

Hi, I am your policy docket

digit LIFE INSURANCE

IRDAI License Registration Number: 165

**Welcome to the journey of
simplified insurance!**



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⌚ 2 min read



DIGIT GLOW TERM LIFE INSURANCE

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

UIN:165N005V01

Hi there,
I'm here to say hello, & welcome!
We're super excited to have you join Digit as our customer!

01

Customer Information Sheet

This is a quick read table that summarizes your policy document. 😊 It has your policy details & important things such as Benefits, Exclusions, the Free Look Cancellation Period & our Customer Support details.

02

Policy Schedule

Many people call this the 'main part' of the policy. This shows you what you have bought in the simplest way possible, along with your personal details and your nominee(s) details. 😊

03

Premium Receipt

Proof of what you've paid 😊

04

Proposal Form

This includes everything you've told us about yourself (family, health, financial details). Go through this carefully, as your policy has been issued with these details. If you notice any incorrect details, let us know at [+919960126126](tel:+919960126126) or life@godigit.com.

05

Terms & Conditions

These may seem lengthy, but are legally binding, so you should go through these at least once! Block about 45-50 minutes for them, whenever you can.

Note: The UIN is basically the unique identification number assigned to every insurance product by the Insurance Regulatory and Development Authority of India (IRDAI).

To, Abhijay Paliwal

S/o Ashish Paliwal, 1023, Khatiwala Tank, Indore,
Khatiwala Tan, Indore, 452014

Scan for customer address :
ग्राहक के पते के लिए स्कैन कीजिए

Google Maps



If undelivered, return to Go Digit Life Insurance Limited, No. 98, 4th B Cross Rd, KHB Colony, Koramangala Industrial Layout, Koramangala 5th Block, Bengaluru 560095, Karnataka

Digit Glow Term Life Insurance Proposal Form

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

Proposal Number: L300945641

Proposal date of filling: 22-Apr-2025

For office use only

Intermediary code : 1000295

Intermediary Name : Code

Specified Person's Name/Representative's Name : Not Applicable

Specified Person's Code/ Representative's Code : Not Applicable

License Number : NA

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 ABHIJAY PALIWAL, 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: Not Applicable

Registered Contact Number: Not Applicable

Any other Details: Not Applicable

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
If Life to be Insured is not same as you, the Proposer, what is their relation to you? They are my...	Not Applicable

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.



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? (Tick box if applicable)	Individual
<input type="checkbox"/> 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.	Not Applicable

Details of Life to be Insured

Note: Fill the below for Life to be Insured.

KYC Documents

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

Personal details

Full name	ABHIJAY PALIWAL
Father's Name / Spouse's Name / Mother's Name	A
Gender	Male
Date Of Birth OR Age	22-Jun-2001 OR 23 Years

Marital Status	Single
Nationality	Indian
Country of Residence (If country of residence is outside India and for Non Indian Residents, FATCA/ CRS-Self Certification Form to be mandatorily completed)	India

Contact details

Contact number (with Country Code)	91XXXXXXXX25
WhatsApp Number	91XXXXXXXX25
E-mail ID	sXXXXXXs@gXXXXXXXXXm
Permanent Address	S/o Ashish Paliwal, 1023, Khatiwala Tank, Indore, Khatiwala Tan, Indore, Madhya Pradesh, 452014.
Pin code of Permanent Address	452014
Current Address	S/o Ashish Paliwal, 1023, Khatiwala Tank, Indore, Khatiwala Tan, Indore, Madhya Pradesh, 452014.
Pin code of Current Address	452014

Education and Work Details

Education	12th pass/Diploma
Occupation	Salaried
Name of Employer / Business / School / College	Sddd
Organization Type	Private Limited
Nature of Work	Agriculture/Farmer/Dairy farmer
Annual Income (₹)	7,00,000

Details of the Vehicles owned

- 2 Wheeler Registration Number : Not Applicable
- 2 Wheeler Registration Number : Not Applicable
- 4 Wheeler Registration Number : Not Applicable
- 4 Wheeler Registration Number : Not Applicable

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

- Please share the Niti Ayog Darpan Portal Registration Number (if available) : Not Applicable
- You are a Politically Exposed Person (PEP)** or related to one ?

Please provide Details (if applicable): Not Applicable

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

Please provide details (if applicable): Not Applicable

- 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) : Not Applicable

Health & Lifestyle details (Tick box the statements that apply to you)

Height (in feet & inches)	5 feet & 4 inches
Weight (in Kg)	76 Kg

Cigarettes/bidis/Tobacco/Nicotine consumption habits

Tick box the statement that best applies to you:

- I do not consume cigarettes/bidis/Tobacco/Nicotine
- I consume cigarettes/bidis/Tobacco/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 : Not Applicable

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 : Not Applicable

Family Medical history (Tick box the statements 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 (Fill if applicable)

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

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

Details

Nominee 1

Nominee 2

Full Name	F Paliwal	Not Applicable
Date of Birth	01-Jan-1999	Not Applicable
Gender	Male	Not Applicable
Relationship with Nominee	Father	Not Applicable
Share of claim to be given to them (%) Note: If only one nominee, by default this % will be 100%	100%	Not Applicable
Contact Number	91XXXXXXXXX67	Not Applicable
Email	sXXXXXXs@gXXXXXXXXXm	Not Applicable

Appointee Details (Where the nominee is a minor)

Details	Appointee for Nominee 1	Appointee for Nominee 2
Full Name	Not Applicable	Not Applicable
Date of Birth	Not Applicable	Not Applicable
Relationship with Nominee	Not Applicable	Not Applicable

Note: For adding more Nominee(s) or Appointee(s), kindly use the Annexure.

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

- You have an Ayushman Bharat Health Account (ABHA) registered under the Ayushman Bharat Digital Mission Yojana.
 Your ABHA number (if applicable) Not Applicable
 You do not have an ABHA number but want to create one.

Insurance policy details (Tick box the statements that apply to you)

- You have bought any other health/life/critical illness/accident insurance policy with us or any other insurer in the past.
 You had applied for any such policy but unfortunately it got declined, refused, withdrawn, postponed, or offered with restricted benefits or an increased premium.
 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	Not Applicable
Policy Start/Proposal Date	Not Applicable
Decision	Not Applicable
Reason for above decision, if known	Not Applicable
Any claims made	Not Applicable

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	Not Applicable	Not Applicable	Not Applicable
Mother	Not Applicable	Not Applicable	Not Applicable
Brother	Not Applicable	Not Applicable	Not Applicable
Sister	Not Applicable	Not Applicable	Not Applicable
For Homemakers			
Spouse	Not Applicable	Not Applicable	Not Applicable

