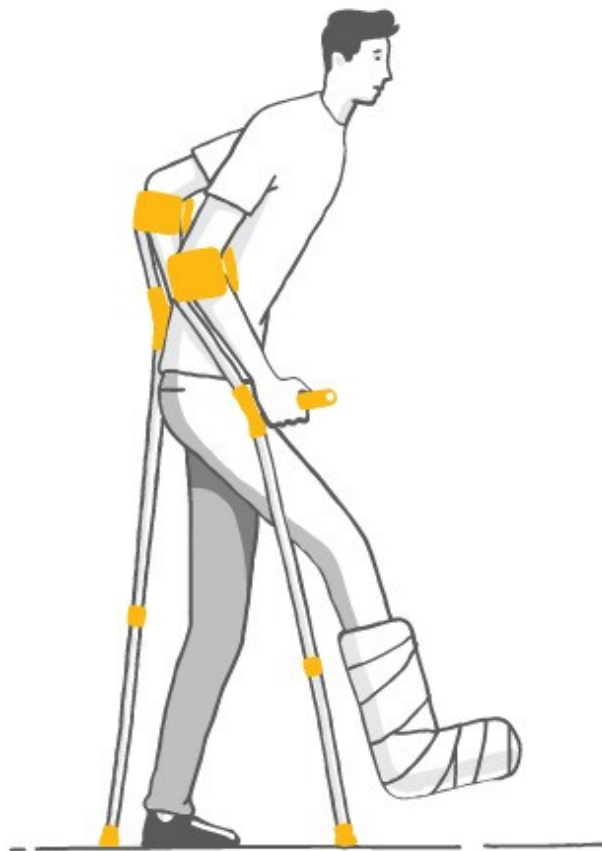




Policy Schedule



Digit Total Protect Policy

UIN: GODPAIP21489V022021

Go Digit General Insurance Ltd

Just WhatsApp
us "Hi" on

 **702 606 1234**



**Claim
Intimation**



**Check Claim
Status**



**Policy
Correction**



**Renew
Your Policy**



**Chat With
Our Experts**

Let's talk about you

You are Sachin Kumar Gautam with mobile number xxxxxxxx5798 and email ID sxxxxxxx7@gxxxl.com located at **KHADIM ALI KHERA SAFIPUR UNNAO Unnao Unnao 209871**.

There's one more thing we know about you, you are now a DIGIT customer. That means you have the coolest insurance company working for you.

A snapshot. The gist. The ‘forget everything else, just remember this’ part of your policy

Policy No.	D216442086			Policy Issue Date	30-Jul-2025
Period of Policy	From	30-Jul-2025	00:01 Midnight	Premium Payment Term	1 Year
	To	29-Jul-2026	23:59 Midnight		
Family composition	1 Adult			Policy type	Individual

Partner Name	TURTLEMINT INSURANCE BROKING SERVICES PRIVATE LIMITED	Partner Contact	+919972529879
Partner Code	1129382	Partner Email	policy@turtlemint.com

Details of Insured

Insured Name	Date of Birth/Age	Gender	Relationship with Proposer	Occupation/Risk Class	Nominee/Assignee /Appointee Name	Insured's Relationship with Nominee/Assignee/Appointee
Sachin Kumar Gautam	05-Jul-1997 (28Years)	Male	Self	Office Employees/RISK CLASS 1	Ram Sajivan	Father

Coverage Details

Section No.	Section with Benefits	Self Sum Insured
Section 1	Accidental Death	INR 1,00,000
Section 2	Permanent Total Disablement	INR 1,00,000
Section 3	Permanent Partial Disablement	INR 1,00,000

*Inbuilt – Sum Insured for these Benefits are not separately available but are a part of Section 11 Accidental Hospitalization Cover Sum Insured.

Special Terms and Exclusions

Terrorism Covered : No
On-Duty Cover Opted : No
This policy has been issued on the basis of a declaration of Gross Annual Income made by you. We have noted that as per this declaration, the Base Sum Insured chosen is not more than 10 times of Gross Annual Income. Please note that the Company reserves the right to deny the claim in the event this declaration is found to be incorrect and/or non-submission of income proof to justify this declaration.

