereby authorize the insurers to assess the health status and conduct screening/confirmation/telephonic verification of the life/lives to be insured including the health status through medical examinations.
- The medical report and its interpretations if any done by the medical examiner are not binding on the insurers and the decision of the insurers regarding issuance of the Policy/Rider will be final. I/We also declare and consent to the insurers taking independent decision regarding the insurability of the life or lives to be insured /proposer.
- I/We hereby consent to and authorize the insurers to call or send SMS and/or send WhatsApp communication on the telephone number mentioned in this proposal form or any other telephone number as may be provided to the insurers by me/us or contact me/us, through its representatives, for any matter (including ascertaining of feedback) relating to this proposal for insurance or any matter concerning the policy of insurance which may be issued pursuant to this proposal for insurance. I further authorize the insurers to mail all service-related communications to the email id as mentioned in the proposal form (applicable only if email id provided).
- In order to enable the Insurers to assess the risk under this proposal and any time thereafter, I/we hereby, authorize the past and present employer(s)/business associates/medical practitioner(s)/hospital and medical source/aggregator/any life and non-life insurance Company, any organization, institution or individual to provide the records of employment/business or other details of proposer / life or lives to be insured as may be considered relevant. I/we agree and authorize the insurers, for the purpose of processing of this Proposal, issuance and servicing of the resulting policy and / or claim settlement, to verify/share relevant information provided herein on confidential basis within Go Digit group and/or third-party agencies. This authorization shall bind me/the insured and my/our successors and assignees and remain valid not withstanding my/ the insured's death or incapacity in so far as legally possible.
- The authorization includes consent required under digital personal data protection act, 2023 features of which are explained to us.
- This proposal form shall be a part of the policy contract, in case of its acceptance by the insurers. I/we agree that the information provided by me/us in and along with the proposal form, including documents may be used by the insurers to download/verify my/our KYC documents from the issuing Authority/authorized entity including CERSAI/ UIDAI CKYC portal for authentication, processing this application, registering us for CKYC, basis which the insurers may also receive my/our demographic information (including photograph) and voluntarily give my/our consent to use the information.
- We understand that only the acceptable officially valid documents would be relied upon for processing this application. I hereby consent to receiving information from Central KYC Registry through SMS/ email on the provided number/email address related to this proposal / policy. I/we also consent that in case of multiple numbers/email addresses are provided by me under different Proposals/Policies, the insurers may choose to communicate in regard to all my/our policies on any one of the provided numbers/email addresses.
- I/ We understand that Submission of proposal form along with premium is not to be construed as commencement of risk. Risk shall only commence upon acceptance of my/our proposal by the Insurers as mentioned in the policy. The Insurers reserves the right to accept, decline

or offer alternate terms on my proposal for Life/ Health Insurance.

➤ I/We understand and agree that in case of misrepresentation and suppression of material facts the policy contract shall be treated in accordance with the Sec 45 of Insurance Act, 1938, as amended from time to time.

➤ In case of Proposer being an entity/association, the Form must be signed by the Authorized Signatory.

Please read declaration wordings carefully before signing the proposal form.

Date:

Place:

Signature of the Proposer

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:

Go Digit General Insurance Limited, IRDAI Reg No. 158, Corporate Identification Number U66010PN2016PLC167410, Reg. Office Address Ananta One (AR One), Pride Hotel Lane, Narveer Tanaji Wadi, City Survey No. 1579, Shivajinagar, Pune-411005; Corporate Office Address- Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru 560095. Website: www.godigit.com

Go Digit Life Insurance Limited, IRDAI Reg No. 165, Corporate Identification Number U66000PN2021PLC206995, Reg. Office Address Ananta One (AR One), Pride Hotel Lane, Narveer Tanaji Wadi, City Survey No. 1579, Shivajinagar, Pune-411005; Corporate Office Address: Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru 560095. Website: www.godigit.com/life