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

Proposer details	
CKYC (if available)	Not Applicable
PAN (If not, please attach Form 60)	GXXXXXXXN
Type of Identity Proof submitted	Not Applicable
Type of Permanent Address Proof submitted	Not Applicable
Type of Current Address Proof Submitted (If it is different than Permanent Address)	-
Type of Education Proof Submitted (Optional)	Not Applicable
Personal details	
Full name	ABHIJAY PALIWAL
Father's Name / Spouse's Name / Mother's Name	A
Gender	Male
Date of Birth	22-Jun-2001
Age	23 years
Marital Status	Single
Nationality	Indian
Country of Residence (If country of residence is outside India and for Non Indian Residents, FATCA/ CRS-Self Certification Form to be mandatorily completed)	India
Contact details	
Contact number	91XXXXXXXX25
WhatsApp Number	91XXXXXXXX25
E-mail ID	sXXXXXXs@gXXXXXXXXXm
Permanent Address	S/o Ashish Paliwal, 1023, Khatiwala Tank, Indore, Khatiwala Tan, Indore, 23, 452014.
Pin code of Permanent Address	452014
Current Address	S/o Ashish Paliwal, 1023, Khatiwala Tank, Indore, Khatiwala Tan, Indore, 23, 452014.
Pin code of Current Address	452014
Education details and Work Details	
Education	12th pass/Diploma
Occupation	Salaried
Name of Employer / Business / School / College	Ssdd
Organization Type	Private Limited
Nature of Work	Agriculture/Farmer/Dairy farmer
Annual Income (₹)	7,00,000
Details of the Vehicles owned	
<input type="checkbox"/> 2 Wheeler Registration Number : Not Applicable	
<input type="checkbox"/> 2 Wheeler Registration Number : Not Applicable	
<input type="checkbox"/> 4 Wheeler Registration Number : Not Applicable	
<input type="checkbox"/> 4 Wheeler Registration Number : Not Applicable	
Additional details (Tick box the statements that apply to you)	
<input type="checkbox"/> Please share the Niti Ayog Darpan Portal Registration Number (if available) : _____	

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

Please provide Details (if applicable): Not Applicable

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

Please provide details (if applicable): Not Applicable

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

Your ABHA number (if applicable) Not 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) : Not Applicable

Your eIA Service Provider (if applicable) : Not 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	ABHIJAY PALIWAL
Account Number	876543456
Account Type	Savings
UPI ID	Not Applicable
IFSC Code	SBIN0000691
Method of First Deposit	Online
Amount(₹)	15622.71
Cheque/DD Issuing Bank	Not Applicable
Cheque/DD Number	Not Applicable
Mode for Renewal Premium	Online
Who is paying for the premium?	I, the Proposer

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

Premium Payor's Name	Not Applicable
Relationship to Proposer	Not Applicable
Date of Birth	Not Applicable

*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 (₹)	1,00,00,000
Accelerated Terminal Illness Benefit (₹)	1,00,00,000
Additional Accidental Death Benefit (₹)	1,00,00,000
Additional Accidental Total and Permanent Disability Benefit (₹)	1,00,00,000

Policy Term	5 Year(s)	
Premium Details	Premium Payment Term	5 Years
	Premium Payment Frequency	Annual
	Modal Premium in First Policy Year (₹)	13,239.58
	Modal Premium in Subsequent Policy Years (₹)	13,239.58

Note :

1. Cheque/ DD should be drawn in favor of "Go Digit Life Insurance Ltd. Proposal Number -L300945641 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

1. 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 Life Insurance Ltd. (also referred to as 'Company') 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.
2. I/ We have made no statement to the Company, Insurance Advisor, Medical Examiner or any other person associated with the Company which in any way modifies/contradicts the answers/ statements given by me/ us in this proposal form.
3. I/We undertake to notify the Company of any change in the information given by me/ us in the proposal form with respect to the Life/ Lives to be Insured including change occurring in occupation or health, subsequent to the signing of this proposal form and before the receipt of the policy document.
4. 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.
5. I / We also understand that the Company 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 Company 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.
6. The medical report and its interpretations if any done by the medical examiner are not binding on the Company and the decision of the Company regarding issuance of the Policy/Rider will be final. I/We also declare and consent to the Company taking independent decision regarding the insurability of the life or lives to be insured /proposer.
7. I/We hereby consent to and authorize the Company 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 Company 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 Company to mail all service-related communications to the email id as mentioned in the proposal form (applicable only if email id provided).

8. In order to enable the Company 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 Company, 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 notwithstanding my/ the insured's death or incapacity in so far as legally possible.

9. The authorization includes consent required under digital personal data protection act, 2023 features of which are explained to us.

10. This proposal form shall be a part of the life insurance policy contract, in case of its acceptance by the Company. I/we agree that the information provided by me/us in and along with the proposal form, including documents may be used by the Company 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 Company may also receive my/our demographic information (including photograph) and voluntarily give my/our consent to use the information.

11. I/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 Company may choose to communicate in regard to all my/our policies on any one of the provided numbers/email addresses.

12. I 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 Company. The Company reserves the right to accept, decline or offer alternate terms on my/our proposal for Life/Health Insurance.

13. I understand that in case of fraud or misstatement by me/us, the policy shall be treated by the Company in accordance with Section 45 of the Insurance Act, 1938 as amended from time to time.

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

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
Electronically accepted through OTP
Date: 22-Apr-2025, 19:39 hrs

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

Date DD MM YY YY
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 : _____

Date DD MM YY YY

Place: _____

Signature of the Declarant

"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 D D M M Y Y Y Y

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 : _____



Date D D M M Y Y Y Y

Place: _____

Signature of the Declarant

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 - UIN: 165N005V01 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?



9960126126



lifeclaims@godigit.com



9960126126

Claim registration made easy ►

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	Not Applicable	Not Applicable
Date of Birth	Not Applicable	Not Applicable
Gender	Not Applicable	Not Applicable

Relationship with Nominee	Not Applicable	Not Applicable
Share of claim to be given to them (%) Note: If only one nominee, by default this % will be 100%	Not Applicable	Not Applicable
Contact Number	Not Applicable	Not Applicable
Email	Not Applicable	Not Applicable
Appointee Details (Where the nominee is a minor)		
Details	Appointee for Nominee 3	Appointee for Nominee 4
Full Name	Not Applicable	Not Applicable
Date of Birth	Not Applicable	Not Applicable
Relationship with Nominee	Not Applicable	Not Applicable

First Premium Receipt

Date: 22-Apr-2025

Receipt No.: RA002193161



Thank you for choosing Digit Life Insurance. You've made a wise decision. Your proposal for life Insurance has been accepted.