Premium Details

GST State Name	Uttar Pradesh	GSTIN	Unregistered	
Receipt No.	RA243277755	Receipt Date	30-Jul-2025	
Invoice No.	IA192982657	Invoice Date	30-Jul-2025	
Mode of payment	Instrument details	Bank Name	Date	Amount (INR)
ONLINE	32_DI33675F2BC135_H G		30-Jul-2025	75.52

Description	Amount (INR)
-------------	--------------

Base Premium (INR)	64.00
Underwriting Loading (INR)	0.00
Total Net Premium (INR)	64.00
IGST @ 18% = (11.52)	11.52
Final Premium (INR)	75.52

Important Notice

1. Cheque dishonour / Non-receipt of payment: The policy is void ab-initio i.e. it will not hold true, in case of non-receipt of premium or dishonor of Cheque issued towards premium payment
2. This policy is subject to the standard policy wordings, warranties, exclusions and conditions as per "Digit Total Protect Policy" Wordings. In case of dispute, the terms and conditions detailed in the policy document and policy schedule shall prevail.
3. The coverage has been provided basis information provided by you/proposer to us and we will not be liable under the insurance contract if it is found that any of your statements or particulars or declarations in the 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.
4. The Policy Wording attached herewith includes all the standard coverage offered by Go Digit General Insurance Ltd. to its customers. Your entitlement for coverage/benefits shall be restricted to the Coverage/Benefits as mentioned in this Policy Schedule. For any queries, Chat with us on 7026061234 For any clarification please call our Call Center Number 1800-258-4242.
Enclosure: Annexure 1 - Claims Procedure and Documentation
5. This policy has been issued on the basis of a declaration of Gross Annual Income of the family made by you. We have noted that as per this declaration, the Sum Insured chosen is not more than 10 times of Gross Annual Income of the family. Please note that the Company reserves the right to deny the claim in the event this declaration is found to be incorrect and/or non-submission of income proof to justify this declaration.

Claim Administrator Details

Chat with us on whatsapp	7026061234
Contact Details	1800-258-4242
Email Id	healthclaims@godigit.com

For & On Behalf of Go Digit General Insurance Ltd.



Praveen Bhat
Senior Vice President - Customer Experience
praveen.bhat@godigit.com
Authorized Signatory
Printed, Signed, and Executed at Bengaluru
Consolidated Stamp Duty is Deposited with
Department of Stamps, Bengaluru.
Hey, our document is now digitally signed
Click [here](#) to view the certificate.

Consolidated Stamp Duty has been paid as per Letter of Authorization No.67-B/04/2017-18 Date: 30th May 2017 issued by Department of Stamps and Registration, Bengaluru-560009 - KARNATAKA.

Wish to go through your detailed policy wordings,click [here](#)

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 L66010PN2016PLC167410, Reg. Address Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru 560095. GST Reg. No.: 29AACCO4128Q1ZW HSN: 997133 / General Insurance Services, GSTIN Address: Mumbai Business Centre, Tower-1, Elphinstone (West) 1201, 12th Floor, India Bull Finance Center, Senapati Bapat Road Mumbai Maharashtra PIN-400013. Website: www.godigit.com/general-insurance

ANNEXURE 1

Claims Notification and Procedure

If the Insured Person meets any accidental injury or suffers from Critical illness or any specific condition covered under the Policy that may result in a claim under this policy, it is a condition precedent to Our liability under the Policy that below procedure should be followed depending on the type of claim:

1. Cashless Claim Process (Applicable Only for "Section 11. Accidental Hospitalization Cover"):

1. We are given a notice within 24 Hours of hospitalization in case of an emergency situation
2. For Cashless Facility You shall follow the below Procedure:
 - a. Share the Health Card/Copy of E-Cards along with ID Proof with the Hospital Authority & Obtain the Pre-Authorization Form from the Hospital.
 - b. Submit Duly filled & Signed Pre-Authorization Form to the Hospital Counter.
 - c. Ensure that the Hospital shares the Duly filled & Signed Pre-Authorization Form to Service Provider / Third Party Administrator (TPA) for further Processing.
 - d. Service Provider / Third Party Administrator (TPA) will inform the decision and may issue authorization letter depending on the Policy Terms and Conditions to the Hospital directly.
 - e. Once the request for Pre-Authorization has been granted, the treatment must take place within 15 days of the Pre-Authorization Approval Date or the Policy Expiry Date whichever is earlier and shall be valid only if all the details of the Authorised details, Hospital and Location including Dates match with the details of the Actual Treatment Received.
 - f. We reserve the right to modify, add or restrict any Network Provider for Cashless Facility in Our sole discretion. Before availing Cashless Facility, please check the applicable updated list of Network Providers.
 - g. For any queries designated Service Provider / Third Party Administrator (TPA) may be contacted on the contact details mentioned on the Health Card/Copy of E-Cards issued to You.

Reimbursement Claim Process

A. For all Section with Accidental Hospitalization Cover

Reimbursement Facility can be availed from any hospital within India of Your Choice Wherein You will have to make payment directly to the Hospital and submit the documents to Service Provider / Third Party Administrator (TPA) for processing the reimbursement of the claim amount provided that:

1. We or Our Service Provider / Third Party Administrator (TPA) should be intimated 48 hours of date of admission.
2. For Reimbursement Claim You shall follow the below Procedure:
 - a. Within 30 Days from the date of discharge, You should submit all original documents pertaining to the hospitalization as mentioned in the List of Claim Documents.
 - b. On receipt of intimation from You regarding a claim under the Policy, We are entitled to investigate and obtain information on the alleged injury or illness requiring hospitalization, if required,
 - c. All Claims shall be settled/repudiated within 30 days from the date of receipt of the last necessary claim document subject to the Policy Terms and Conditions. In case of any delay in payment for all approved claims beyond 30 days from the receipt of the last necessary claim document, We shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by You.
 - d. In case of Your Death, We shall reimburse the claim amount to Your Nominee as named in Your Policy Schedule/Certificate of Insurance or Your Legal representative holding a valid succession certificate.

Note: There are times when You or any other person who could claim on Your behalf, may be in such a state of hardship, that You or Such other person is unable to give us a notice or file a claim within the prescribed time limit. In such cases, condonation of delay can be done by waiver of conditions A.1 and A.2.a above may be considered where the reason for delay is proved to our satisfaction.

B. For All Other Covers without Accidental Hospitalization Cover

Upon the occurrence of any event that may result in a Claim under this Policy, then as a condition precedent to our liability:

- a. Policyholder or the Insured Person or someone claiming on his/her behalf must inform Us in writing immediately and in any event within 30 days from the date of occurrence any accident/incident that may result in a claim and submit all documents to us within 30 days from the date of intimation.
- b. Insured Person must immediately consult a Doctor and follow the advice and treatment that he recommends, where ever required.
- c. Insured Person must take reasonable steps to lessen the consequence of Bodily injury.
- d. Insured Person should allow examination by our medical advisors if we ask for this.
- e. Policyholder or Insured Person or someone claiming on his/her behalf must promptly give us documentation and other information we ask for to investigate the claim or our obligation to make payment for it.
- f. In case of the Insured Person's death, someone claiming on his/her behalf must inform us in writing immediately and send us a copy of the post mortem report (if conducted) within 30 days.
- g. All Claims shall be settled/repudiated within 30 days from the date of receipt of the last necessary claim document subject to the Policy Terms and Conditions. In case of any delay in payment for all approved claims beyond 30 days from the receipt of the last necessary claim document, We shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by You.

Note: There are times when You or any other person who could claim on Your behalf, may be in such a state of hardship, that You or Such other person is unable to give us a notice or file a claim within the prescribed time limit. In such cases, condonation of delay can be done by waiver of conditions a and f above may be considered where the reason for delay is proved to our satisfaction.

