

**DIGIT 'On-the-Move' - PROPOSAL FORM**

**URN: GODT/IND/TL/1718/01**

- 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 300 34448 or e-mail at [care@godigit.com](mailto:care@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 (Without Adventure Sport)	Leisure (*With Adventure Sport)	Business	Study	Any Other, Please Specify

\* You have the option for choosing Adventure Sports Cover Separately

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

Worldwide Including USA/Canada		Worldwide Excluding USA/Canada	
Asia Excluding Japan		Within India	

- 7. \*\*Name of the Country(ies) to which you are Travelling: \_\_\_\_\_
- 8. For Single Trip, please provide below information:  
Departure Date: (DDMMYY) \_\_\_\_\_ Arrival Date: (DDMMYY) \_\_\_\_\_
- 9. For Multi Trip, please provide below information:  
Risk Start Date: (DDMMYY) \_\_\_\_\_ Risk End Date: (DDMMYY) \_\_\_\_\_
- 10. 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			

- 11. Family Doctor Details  
Name: \_\_\_\_\_  
Mobile No: \_\_\_\_\_ E-mail: \_\_\_\_\_
- 12. Complete itinerary details - Applicable for Single Trip (flights, hotels and excursions)  
\_\_\_\_\_  
\_\_\_\_\_
- 13. 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**
- 14. Please specify your ABHA ID : \_\_\_\_\_

**\*\*Excluded Countries:** This policy doesn't cover travel to countries: Pakistan, Afghanistan, Syria, Egypt, Somalia, Angola, Anguilla, Antigua and Barbuda, The Bahamas, Barbados, British Virgin Islands, Cayman Islands, Cuba, Dominican Republic, Jamaica, The Commonwealth of Puerto Rico, Trinidad and Tobago, US Virgin Islands, Burundi, Central African Republic, Chad, Congo, Guinea, Iraq, Libya, Nigeria, South Sudan, Tunisia, Yemen, Ukraine, Kenya and Bangladesh. This list of countries shall be updated from time to time and updated list can be found on our Website [www.godigit.com](http://www.godigit.com)

**COVER DETAILS**

Cover	Limits/Sum Insured (Euro/USD/INR)	Deductible (Euro/USD/INR)	Co-Pay (Euro/USD/INR)	Time Excess	Specific Condition
<b>Before You Leave Home</b>					
Trip Cancellation		Deductible	Co-Pay	NIL	
All Risk Cancellation Charges		Deductible	Co-Pay	Time Excess	
<b>While You are Travelling</b>					
Common Carrier Delay		NIL	NIL	Time Excess	Basis 1/2 – Actual Departure Time
Delay of Checked-in Baggage		NIL	NIL	Time Excess	
Total Loss of Checked-in Baggage		NIL	NIL	NIL	
Missed connection		Deductible	Co-Pay	Time Excess	
Accidental Death & Disability (Common Carrier)		NIL	NIL	NIL	
<b>At your Travel Destination</b>					
Trip Abandonment		Deductible	Co-Pay	NIL	
Emergency Medical Treatment and		Deductible	Co-Pay	NIL	
Emergency Accidental Treatment and Evacuation		Deductible	Co-Pay	NIL	
Daily Cash Allowance	Per Day benefit	NIL	NIL	Time Excess	Maximum days
Emergency Dental Treatment		Deductible	Co-Pay	NA	
Personal Accident		NIL	NIL	NIL	
Adventure Sports	Not Applicable	as per respective Cover	as per respective Cover	as per respective Cover	
Waiver of Pre-Existing Disease	Not Applicable	as per respective Cover	as per respective Cover	as per respective Cover	Sub Limit of XX% of Sum Insured
Personal Liability & Bail Bond		Deductible	Co-Pay	NIL	
Loss of Passport		Deductible	Co-Pay	NIL	
Bounced Bookings		Deductible	Co-Pay	NIL	
Emergency Trip Extension		Deductible	Co-Pay	NIL	
Compassionate Family Visit		Deductible	Co-Pay	NIL	
Loss of Baggage and Personal Belongings		Deductible	Co-Pay	NIL	
Escort of Minor Child		NIL	NIL	NIL	
Home Building and Contents		Deductible	Co-Pay	NIL	
Financial Emergency Cash		NIL	NIL	NIL	
<b>Cover for Students</b>					
Study Interruption		Deductible	Co-Pay	NIL	
Accident of the Sponsor		Deductible	Co-Pay	NIL	

**\*Basis 1 - Actual departure time** is the time the parking breaks of the Common Carrier are released and departs from the parking gate/parking bay. Any delay in taxi or any other delay at Tarmac post release of parking breaks will not be included for calculation of the common carrier delay cover.

**\*Basis 2 - Actual departure time** is the time the Common Carrier leaves the Common Carrier Station/Air Strip (wheels up) and departs. Any delay in taxi or any other delay at Tarmac post release of parking breaks will be included for calculation of the common carrier delay cover.

**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/Appointee 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)

**CUSTOMER BANK DETAILS**

Bank Account No.	Branch	IFSC Code	Bank Name

**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](http://www.godigit.com)