Personal Details			
Name of Policy Holder	Abhijay Paliwal	Mobile Number	91XXXXXXX25
Address	S/o Ashish Paliwal, 1023, Khatiwala Tank, Indore, Khatiwala Tan, Indore, 452014	Email id of customer	sXXXXXXs@gXXXXXXXXXm

Policy Details	
Product Name	Digit Glow Term Life Insurance
Policy Number	L300945641
Date of Policy Commencement	22-Apr-25
Base Sum Assured (₹)	1,00,00,000.00
Rider Sum Assured (₹)	3,00,00,000.00
Premium Payment Frequency	YEARLY
Base Premium (₹)	7,082.5
Rider Premium (₹)	6,157.08
Extra Premium (₹)	0.00
Total Premium (₹)	13,239.58
Total GST & Applicable Cess (₹)	2,383.13
Premium including GST (₹)	15,622.71
Total Premium Amount Paid (₹)	15,622.71
Total Premium Adjusted (₹)	15,622.71
Balance Amount in Deposit (₹)	0.00

Next Premium is due on 22-Apr-2026

GST Details	
Company's Full Name	Go Digit Life Insurance
Company's Address	10th Floor, 1001-1002,Ratnaakar 9 Square, Near Kesav Bagh Party Plot, Vastrapur,Ahmedabad-380015
Place of supply	Madhya Pradesh
GSTIN	24AAJCG4719Q1Z2
GST Regd. State	Gujarat
Description of Service and SAC	Life Insurance and 997132
Total value of services (₹)	15,622.71
Total taxable value of services (₹)	13,239.58
CGST @ 9.00% (₹)	--
SGST / UTGST @ 9.00% (₹)	--
IGST @ 18% (₹)	2,383.13

Consolidated Stamp Duty is Deposited with Department of Stamps, Bengaluru.

Yours Sincerely,

✉ lifeclaims@godigit.com ☎ 9960126126 📲 9960126126

Mainak Adhikary
Head of Operations
Go Digit Life Insurance Limited

Declaration

"I/We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule."

Important Notice

1. Life Insurance Premium is eligible for deduction under Section 80C of the Income Tax Act, 1961, subject to the conditions/limits specified therein.
2. Pursuant to Section 10(10D) of the Income Tax Act, 1961, sum received under a life insurance policy will be exempt subject to conditions specified therein.
3. Under employer employee policy, Premium paid by employer are tax deductible expense.
4. Under employer employee policy, TDS shall be deducted under income tax act at the prevailing rate.
5. Goods and Service Tax and applicable Cess are charged as per the Central Goods and Services Tax Act, 2017 read with relevant rules as amended from time to time.
6. Pursuant to income tax provisions, please provide PAN Card or Form 60 as applicable if you have one or more policies where aggregate premium paid during the financial year is ₹50,000 or more.
7. Please consult your tax advisor to determine eligibility and quantum of deduction.
8. Premium adjusted is subject to realization.
9. Accounting of premium shall be as per Policy terms. Premium paid in advance/amount held in deposit will be adjusted towards your future premiums on the due date.
10. Cheque dishonor / Non-receipt of payment: This Invoice and related Policy / Endorsement is Void ab-initio in case of dishonor of Cheque or non-receipt of payment.

Digit Glow Term Life Insurance - UIN: 165N005V01 Go Digit Life Insurance Limited (formerly known as Go Digit Life Sciences 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

This receipt is electronically generated and no signature is required.



DIGIT GLOW TERM LIFE INSURANCE

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

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

5 minutes
dive into your policy

This document provides key information about your policy. You are also advised to go through your policy document, aka, if you are short on time, this quick read is a must! 😊

S.No.	Title	Description in simple words (Please refer to applicable Policy Clause Number in next column)		Policy Clause Number (When you have time, go through in detail!)
1	Name of the Insurance Product and Unique Identification Number (UIN)	Digit Glow Term Life Insurance (UIN:165N005V01)		
2	Policy Number	L300945641		
3	Type of Insurance Policy	Pure Risk		
4	Basic Policy Details	Instalment Premium Mode of premium payment Sum Assured (SA) on Death Sum Assured on Maturity Premium Payment Term Policy Term	₹ 15,622.71 (Including underwriting extra Premium and GST) Annual ₹ 1,00,00,000.00 Not Applicable 5 Years 5 Years	

	Additional Accidental Death Benefit (ADB) Sum Assured (SA)	Additional Benefit of ₹ 1,00,00,000.00 will be payable, over and above the Death Benefit, in case of Accidental Death i.e. a total Benefit of ₹ 2,00,00,000.00 is payable.
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		Additional Accidental Total & Permanent Disability (ATPD) Benefit Sum Assured (SA)	Additional Benefit of ₹ 1,00,00,000.00 will be payable, in case of Accidental Total & Permanent Disability. After that if death occurs, another amount of ₹ 1,00,00,000.00 is payable.	
		Accelerated Terminal Illness Benefit Sum Assured (SA)	In case Life Assured is diagnosed with a Terminal Illness, Benefit amount of ₹ 1,00,00,000.00 shall be payable immediately and the policy will end.	
5	Policy Benefits/Coverage Payable	Benefits payable on Death		Part C, Clause 1
		Benefits payable on Maturity – Not Applicable		Part C, Clause 3
		Survival Benefits excluding those payable on Maturity – Not Applicable		Part C, Clause 3
		Surrender benefits		Part D, Clause 4
		Options to policyholders for availing benefits, if any, covered under the policy.		Not Applicable
		Other Benefits/options payable, specific to the policy, if any		Part C, Clause 2 &4
6	Riders opted, if any	Not Applicable		
7	Exclusions (events where insurance coverage is not payable), if any.	Suicide Exclusion		Part F, Clause 14
		Exclusions to Accidental Death Benefit <i>(for non-POS cases only)</i>		Annexure IV
		Exclusions to Accidental Total and Permanent Disability Benefit <i>(for non-POS cases only)</i>		Annexure V
8	Waiting /lien Period, if any	Not Applicable		
9.	Grace Period	<p>Grace Period is the additional time provided to the policyholder for paying premiums, after the premium due date, to keep the policy benefits intact.</p> <p>Grace Period applicable –</p> <ul style="list-style-type: none"> • 15 days for monthly mode of premium payment • 30 days for annual, half-yearly, quarterly modes of premium payment 		Part C, Clause 6

10.	Free Look Period	Free Look Period is the time given to a policyholder, at the start of the policy term, to re-assess the policy and to get a refund of premium subject to applicable deductions, if they decide to not continue with the policy. Free Look Period applicable - 30 days	Part D, Clause 1
11	In Force, Lapse, Reduced Paid-Up, Revival and Surrender of the Policy	In Force means status of the Policy is active, all due Premiums have been paid and the Policy is not terminated or in Lapsed Status i.e. the covers are in force and applicable Benefits would become payable.	Part B, Definition no. 22
		Lapsation means state of a non-active life insurance policy due to non-payment of Premium within the Grace Period i.e. If due premiums are not paid till the end of the grace period, the policy is said to enter lapsed status i.e. the covers/benefits of the policy cease.	Part D, Clause 2
		Reduced Paid-Up – Not Applicable for this policy.	Part D, Clause 3
		Revival – A policyholder can revive a lapsed Policy. A Policy can be revived by paying all the due premiums and late fee, if any. Revival can be done during the policy term and within five years from the due date of first unpaid premium only.	Part D, Clause 5
12	Policy Loan, if applicable	Not Applicable	Part D, Clause 6
13	Claims/Claims Procedure	<p>Turn Around Time (TAT) for claims settlement - 7 working days from the date the last document is received</p> <p>Claims Procedure –</p> <p>Step -1: Register a claim using any of the below methods –</p> <ul style="list-style-type: none"> a. (Preferred) Email Us at lifeclaims@godigit.com OR b. Call Our helpline number: 9960126126 OR c. Intimate Us in writing at Our nearest branch or Corporate Office (address given below). We recommend the above two methods, as Our address may have changed over the years. <p>Claims department</p> <p>Go Digit Life Insurance Limited Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka 560095</p> <p>Step – 2: Email Us all the claim documents on lifeclaims@godigit.com</p> <p>You can also send us all the claim documents at the above mentioned 'Claims department' address.</p>	Part F, Clause 15,16

