

**DIGIT AVIATION INSURANCE POLICY FOR PILOTS****PROPOSAL FORM****(UIN: IRDAN158RPAV0044V01202425)**

- a. This proposal will be the basis of the insurance policy that we issue. You must disclose all facts relevant to all persons 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. Liability of the Company does not commence until the Proposal has been accepted and the Premium Paid.
- c. 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.
- d. Please submit KYC document
- e. If you are in doubt, you can get in touch with your agent/intermediary or call us at 1800-258-5956 or e-mail at hello@godigit.com.

**\*For Partner Use Only:**

Partner Code	Partner Name

**PERSONAL DETAILS**

- 1) Proposer Name: \_\_\_\_\_
- 2) Registered Address: \_\_\_\_\_  
Pin code: \_\_\_\_\_
- 3) a) Mobile No \_\_\_\_\_ b) Email Id \_\_\_\_\_
- 4) PAN Number \_\_\_\_\_ 5) UIDAI NO \_\_\_\_\_
- 6) Date of Birth DD/MM/YYYY 7) Gender  Male /  Female /  Others
- 8) GST details (if applicable) \_\_\_\_\_
- 9) In case Policy is taken by Association / Federation / on Group Basis
- a) Please provide detail of Association/ Federation / Group Manager \_\_\_\_\_
- b) Contact Person details of Association / Federation / Group
- Name \_\_\_\_\_
  - Contact Number \_\_\_\_\_
  - Email Id \_\_\_\_\_

**RISK PERIOD**

Policy	From	DDMMYYYY	00:01 Midnight	To	DDMMYYYY	23:59 Midnight

**COVERAGE DETAILS**

Tick (v)	Coverage Opted (Please tick against coverage you want to opt)	Sum Insured (In INR)	Specific Details
<input type="checkbox"/>	Section I: Loss of License Insurance		
<input type="checkbox"/>	Section II: Personal Accident		

**DETAILS OF PILOT FOR WHOM COVERAGE IS REQUIRED***(If Policy is issued on Group Basis/ taken by Association, please fill Enrolment Form with individual Pilot details:*

Name of Pilot	
Age of Pilot	
Designation of Pilot	
Type of Aircraft Flown	
Flying Experience	
• Total Day	
• Total Night	
Type of License Presently Held	
Current License Number	
Date of Expiry of License	
Current Annual Salary of the Pilot	
Nominee Name with Relationship	
Next Medical Date	
Last Medical Carried out on	
Annual Salary	
Present net monthly Salary	

Company / Airline Name	
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**Nominee Details**

Insured Person Name	Name of Nominee	Age of Nominee	Gender	Relationship with Insured	Percentage of SI

**Risk Details**

S. No	Particulars	Details
1.	Deductible	
2.	Any other information relevant for coverage?	
3.	In Past, have you claimed for insurance claims for similar coverage provided in this policy? If so, state particulars.	

**INSURED BANK ACCOUNT DETAILS**

Bank Name	Branch	Bank Account Number	IFSC Code

**PREMIUM PAYMENT DETAILS**

Cheque No/NEFT Ref No	Bank Name	Date	Amount (Including applicable taxes)

**DECLARATION**

- I/We, hereby declare that the statements and particulars given in this Proposal form are complete, true and accurate and I/We agree that the Insurance company will not be liable under the insurance contract if it is found that any of my/our statements or particulars or declarations in this 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.
- I/We hereby agree to receive all monies due from the Company by way of refund of premium, claims etc. into my/our bank account / payment mode as specified in the instrument / electronic transaction tendered towards insurance premium and such electronic transfer will constitute full and final discharge of Company's obligation.
- I/We hereby declare that all statutory provisions relating to my / our business proposed for insurance are complied with.
- I/We further declare that I/we will notify in writing any change in the below details occurring after the proposal has been submitted but before communication of the risk acceptance by the Company and during the Risk Period:
  - Any changes in the facts and matters stated in this Proposal, and/or
- I/We authorize the Company to share information pertaining to my proposal for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority.
- In case You require the hard copy of the Policy and related documents, please provide Your Consent: \_\_Yes/ \_\_ No

Date:

Signature of the Proposer

Place:

Name 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 &amp; 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](http://www.godigit.com)