

DIGIT HAPPY TRAVELLER PLAN - PROPOSAL FORM**UIN: GODTIOP24172V012324**

- 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 is Electronic Form I.e. Via E-mail or Direct Download from Our Website.
- d. 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 along with the Proposal Form, if applicable. hello@godigit.com
- e. We do not provide cover to
- o Persons going overseas for employment / immigration purpose.
 - o Any Individual going abroad for manual work or physical labour or hazardous occupation of any kind on tourist visa or visit visa.

For Office Use only:**For Distributor Use Only:**

Scrutiny No	Receipt No	Policy No	IMD Code	Sub IMD Code	IMD Name

PERSONAL & TRAVEL DETAILS

1. Name of the Proposer (As mentioned in the Passport – For Overseas Travel)
Mr. / Ms / Mrs. Name: _____
2. Present Address: _____
_____ PIN CODE _____
3. a. Date of Birth:(DDMMYY) _____ b. PAN No _____ c. UIDAI NO _____
4. a. Mobile No/Contact No: _____ b. Mobile No (overseas): _____ c. Passport No: _____
5. Purpose of Travel: (Please tick appropriate option in table below):

Leisure/Holiday/tourism	Pilgrimage	Business/Profession	Education	Any Other, Please Specify

* You have the option for choosing **Hazardous or Adventure Sports** Separately

6. Type of Plan which is opted:

Double Secure Plan : Double Secure 50K ___ Double Secure 1 Lakh ___ Double Secure 2.50 Lakh ___ Double Secure 5 Lakh ___**Senior Double Secure Plan** : Senior Double Secure Plan 50K ___ Senior Double Secure Plan 1L ___**Double Secure Plus Plan**: Double Secure Plus 50k ___ Double Secure Plus 1 Lakh ___ Double Secure Plus 2.5 Lakh ___ Double Secure Plus 5 Lakh ___**Senior Double Secure Plus Plan**: Senior Double Secure Plus 50K ___ Senior Double Secure Plus 1L ___**Double Secure Asia Plan**: Double Secure Asia 15K ___ Double Secure Asia 25K ___ Double Secure Asia 50K ___**Multi Trip Plan**: Frequent Flyer Multi Trip 2.5L ___ Frequent Flyer Multi Trip 5L ___ Frequent Flyer Plus Multi Trip 2.5L ___ Frequent Flyer Plus Multi Trip 5L ___**Modular Plan** _____*(If Modular Plan is opted, please fill details under Cover Details)*

7. Geographical Location Option (Please tick appropriate option in table below):

Worldwide Including USA/Canada/All Caribbean Islands		Worldwide excluding USA/Canada/All Caribbean Islands	
Asia Including Japan and Korea		Asia Excluding Japan and Korea	
Within India			

8. Please specify the below information:

Travel Start City/Country _____ Travel Destination _____

9. **Name of the Country(ies) to which you are Travelling: _____

10. For Single Trip, please provide below information:

Departure Date: (DDMMYY) _____ Arrival Date: (DDMMYY) _____

11. For Multi Trip, please provide below information:

Risk Start Date: (DDMMYY) _____ Risk End Date: (DDMMYY) _____

12. In case of Multi Trip, please select any one of the below Options for Maximum duration of single trip during policy period:

Trips of 15 Days or Less		Trips of 30 Days or Less		Trips of 45 Days or Less	
Trips of 60 Days or Less		Trips of 90 Days or Less			

13. Please specify the option for Common Carrier opted:

- a. any commercial public airline – **Yes/No**
 - b. railway, motor transport – **Yes/No**
 - c. water borne vessel (including ocean going and/or coastal vessels and/or vessels engaged for official or personal purposes) – **Yes /No**
- Please specify the details of your Common carrier: _____

14. Pre-Existing Waiver opted for following Sections:
 Section 1: Medical Treatment and Evacuation Exigencies: **Yes/No**
 Section 6: Dental Treatment: **Yes/No**
 Section 19: Daily Cash Allowance: **Yes/No**
 If yes, Please specify the details _____

15. Please Specify **Section 29: Hazardous or Adventure Sports**:
 a. Waiver for any Hazardous Activities continuously lasting for more than 24 hours: **Yes/No**
 b. Please specify which level of is opted: **Level 1** __ **Level 2** __ **Level 3** __
 Any Details _____

16. Please specify if you opted for Sports as Professional: **Yes/No**

17. Please specify, Type of Visa on which are you travelling _____

18. Family Doctor Details

Name: _____

Mobile No: _____ E-mail: _____

19. Complete itinerary details - Applicable for Single Trip (flights, hotels and excursions)

20. Addition Information for Students:

Name, Address & Contact No. of the Educational Institute: _____
 _____ PINCODE _____