		<p>Helpline/Call Centre/Whatsapp number - 9960126126</p> <p>Contact details of the insurer -</p> <p>Address - Go Digit Life Insurance Limited Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka 560095</p> <p>Contact No. – 9960126126 Email ID - lifecclaims@godigit.com</p> <p>Link for downloading claim form and list of documents required including bank account details. https://www.godigit.com/life/claims</p>	
14	Policy Servicing	<p>Turn Around Time (TAT) -7 working days from the date the last document is received</p> <p>Helpline/Call Centre number - 9960126126</p> <p>Contact details of the insurer –</p> <p>Address - Go Digit Life Insurance Limited Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka 560095</p> <p>Contact No. – 9960126126 Email ID - life@godigit.com</p> <p>Link for downloading applicable forms and list of documents required including bank account details. https://www.godigit.com/life/policy-servicing-forms</p>	
15	Grievances /Complaints	<p>Contact details of Grievance Redressal Officer of the insurer</p> <p>Address: The Chief Grievance Redressal Officer Go Digit Life Insurance Limited. Atlantis,95,4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka 560095</p> <p>Contact No. – 9960126126 Email ID - lifegro@godigit.com</p> <p>Link for registering the grievance with the insurer's portal - https://www.godigit.com/life/grievance-redressal-procedure#disclaimerModal</p> <p>Contact details of Ombudsman</p> <p>For latest updated list of Ombudsman Office addresses and contact details, kindly visit the following website. https://www.cioins.co.in/Ombudsman</p>	Part G

Declaration by the Policyholder

I have read the above and confirm having noted the details.

ABHIJAY PALIWAL

Electronically accepted by ABHIJAY PALIWAL

The document is being electronically shared and the receipt of the same is considered as an acknowledgement. In case of any query or concern, you may feel free to connect with us at the provided contact details within frelook period.

Place: Indore

Date: 22-Apr-2025

Note: In case of any conflict, the terms and conditions mentioned in the policy document shall prevail. Basically, we want you to go through the details as well for full clarity!

You may have come to this document for various reasons, let us guide You a little:

Common reasons of people revisiting Policy Document	Clause/Section
Your plan details i.e., how much Premium You are paying and what are the Benefits You are getting	This is available in the Policy Schedule
Claim information	Quick information right below this table Detailed information in Part F Pt. No. 16
Changing Premium payment frequency and other changes You may want to do which are allowed in this Policy	Part C Pt. No. 5

However, it is important to read all the terms and conditions given in detail in this Policy Document.

Claim Information Shortcut

If you are a Claimant / Life Assured's family member opening this Policy Document for claims, here's the quick claim information You may use:

Step 1: Register a claim using any of these methods:

1. (Preferred) Email Us at life@godigit.com
2. Call our helpline number 9960126126
3. Intimate Us in writing at Our nearest branch or Corporate Office (address given below). We recommend the above two methods, as Our address may have changed over the years.

Claims Department

Go Digit Life Insurance Limited
Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka 560095

Step 2: Email Us all the claim documents on life@godigit.com.

Simultaneously send the claim documents at following address:

Claims Department
Go Digit Life Insurance Limited, Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka 560095

Thank You for choosing Digit Life Insurance. We are on a mission to simplify life insurance, so this document itself will have simple, understandable content for You to read through!

Grab a coffee and read through everything 😊

How to read this most effectively?

While reading everything is a must-do, You must check these pages in super-detail:

Your Policy Schedule. These first few pages are the most important as they show the Benefits You have selected.

Part-C: Your Policy's core Benefits explained. While the Policy Schedule will mention Your Benefits in short, the detailed explanation begins from this page.

Part-D: Your Policy servicing explained. After buying, You may have certain servicing requests. These are the pages that explain those.

Do go through rest of the pages as well. It takes time but it is Your money and life after all.

PART - A

Welcome Letter

22-Apr-2025

Abhijay Paliwal,

S/o Ashish Paliwal, 1023, Khatiwala Tank, Indore, Khatiwala Tan,
Indore, 452014, Madhya Pradesh,
91XXXXXXXXX25
sXXXXXXs@gXXXXXXXXXm

Hi Abhijay Paliwal,

Here is Your Digit Glow Term Life Insurance Policy with Policy No. L300945641.

This Policy Document contains Your:

Policy Schedule	Summary of key features of Your Policy
Premium Receipt	Acknowledgment of the Premium paid by You
Terms & Conditions	Detailed terms of Your Policy contract with Digit Life Insurance
Service Options	Wide range of Policy servicing options that You can Benefit from

If You wish to rectify/modify any of the detail(s) provided by You in this document, here's what You can do:

1. **Contact Our Customer Support team:**
 - a. Call on: **9960126126**
 - b. Email Us at **life@godigit.com**
2. **Contact Your Distribution Partner/Sales Representative:**

Name	CODE
Code	1000295
Contact Number	+918123386701
Email	yoshitha.vatluri@godigit.com
Address	Bannerghatta Road

Also You have the option to cancel the Policy as well, here is how!

You have the Free Look Cancellation Period

1. In case You are not completely satisfied with the terms and conditions of this Policy, You have a period of 30 (Thirty) days from the date of receipt of the Policy Document to review the terms and conditions of the Policy.

If You disagree with any of the terms or conditions of the Policy, You have the option to return the original Policy Document to Us for cancellation within this Frelook period, while stating the objections/reasons for such disagreement in writing.

2. Some charges will be deducted on free look cancellation

Upon such Freelook cancellation, We shall refund the Premium received by Us subject to deduction of a proportionate risk premium for the period of insurance coverage in addition to the stamp duty paid and expenses incurred on Life Assured's medical examination, if any.

The Policy shall terminate forthwith and all the Benefits, rights, and interests under the Policy shall cease immediately.

3. Come to Our nearest office if there's any concern:

In case of any claim or any other matters or queries, You may contact Us at any of the following:

- a. Our nearest Branch Office
- b. Our Corporate Office - Go Digit Life Insurance Limited, Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka 560095
- c. Our helpline number: 9960126126
- d. Our email ID: life@godigit.com

We will be delighted to assist You.

For Your assistance, We have mentioned the Instalment Premium due date in your Policy Schedule. Pay Your Premiums on due dates to enjoy uninterrupted Benefits under the Policy. We are very excited to have You on board and provide You with the service.

Yours Sincerely,



Mainak Adhikary
Head of Operations

Go Digit Life Insurance Limited

Policy Preamble

Digit Glow Term Life Insurance is a non-linked non-participating individual pure risk premium life insurance plan.