List of Claim Documents:

In addition to the Duly Completed Claim Form signed by the Insured/Insured's Nominee/Legal Heir & NEFT Details or Cancelled Cheque of the Insured/Insured's Nominee/Legal Heir, ID proof (KYC document) of insured and Nominee, address proof wherever applicable, We need to have the below documents, wherever applicable:

Section	Documents
Section 1. Accidental Death Section 24. Adventure Sports Cover Section 7. Orphan Benefit For Children	<ul style="list-style-type: none"> • Copy of Address Proof (Ration Card or Electricity Bill Copy). • Attested Copy of Death Certificate. • Death Summary/Certificate from the hospital authority (wherever applicable) • Burial Certificate (wherever applicable). • Attested Copy of Statement of Witness, if any lodged with police authorities. (wherever applicable). • Attested Copy of FIR / Panchanama / Inquest Panchanama. (wherever applicable). • Attested Copy of Post Mortem Report (Only if conducted). • Attested Copy of Viscera report if any (Only if Post Mortem is conducted). • For Adventure Sports Cover, please submit Certificate of Participation from Sports Event organizer/service provider / Pre-participation fitness certificate (wherever applicable). • Attested Copy of Passport or any other valid document which will suffice as a proof of relationship between the insured, insured's spouse and orphan child. (Applicable only for Orphan Benefit)
Section 2. Permanent Total Disablement Section 3. Permanent Partial Disablement Section 24. Adventure Sports Cover	<ul style="list-style-type: none"> • Attested Copy of disability certificate from relevant government Medical authority. • Attested copy of FIR. (If required) • All Investigation reports confirming the disability. • Complete Treatment record with follow-up documentation. • For Adventure Sports Cover, please submit Certificate of Participation from Sports Event organizer/service provider / Pre-participation fitness certificate (wherever applicable). • Disability assessment report from Digit empanelled medical specialist (if required)
Section 4. Loss of Income Benefit	<ul style="list-style-type: none"> • Attested copy of FIR. (If required) • All Investigation reports confirming the disability • For Employed persons: Certificate from HR with details of medical leave availed during the period of Injury • Certificate from the treating doctor mentioning the extent of Injury along with the period of disability • Certificate from Treating doctor with date of full recovery & resuming of duties
Section 5. Children Education Benefit	<ul style="list-style-type: none"> • Bonafide Certificate from School / College or Certificate from the Educational Institution
Section 6. Marriage Expense for Children Benefit	<ul style="list-style-type: none"> • Proof of Relationship with the Insured Person • Photo Identity Proof of Child • Age Proof of the Dependent Child
Section 8. Funeral Expenses	<ul style="list-style-type: none"> • Original Invoice of Expenses Incurred during Funeral.
Section 9. Transportation Expenses	<ul style="list-style-type: none"> • Original Invoice of Expenses Incurred during Funeral.