Course Opted for: _____ Duration of the Course: _____

Number of Semesters: _____ Tuition Fees Per Semester: _____

Tuitions financed by (Self, parents, borrowing from bank or FI's), please give details: _____

Have you undergone medical examination/fitness test during Last 3 Months? **Yes / No**

21. Please specify your ABHA ID : _____

****Excluded Countries:** This policy doesn't cover travel to countries: Afghanistan, Angola, Aruba, Burundi, Bonaire, Sint Eustatius and Saba, Bahamas, Central African Republic, Congo, Western Sahara, Faroe Islands, Gibraltar Guinea, Guadeloupe, Iraq, Iran, Israel, Kyrgyzstan, Saint Kitts and Nevis, Kazakhstan, Lao People's Democratic Republic, Libyan Arab Jamahiriya, Republic of Macedonia, Palestinian Territory, Papua New Guinea, Pakistan, Russia (Europe), Svalbard & Jan Mayen Islands, San Marino, Somalia, South Sudan, Syrian Arab Republic, Chad, Tokelau, East Timor or Timor-Leste, Tunisia, Ukraine, Yemen, Albania, Antarctica, Barbados, Belarus, Botswana, French Southern Territories, Ghana, Guinea, Heard Island and McDonald Islands, Ivory Coast, Jamaica, Liberia, Myanmar, Nicaragua, North Korea, Panama, South Georgia and the South Sandwich Islands, St. Vincent and the Grenadines, Sudan, Uganda, Zimbabwe. This list of countries shall be updated from time to time and updated list can be found on our Website www.godigit.com

COVER DETAILS

Section no.	Section Name	Sections Opted	Limits/Sum Insured (Euro/USD/ INR)	Deductible (Euro/USD/ INR)	Co-Pay (Euro/USD/INR)	Time Excess	Specific Condition
1.	Medical Treatment and Evacuation Exigencies	Yes/No	AOA/AOY Limit: _____	Deductible	Co-Pay	XXXX	In- built Coverage: Repatriation Cost OPD: ___ Limit Room Rent: ___ Limit ICU: ___ Limit Surgical Procedures: ___ limit Ambulatory medical Centre: ___ limit Anesthesia: ___ limit Diagnostic and Radiology services: ___ Limit Miscellaneous Expense: ___ Limit

2.	Accidental Treatment and Evacuation Exigencies	Yes/No	AOA/AOY Limit: _____	Deductible	Co-Pay	XXXX	In- built Coverage: Repatriation Cost OPD: ___ Limit Room Rent: ___Limit ICU: ___Limit Surgical Procedures: ___limit Ambulatory medical Centre: ___limit Anesthesia: ___limit Diagnostic and Radiology services: ___Limit Miscellaneous Expense: ___Limit SI limitation for Two wheeled motorized conveyance: INR_____
3.	Personal Accident	Yes/No		XXXX	XXXX	XXXX	In- built Coverage: Repatriation Cost
4.	Accidental Death and Disability Cover (Common Carrier)	Yes/No		XXXX	XXXX	XXXX	
5.	Home to Home Cover	Yes/No	___% of Base cover available	as per respective Cover	as per respective Cover	12 hours	Base cover available: Section 1: Medical Treatment and Evacuation Exigencies Section 2: Accidental Treatment and Evacuation Exigencies Section 3: Personal Accident
6.	Dental Treatment	Yes/No		Deductible	Co-Pay	XXXX	
7.	Hijack Distress Allowance	Yes/No		XXXX	XXXX	24 hours	___ Consecutive days ___ Amount Payable
8.	Delay of Checked-In Baggage	Yes/No		XXXX	XXXX	Time	
9.	Total Loss of Checked- In Baggage	Yes/No		XXXX	XXXX	XXXX	
10.	Trip Cancellation	Yes/No		Deductible	Co-Pay	XXXX	
11.	Trip Abandonment	Yes/No		Deductible	Co-Pay	XXXX	
12.	Trip Extension	Yes/No		Deductible	Co-Pay	XXXX	
13.	Compassionate Visit	Yes/No		Deductible	Co-Pay	XXXX	
14.	Escort of Minor Child	Yes/No		Deductible	XXXX	XXXX	
15.	Common Carrier Delay	Yes/No		XXXX	XXXX	Time Excess	Basis 1/2 – Actual Departure Time ___ No. of Times ___ Amount Payable
16.	Missed Connection	Yes/No		Deductible	Co-Pay	Time Excess	
17.	Personal Liability & Bail Bond	Yes/No		Deductible	Co-Pay	XXXX	
18.	All Risk Cancellation Charges	Yes/No		Deductible	Co-Pay	Time Excess	
19.	Daily Cash Allowance	Yes/No	Per Day benefit	XXXX	XXXX	Time Excess	Maximum days
20.	Loss of Passport, Driving License and Temporary Permit	Yes/No		Deductible	Co-Pay	XXXX	
21.	Bounced Booking						
	21.1. Bounced Booking for Accommodation	Yes/No		Deductible	Co-Pay	XXXX	
	21.2. Bounced Booking for Common Carrier	Yes/No		Deductible	Co-Pay	XXXX	
22.	Loss of Baggage and Personal Belongings	Yes/No		Deductible	Co-Pay	XXXX	
23.	Home Building and Contents	Yes/No		Deductible	Co-Pay	XXXX	