This Policy Document is the evidence of a contract between Go Digit Life Insurance Limited and the Policyholder as mentioned in Policy Schedule given below. This Policy is issued on the basis of the details provided by Policyholder in the Proposal Form and submitted to the Company along with the required documents, declarations, statement, any response given to medical questionnaire by the Life Assured, applicable medical evidence, other information and documentation received by the Company from the Policyholder, Life Assured or on behalf of the Policyholder which constitute evidence of the insurability and effecting a life insurance contract on the life of the person (Life Assured) named in the Schedule. This Policy is effective subject to receipt and realization, by the Company, of the consideration payable as first Premium under the Policy and acceptance of the Proposal Form subject to prevailing underwriting policy of the Company. We agree to provide the Benefits set out in this Policy while it is In Force and subject to its terms and conditions stated herein.

In short, this Policy is an important document, You should read it carefully. Especially check Your Policy Schedule as it has the details about the Benefits You are getting under this Policy.

Policy Schedule

Policyholder's Details	
Name of Policyholder	Abhijay Paliwal
Address of Policyholder	S/o Ashish Paliwal, 1023, Khatiwala Tank, Indore, Khatiwala Tan, Indore, 452014, Madhya Pradesh,
Date of Birth of Policyholder	22-Jun-2001
Contact Details of Policyholder	91XXXXXXXX25 sXXXXXXs@gXXXXXXXXXm

Life Assured's Details	
Name and Address	Abhijay Paliwal S/o Ashish Paliwal, 1023, Khatiwala Tank, Indore, Khatiwala Tan, Indore, 452014, Madhya Pradesh
Age at Entry	23 Years
Date of Birth	22-Jun-2001
Whether Age admitted?	Yes
Gender	Male

Policy Details	
Name of Plan	Digit Glow Term Life Insurance
UIN	165N005V01
Policy Number	L300945641
Date of Proposal	22-Apr-2025
Policy Commencement Date	22-Apr-2025
Risk Commencement Date	22-Apr-2025
Policy End Date	21-Apr-2030
Policy Term	5 Years

Policy Benefits	
Sum Assured on Death (₹)	1,00,00,000.00
Accelerated Terminal Illness Benefit (₹)	1,00,00,000.00
Additional Accidental Death Benefit (₹)	1,00,00,000.00
Additional Accidental Total and Permanent Disability Benefit (₹)	1,00,00,000.00

Premium Payment Details as on Policy Commencement Date					
	Death Benefit	Accelerated Terminal Illness Benefit	Additional Accidental Death Benefit	Additional Accidental Total and Permanent Disability Benefit	Total (₹)
Modal Premium in First Policy Year (₹)	7082.50	70.83	4057.50	2028.75	13,239.58
Modal Premium in subsequent Policy Years (₹)	7082.50	70.83	4057.50	2028.75	13,239.58
Underwriting Extra Premium (₹)	0.00	0.00	0.00	0.00	0.00
Goods and Services Tax (GST) (₹)	1274.85	12.75	730.35	365.18	2,383.13
Total Instalment Premium in first Policy Year (including underwriting extra premium and GST) (₹)	8,357.35	83.58	4787.85	2393.93	15,622.71
Total Instalment Premium in subsequent Policy Years (including underwriting extra premium and GST) (₹)	8,357.35	83.58	4787.85	2393.93	15,622.71

Premium Payment Frequency	Annual
Premium Payment Term	5 years
Instalment Premium Due Date/s	22nd April of every year
Date of last instalment Premium	22-Apr-2029

Nominee Details				
Name of Nominee/(s)	Age of Nominee/(s)	Gender of Nominee/(s)	Relationship to Life Assured	Proportion (%)
F Paliwal	26 Years	Male	Father	100
Appointee Details, if Nominee/(s) is a/are Minor				
Name of Appointee	Relationship with Nominee/(s)	Date of Birth	Age	Gender
Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable

Special Conditions (If any)	
-----------------------------	--

Consolidated Stamp Duty is Deposited with Department of Stamps, Bengaluru.

Policy Schedule, Terms and Conditions, and Endorsements by Us, if any, shall form an integral part of this contract and shall be binding on You and Us.

Signed for and on behalf of the Go Digit Life Insurance Limited, at Corporate Office, Bengaluru on 22-Apr-2025

Yours Sincerely,

Mainak Adhikary
Head of Operations
Go Digit Life Insurance Limited

Important Notice

1. Cheque dishonour / non-receipt of Premium: The Policy is void ab-initio i.e., void from the Date of Inception of the Policy and not legally binding and considered cancelled for all purposes in case of non-receipt/non-realization of Premium or dishonour of Cheque issued towards Premium payment.
2. This Policy is subject to the standard Policy wordings, warranties, exclusions, and conditions as per "Digit Glow Term Life Insurance" terms and conditions mentioned in this Policy Document. In case of dispute, the terms and conditions detailed in the Policy Document shall prevail. So again, which is why reading the Policy Document fully is important
3. The terms and conditions attached herewith includes all the Benefits offered by Digit Life Insurance under Digit Glow Term Life Insurance to its customers. Your entitlement for Benefits shall be restricted to the Benefits as mentioned in Policy Schedule provided all the Premiums are paid by You as and when due. For any clarification, please call Our helpline number **9960126126**.
4. All taxes, including GST & Cess, either existing or those that may apply in future (including enhancement of existing taxes) will be charged extra. Payment of such taxes shall be the responsibility of the Policyholder/ Claimant. For eligibility to claim any tax benefit, kindly consult Your Tax Advisor

PART - B

Important Terms and Definitions

DEFINITIONS

In this Policy, unless the context requires otherwise, the following words and expressions shall have the meaning assigned to them respectively herein below:

1. **Accident, Accidental** means sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Accidental Death** The Accident shall result in Bodily Injury or injuries to the Life Assured independently of any other means. Such Injury or injuries shall, within 180 days of the occurrence of the Accident directly and independently of any other means, cause the death of the Life Assured. Such a death is defined as "Accidental Death".
3. **Accelerated Terminal Illness Benefit** means the absolute amount of Benefit payable on diagnosis of Terminal Illness to the Insured Person after the Risk Commencement date and during the Policy Term and in accordance with terms and conditions of the Policy and is specified as such in the Policy Schedule.
4. **Accidental Total & Permanent Disability (ATPD)** refers to a disability, which:
 - a) Is caused by Bodily Injury resulting from an Accident; and
 - b) Occurs solely and directly due to the said Bodily Injury and shall be independent of any other cause; and
 - c) Occurs within 180 days of the occurrence of such Accident; and
 - d) Results in (i) Total and irrecoverable loss of sight of both eyes, or; (ii) Physical separation or loss of use of both hands or feet, or; (iii) Physical separation or loss of use of one hand and one foot, or; (iv) loss of sight of one eye and Physical separation or loss of use of hand or foot; (v) If such Injury shall as a direct consequence thereof, permanently, and totally, disables the Life Assured from engaging in any employment or occupation of any description whatsoever. .