Section 10. Trauma Counselling	<ul style="list-style-type: none"> • Documents as mentioned under Section 1. Accidental Death and/or Section 2. Permanent Total Disablement and/or Section 3. Permanent Partial Disablement • Original Invoice of Expenses Incurred for Counselling. • Medical Practitioner's letter advising Counselling. • Treatment plan for Counselling from Specialist.
Section 11. Accidental Hospitalization Cover Section 13. Long Hospitalization Cash Benefit Section 14. Daily Hospital Cash Cover	<ul style="list-style-type: none"> • Discharge Summary • Original Hospital Main Bill • Original Hospital Bill Break Up of Various Expenses • Original Pharmacy Bills • Prescriptions for the Medicines purchased (except hospital supply) and investigations done outside the Hospital • Consultation Papers Investigation Reports • Digital Images/CDs of the Investigation Procedures (if required) • MLC/FIR Report (If applicable) • Original Invoice/Sticker (If applicable) • Post Mortem Report (If applicable) • Attending Physician Certificate (If applicable) • Death Certificate (If applicable)
Section 12. Home (Domiciliary) Hospitalization	<ul style="list-style-type: none"> • Attending Physician Certificate mentioning the need for Home (Domiciliary Hospitalization) • Original Pharmacy Bills • Consultation Papers • Original Investigation bills and Reports • Original Invoices in respect of payment made to the treating Medical Practitioner.
Section 15. Out-patient Benefit	<ul style="list-style-type: none"> • Consultation Papers • Original Investigation bills and Reports • Digital Images/CDs of the Investigation • Procedures (if required) • Original Pharmacy Bills
Section 16. Emergency Air Ambulance	<ul style="list-style-type: none"> • Original bills and receipts paid for the transportation from Registered Ambulance Service Provider • Letter from Medical Practitioner indicating emergency need for such transportation and fitness for transportation.
Section 17. Coma Benefit Cover	<ul style="list-style-type: none"> • Certificate from the Treating Medical Practitioner certifying the cause and severity of Coma. • All relevant medical summary leading to Coma.
Section 18. Fracture Cover	<ul style="list-style-type: none"> • X Ray Confirming the Fracture & site of Fracture • Pre and post-operative radiological imaging reports with films confirming the extent of the fracture • Certificate from Treating Medical Practitioner with extent of Injury, Cause of injury, Site of Injury & Date of Injury. • Treatment Details • Discharge Summary (if Hospitalized)
Section 19. Burns cover	<ul style="list-style-type: none"> • Certificate from Treating Medical Practitioner with extent of Burns Injury/Cause of Burns. • Treatment Details • Medico Legal Certificate copy / First Information Report Copy (If applicable) • Discharge Summary (if Hospitalized)
Section 20. Lifestyle Modification	<ul style="list-style-type: none"> • Certification from Medical Practitioner necessitating the Modification. • Original Invoices of actual expenses incurred for the Modifications.
Section 21. Expense for External Aids and Appliances	<ul style="list-style-type: none"> • Prescription of treating Medical Practitioner for use of External Aids and Appliance. • Original Invoices of actual expenses incurred for the purchase of External Aids and Appliance
Section 22. Compassionate Visit	<ul style="list-style-type: none"> • Letter from Medical Practitioner advising presence of Immediate Family Member. • Original travel tickets / bills and receipts mentioning the actual expenses of the travel with the date of booking & date of travel • Age Proof of the Person who has visited the Insured

Section 23. Miscarriage Due to Accidental Injury	<ul style="list-style-type: none"> ● Treating Medical Practitioners Certificate mentioning reason for Miscarriage and date of accidental injury. ● Medical Reports & Investigations Done ● Discharge Summary (if applicable)
Section 25. Critical Illness Section 26. HIV Cover	<ul style="list-style-type: none"> ● Medical Reports/ Records ● Investigation Tests Report ● Copy of Hospital Summary/Discharge Card ● Medical Practitioner's Certificate confirming the Illness /Treatment advise / Medical Reference.
Section 27. EMI Protection cover	<ul style="list-style-type: none"> ● Current Outstanding Loan Certificate from Financer. ● Loan Disbursement Letter along with the payment record till the date of Accident or first diagnosis of Critical Illness or first underwent surgical procedure. ● Certificate from HR with details of medical leave availed during the period of Injury. ● Copy of Address Proof (Ration Card or Electricity Bill Copy). ● In Case of Death <ul style="list-style-type: none"> ○ Attested Copy of Death Certificate. ○ Death Summary/Certificate from the hospital authority (wherever applicable) ○ Burial Certificate (wherever applicable). ○ Attested Copy of Statement of Witness, if any lodged with police authorities. (wherever applicable). ○ Attested Copy of FIR / Panchanama / Inquest Panchanama. (wherever applicable). ○ Attested Copy of Post Mortem Report (Only if conducted). ○ Attested Copy of Viscera report if any (Only if Post Mortem is conducted). ● In case of Permanent Total Disablement, Permanent Partial Disablement <ul style="list-style-type: none"> ○ Attested Copy of disability certificate from relevant government Medical authority. ○ Attested copy of FIR. (If required) ○ All Investigation reports confirming the disability. ○ Complete Treatment record with follow-up documentation. ○ Disability assessment report from Digit empanelled medical specialist (if required)

For the purpose of Claims clarification, we may require additional documents in case of any insured event arising leading to claim.

*KYC documents shall be required at the claim settlement stage where claims pay-out to the Insured Person exceeds a threshold limit of Rs. 1 Lakhs per claim