24.	Emergency Cash Assistance Service	Yes/No	Not Applicable	XXXX	XXXX	XXXX	_____transfers allowed
25.	Financial Emergency Cash	Yes/No		XXXX	XXXX	XXXX	
26.	Golfer's Hole in One	Yes/No		XXXX	XXXX	XXXX	
27.	Fraudulent Charges Cover	Yes/No		Deductible	Co-Pay	12	
28.	Extended Pet Stay	Yes/No		Deductible	Co-Pay	XXXX	
29.	Hazardous or Adventure Sports	Yes/No	____% of Base cover available	as per respective Cover	as per respective Cover	as per respective Cover	Levels Opted: Level 1 / Level 2 / Level 3 Base cover available <ul style="list-style-type: none"> • Personal Accident • Medical Treatment and Evacuation Exigencies • Accidental Treatment and Evacuation Exigencies • Daily Cash Allowance • Dental Treatment • Personal Liability and Bail Bond
30.	Up- gradation to Business Class	Yes/No		Deductible	Co-Pay	XXXX	
Cover for Students							
31.	Study Interruption	Yes/No		Deductible	Co-Pay	XXXX	
32.	Accident of the Sponsor	Yes/No		Deductible	Co-Pay	XXXX	
33.	Maternity and Baby Cover	Yes/No		Deductible	Co-Pay		____days waiting period ____ (Vaccination of new born baby)
34.	Inter- Collegiate Sports Cover	Yes/No	____% of Base cover available	as per respective Cover	as per respective Cover	as per respective Cover	Base cover available: Section 1: Medical Treatment and Evacuation Exigencies Section 2: Accidental Treatment and Evacuation Exigencies
35.	Coverage at Home Country	Yes/No	____% of Base cover available	as per respective Cover	as per respective Cover	as per respective Cover	Base cover available: Section 1- Medical Treatment and Evacuation Exigencies Section 2 - Accidental Treatment and Evacuation Exigencies Section 3 – Personal Accident Section 6 – Dental Treatment Section 19 – Daily Cash Allowance Section 32 – Accident of the Sponsor

INSURED PERSON DETAILS

Insured & Insured Family Members						
Sr. No.	Full Name (As mentioned in the Passport for Overseas Travel)	Relationship with Proposer	Date of Birth (DDMMYY)	Gender	Passport No.	Nominee/Legal Heir Details – Name, DOB, Gender, Relation with the Insured
1						
2						
3						
4						

*Nominee for self has to be one of the below mentioned relations. "Father, Mother, Son, Daughter, Spouse, Financier, Employer & Others" If Nominee is "Others" please specify -----.

*Appointee in Case of Minor

*Passport No. Applicable Only for Overseas Travel

MEDICAL HISTROY

Questions	Insured 1	Insured 2	Insured 3	Sponsor
At the time of buying or renewing your policy or when booking a trip (whichever is later), has any insured person, travelling companion and/or sponsor:				
1. received advice, medication or treatment for any serious, chronic or recurring illness, injury or disease in the last 48 months;				
2. is under investigation or awaiting results for any diagnosed or undiagnosed medical condition;				
3. is on a waiting list for, or aware of the need for, in-patient treatment for any diagnosed or undiagnosed medical condition;				
4. received a terminal prognosis;				
5. is travelling against the advice of a doctor or purposely travels without medical advice when it was reasonable for the insured person to have consulted a doctor;				
6. knows of any close relative, close business colleague, travelling companion or person you plan to stay with, (and upon whose good health your trip depends), who has a serious illness, injury or disease which could affect your decision to take or continue your trip				

ADDITIONAL MEDICAL INFORMATION (If, any)

Sr. No.	Name of the Proposed Insured	Please specify the illness details with symptoms	Treatment details with treating Doctor details	Outcome of treatment (e.g. Ongoing, complete recovery recurrent or likely to recur)

PREMIUM PAYMENT DETAILS

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

DECLARATION & WARRANTY ON BEHALF OF ALL PERSON 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 complete, true and accurate 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 Company 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:

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.

Note: Some of the fields will be optional

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