The above is exclusive of and without prejudice to the other causes of total and permanent disability.

Where, Physical separation shall mean physical severance of the hand at or above the wrist or physical severance of the foot at or above the ankle.

The date of the Accident should be after the Risk Commencement Date and before Policy End Date.

5. **Additional Accidental Death Benefit (ADB)** means the absolute amount of Benefit in addition to Death Benefit and which is guaranteed to become payable on occurrence of the event of Accidental Death of the Life Assured, where such Accident occurs after the Risk Commencement Date but occurs before the Policy End Date. This Benefit shall be payable in accordance with the terms and conditions of the Policy and is specified as such in the Policy Schedule.
6. **Additional Accidental Total and Permanent Disability (ATPD) Benefit** means the absolute amount of Benefit which is guaranteed to become payable on occurrence of the event of Accidental Total and Permanent Disability of the Life Assured, where such Accident occurs after the Risk Commencement Date but occurs before the Policy End Date. This Benefit shall be payable in accordance with the terms and conditions of the Policy and is specified as such in the Policy Schedule.
7. **Act** refers to the Insurance Act 1938 as amended from time to time and shall include the Insurance Laws (Amendment) Act 2015.
8. **Age at Entry or Entry Age** shall be Age of the Life Assured at Policy Commencement Date as at last birthday i.e. the Age in completed years and is recorded in the Policy Schedule based on the details provided by the Policyholder.
9. **Annualized Premium** shall be the Premium amount payable in a year chosen by the Policyholder excluding the taxes, rider Premiums, underwriting extra premiums and loadings for modal Premiums, if any.

10. **Appointee** shall mean a person who is appointed by the Life Assured to receive the Benefits on behalf of the Nominee/(s), if the Nominee/(s) is a/are minor on the date of the payment of such Benefit on the happening of the death of Life Assured.
11. **Assignee** is the person to whom the rights and Benefits under this Policy are transferred by virtue of an Assignment.
12. **Assignment** is the process of transferring the rights and Benefits to an "Assignee," in accordance with the provisions of Section 38 of Insurance Act, 1938, as amended from time to time.
13. **Assignor** means the person who transfers the rights and Benefits under this Policy to the Assignee by virtue of an Assignment.
14. **Authority** means Insurance Regulatory and Development Authority of India (IRDAI).
15. **Benefit/s** means the Death Benefit, Inbuilt Optional Benefits which are Additional Accidental Death Benefit, Additional Accidental Total and Permanent Disability Benefit, Accelerated Terminal Illness Benefit or any other Benefit as applicable under the terms of this Policy.
16. **Beneficiary** means the Policyholder or the Life Assured or Nominee/(s) or the Assignees, as the case may be.
17. **Claimant** means the Policyholder or the Life Assured or the Nominee (under Section 39 of the Insurance Act, 1938 as amended from time to time) who is entitled to register a claim for the insured event under the Policy; or Assignees under Section 38 of the Insurance Act 1938 as amended from time to time or where there is no Beneficiary(s), then the Life Assured's legal heir or legal representative or the holder of a succession certificate, as the case may be.
18. **Early Termination** means complete withdrawal/ termination of the Policy before completion of Policy Term at the request of the Policyholder and in accordance with terms and conditions of this Policy.
19. **Grace Period (for other than Single Pay Policies)** means the time granted by the Company from the due date for the payment of Premium without any penalty or late fee, during which time the Policy is considered to be In Force with the risk cover without any interruption, as per the terms and conditions of the Policy. The Grace Period so granted is fifteen (15) days for monthly Premium payment frequency and thirty (30) days for other available Premium payment frequencies from the respective due date of first unpaid Premium.
20. **Inbuilt Optional Benefits** means Accelerated Terminal Illness Benefit, Additional Accidental Death Benefit and Additional Accidental Total and Permanent Disability Benefit as described in Clause 2 of Part C of this Policy Document. These are optional Benefits being offered under Digit Glow Term Life Insurance and any one or more of these Benefits can be chosen by the Policyholder by paying additional Premium for each one of them at the Date of the Inception of Policy.
21. **Indebtedness** means any unpaid Premiums, deductibles and any other amounts owed to the Company.
22. **In Force** means status of the Policy being active, all due Premiums have been paid and the Policy is not terminated or in lapsed status.
23. **Injury / Bodily Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
24. **Lapsation** means state of a non-active life insurance contract on account of non-payment of Premium within the Grace Period.
25. **Life Assured / Insured Person** means the person named as such in the Policy Schedule, on whose life the Policy has been taken in terms hereof.
26. **Limited Pay Policy** means the Policy other than Single Pay Policy, where the Premium is paid for a limited period, which shall be less than the Policy Term, and Premiums are payable at regular intervals like annually, half yearly, quarterly or monthly.
27. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license. The person shall not be
 - The Policyholder/ Life Assured himself/herself; or

- An authorized Insurance Intermediary (or related persons) involved with selling or servicing the insurance contract in question; or
 - Employed by or under contractual engagement with the Policyholder / Life Assured;
 - Related to the Policyholder/ Insured person by blood or marriage.
- 28.** **Nomination** is the process of nominating a person(s) in accordance with provisions of Section 39 of the Insurance Act, 1938 as amended from time to time.
- 29.** **Nominee/s** means a person / persons nominated by the Policyholder to receive the applicable Benefit(s) under this Policy in case of death of the Life Assured and whose name/(s) is/are mentioned in Policy Schedule.
- 30.** **Policy** means the contract of insurance entered into between the Policyholder and the Insurer as evidenced by the Policy Document.
- 31.** **Policy Document** means this Digit Glow Term Life Insurance Policy comprising the necessary documents including terms and conditions, Policy Schedule, the signed Proposal Form, any endorsements in this document issued by Us from time to time and the annexures, if any.
- 32.** **Policyholder** shall mean the owner of this Policy and is referred to as the proposer in the Proposal form and is named as such in the Policy Schedule.
- 33.** **Policy Schedule** means the Policy Schedule set out above in Part A that We have issued, along with any annexures, tables and/or endorsements, attached to it from time to time and forming part of this Policy and if any updated Schedule is issued, then the Schedule which is latest in time.
- 34.** **Policy End Date** means the date of completion of the Policy Term as specified in the Policy Schedule.
- 35.** **Policy Commencement Date / Date of Inception of the Policy** is the Date, Month and Year the Policy comes into effect and is as specified in the Policy Schedule.
- 36.** **Policy Term** means the tenure of this Policy as specified in the Policy Schedule.
- 37.** **Policy Year** means a period of twelve (12) consecutive months starting from the Policy Commencement Date and ending on the day immediately preceding the following Policy anniversary date and each subsequent period of twelve (12) consecutive months thereafter.
- 38.** **Premium Payment Term (PPT)** means the period in years during the Policy Term in which Premiums are payable by the Policyholder under the Policy, as specified in the Policy Schedule.
- 39.** **Premium/s** means the contractual amount payable by the Policyholder in a Policy Year on the due date as set out in the Policy Schedule to secure the Benefits under this Policy. Applicable tax, cess and other levies if any are payable in addition.
- 40.** **Proposal** means the proposal form filled in and submitted by You to the Company for issuance of this Policy.
- 41.** **Renewal Premium** means the Premium payable in second Policy Year and onwards during the Premium Payment Term under Limited Pay and Regular Pay Policies.
- 42.** **Regular Pay Policy** means the Policy, where the Premium payment is throughout the Policy Term with Premium Payment Term and Policy Term being equal and Premiums are payable at regular intervals like annually, half yearly, quarterly, monthly or any other interval as approved by the Authority.
- 43.** **Regulations** mean the laws and Regulations in effect as amended from time to time and applicable to this Policy, including without limitation the Regulations and directions issued by the Insurance Regulatory and Development Authority of India (IRDAI) from time to time. The applicable Regulation shall form a part and parcel of the terms and conditions, and the terms and conditions shall be read along with the Regulation.
- 44.** **Revival** means restoration of the Policy, which is in lapsed status due to non-payment of the Premium (as stated in Part D in this Policy Document), by the Company with all the Benefits mentioned in the terms and conditions, with or without Rider Benefits, if any upon receipt of all the Premiums due and other charge/late fee if any, as per the terms and conditions of the Policy, upon being satisfied as to the continued insurability of the Life Assured/Policyholder on the basis of the information, documents and reports furnished by the Policyholder, in accordance with the board approved underwriting guidelines.

45. **Revival Period** shall mean the period of five years (during the Policy Term) from the due date for payment of the first unpaid Premium during which the Policyholder is entitled to revive the Policy for full Benefits, as provided in terms of Part D of this Policy Document.
46. **Risk Commencement Date** means the date from which risk is assumed by the Company and as specified in the Policy Schedule.
47. **Single Pay Policy** means the Policy, where the Premium payment is made only one time in lump sum at the Date of Inception of the Policy.
48. **Sum Assured on Death** means an absolute amount of Benefit which is agreed to be paid by Us on occurrence of death of Life Assured as per the terms and conditions of this Policy and as specified in Policy Schedule or such amount as may be endorsed on the Policy.
49. **Terminal Illness** means an advanced or rapidly progressing incurable and un-correctable medical condition which, in the opinion of two independent Medical Practitioners specializing in treatment of such illness, certifies that the illness is expected to lead to death of the Life Assured within 6 months of the date of diagnosis of the Terminal Illness.
The Company reserves the right for an independent assessment by two different Medical Practitioners other than the Medical Practitioner whose diagnosis has been provided by the Life Assured.
50. **Unexpired Risk Premium Value** means an amount, if any, that becomes payable in case of Early Termination of the Policy, in accordance with the terms and conditions of the Policy as mentioned in Part D of this Policy Document.
51. **Total Premiums Paid** means total of all the Premiums received, excluding any extra Premium, any rider premium and taxes.
52. **"We", "Us", "Our" "Ours", "Digit" "Digit Life" "Digit Life Insurance", "Insurer" and "Company"** refers to Go Digit Life Insurance Limited.
53. **"You", "Your", "Yours"** refers to the Policyholder named in Policy Schedule.

PART - C

Product Core Benefits (Benefits Payable Under This Policy)

1. Death Benefit:

Subject to terms and conditions of this Policy and the Policy remaining In-Force as on the date of the death of the Life Assured (after the Risk Commencement Date but before the Policy End Date), the Company shall pay the lumpsum Death Benefit as mentioned below to the Claimant after deducting the Premiums, if any due for the Policy Year in which the death has occurred. In the event of death claim during the Grace Period, the Company shall pay Death Benefit in lumpsum as follows, subject to the deduction of any Premium which is unpaid as on the date of death.

Death Benefit payable shall be the highest of the following:

- i. 105% (One Hundred Five percent) of Total Premiums Paid as on the date of death of the Life Assured, OR
- ii. 10 times the Annualized Premium, OR
- iii. Sum Assured on Death

The Policy shall terminate on payment of Death Benefit.

2. Inbuilt Optional Benefits

One or more of the following Inbuilt Optional Benefits can be chosen at the Date of Inception of the Policy subject to Our acceptance, prevailing underwriting policy of the Company and terms and conditions of this Policy. Subject to terms and conditions of this Policy and Policy remaining In-Force at the time of insured event, the Company shall pay the chosen Inbuilt Optional Benefit/s in lumpsum as specified in the Policy Schedule and as described below. Once chosen at the Date of the Inception of Policy, Inbuilt Optional Benefit/s cannot be changed later. Inbuilt Optional Benefits are not applicable for Point-of-Sale Policies.

2.1 Additional Accidental Death Benefit (Additional ADB):

If this Inbuilt Optional Benefit is chosen, then in the event of death of the Life Assured due to an Accident, provided that the Accident has occurred during the Policy Term and the Policy is In-Force, in addition to the Death Benefit, the Accidental Death Benefit as specified in the Policy Schedule shall be payable in lumpsum. Additional Accidental Death Benefit payable shall be equal to 100% of Sum Assured on Death. A claim under this Benefit Option shall be admitted provided that the death:

- i. is caused by Injury resulting from an Accident,
- ii. occurs solely and directly due to the Injury, and independent of any other causes,
- iii. occurs within 180 days of the occurrence of Accident and
- iv. is not a result from any of the causes listed in the exclusions for Accidental Death Benefit specified in Annexure IV.

In case, the Accident occurs while the Life Assured's Additional Accidental Death Benefit is In-force, but the Accidental Death occurs after the Policy End Date and within 180 days of the Accident, Additional Accidental Death Benefit shall be payable to the Claimant.

The Policy shall terminate on payment of the Additional Accidental Death Benefit.

Definitions and exclusions pertaining to Additional Accidental Death Benefit are provided in Annexure IV in this Policy Document.

2.2 Additional Accidental Total and Permanent Disability (ATPD) Benefit:

If this Inbuilt Optional Benefit is chosen, then upon occurrence of total and permanent disability due to an Accident, provided that the Accident has occurred during the Policy Term and the Policy is In-Force, Additional Accidental Total and Permanent Disability Benefit as specified in Policy Schedule shall be payable in lumpsum. Additional Accidental Total and Permanent Disability Benefit payable shall be equal to 100% of Sum Assured on Death and shall be in addition to Death Benefit and other Inbuilt Optional Benefit(s) (if any).

In case, the Accident occurs while the Life Assured's Additional Accidental Total and Permanent Disability Benefit is In-Force, but the Accidental Total and Permanent Disability (ATPD) occurs after the Policy End Date and within 180 days of the Accident, Additional Accidental Total and Permanent Disability Benefit shall be payable to the Claimant.

On payment of the Additional ATPD Benefit, insurance cover for this Benefit under Policy terminates, however, the Policy shall continue for In-Force Death Benefit and other In-Force Inbuilt Optional Benefits (if any) for the remaining Policy Term.

Definitions and exclusions pertaining to Additional Accidental Total and Permanent Disability Benefit are provided in Annexure V in this Policy Document.

2.3 Accelerated Terminal Illness Benefit

If this Inbuilt Optional Benefit is chosen, Accelerated Terminal Illness Benefit as specified in Policy Schedule shall be payable as lump sum upon the occurrence of Terminal Illness condition in respect of Life Assured during the Policy Term, where such an occurrence happens while the Policy is In Force.

This is an accelerated Benefit, which means it only facilitates an earlier payment of Death Benefit on prior occurrence of the Terminal Illness. It is payable only once during the lifetime of the Life Assured and shall be equal to the Death Benefit under the Policy.

The Terminal Illness must be diagnosed and confirmed by Medical Practitioners. We reserve the right for an independent assessment by two different Medical Practitioners other than the Medical Practitioner whose diagnosis has been provided by Life Assured.

The Policy shall terminate upon payment of Accelerated Terminal Illness Benefit.

3. Survival / Maturity Benefit

This Policy does not provide any Survival or Maturity Benefit on survival of the Life Assured.

4. Wellness Benefit

Through this program, We intend to incentivize the Life Assured for taking care of his/her health/fitness and maintaining healthy lifestyle through such preventative and wellness services.

The applicability of the wellness benefit program and its features may be amended from time to time as per the availability of suitable service providers. The list of services under this program and terms and conditions applicable to them are provided in Annexure VI in this Policy Document.

5. Premium under this Policy:

5.1. Payment of Premiums: This Policy is issued subject to the Policyholder making prompt and regular payment of Premium as and when due during the Premium Payment Term as mentioned in the Policy Schedule and it shall be the responsibility of the Policyholder to ensure regular payment of the Premium. Any Premium paid by You will be deemed to have been received by Us only after the same has been realized and credited to Our bank account.

Except in case of Single Pay Policy, Premiums under the Policy can be paid on annual, half-yearly, quarterly or monthly basis as per the chosen Premium payment frequency and as set out in the Policy Schedule or as amended subsequently. The method of Premium collection will be subject to board approved underwriting policy of the Company.

For Premium payment frequency other than annual, instalment Premiums payable are calculated by applying the loading factor as given below on annual premium:

Premium paying frequency	Loading factor
Half-yearly	2%
Quarterly	3%
Monthly	4%

Policyholder will have an option to change the Premium payment frequency during Premium Payment Term by submitting a written request to Us, provided the limits of minimum Premium for the chosen Premium payment frequency are adhered to and the Benefits remains unchanged. Any change in the Premium payment frequency will result in a change in the Premium amount basis the applicable loading factors. A change in Premium payment frequency will be effective only on the Policy anniversary following the receipt of such request, subject to the Policy being In Force.

5.2 Payment of Advance Premiums: Collection of advance Premium shall be allowed within the same financial year for the Premium due in that financial year. However, where the Premium due in one financial year is being collected in advance in earlier financial year, Premium for maximum period of three months in advance of the due date shall be collected or as may be permitted by IRDAI. The Premium so collected in advance shall only be adjusted on the due date of the Premium. These advance premiums shall be non-refundable, except in case of Free Look Cancellation of this Policy.

Any Premiums paid before the due date will be deemed to have been received on the due date for that Premium.

6. Grace Period

Except for Single Pay Policies, a` Grace Period of fifteen (15) days from the due date of the first unpaid Premium for Policies with monthly Premium payment frequency and thirty (30) days from the due date of the first unpaid Premium for all other available Premium payment frequencies will be allowed for the payment of each due Premium instalment. Instalment Premium Payment in parts shall not be accepted. During the Grace Period, the Policy shall continue to be In Force for availing the Benefit(s) as applicable. Any unpaid due Premium is deductible from the Benefits that may arise during the Grace Period. The Company shall pay the applicable Benefit during Grace Period, subject to the deduction of the Premiums due as well as balance Premiums for the Policy Year, if any under the Policy.

A Premium will be deemed to remain unpaid if the Premium amount has not been realized by Us.

PART - D

Policy Servicing Related Aspects

1. Free Look Provisions:

If You do not agree with the terms and conditions of the Policy, You have the option to request for cancellation of the Policy by returning the original Policy Document (in case the physical copy of Policy Document was sent to the Policyholder) along with a written request stating the reasons for objection to Us within 30 days from the date of receipt of Policy Document. Upon such Free-Look cancellation, the Company shall refund the Premiums received after deducting proportionate risk premium for the period of insurance coverage and expenses incurred on medical examination of Life Assured, if any and applicable stamp duty. The Policy and all the Benefits, rights under it shall immediately stand terminated on the cancellation of the Policy.

2. Lapsation of the Policy (applicable for Limited Pay and Regular Pay Policies only):

If the due Premium is not paid by the end of Grace Period, the Policy will lapse on the expiry of Grace Period until the Policy is revived for full Benefits within the Revival Period. No Benefit shall be payable if the Policy is in lapsed status.

However, for Limited Pay Policies, if at least three full year's Premiums are paid and no further Premium is paid, then only in case of event of death of Life Assured after the Grace Period, Death Benefit equal to prevailing Unexpired Risk Premium Value payable on Early Termination as applicable on the date of death shall be payable to the Claimant.

In any case, Inbuilt Optional Benefits (if chosen) shall not be payable for the Policy in lapsed status.

3. Reduced Paid-up Benefit

This Policy does not have any reduced paid-up benefit.

4. Early Termination of Policy

For Single Pay Policies, Policy can be terminated any time before the completion of Policy Term and Unexpired Risk Premium Value, if any, shall be payable on such Early Termination of the Policy.

Unexpired Risk Premium Value on Early Termination of Single Pay Policies = $60\% \times \text{Single Premium amount} \times (\text{Outstanding Policy Term}/\text{Policy Term})$

For Limited Pay Policies, Policy can be terminated any time before the completion of Policy Term and Unexpired Risk Premium Value, if any, shall be payable on such Early Termination of the Policy, provided three full years' Premiums are received by Us before such termination.

Unexpired Risk Premium Value on Early Termination of Limited Pay Policies = $60\% \times \text{Total Premiums Paid} \times (\text{Outstanding Policy Term}/\text{Policy Term}) \times (1 - \text{Premium Payment Term} / \text{Policy Term})$

In case, any Limited Pay Policy is terminated where three full years' Premiums are not paid, the Unexpired Risk Premium Value shall not be applicable.

For Regular Pay Policies: No Unexpired Risk Premium Value is payable for Regular Pay Policies.

Any change to the above-mentioned formula for deriving Unexpired Risk Premium Value shall be subject to the prior approval of the Authority.

All the rights / title and interest under the policy shall stand extinguished upon Early Termination of the Policy.

5. Revival

5.1. Subject to the approval of the Company and the prevailing board approved underwriting policy, this Policy, if lapsed may be revived for full Benefits before the Policy Maturity Date but within five years from the due date for payment of the first unpaid Premium provided that;

5.1.1 This Policy has not been surrendered for cash;

5.1.2 No claim has arisen under this Policy;

5.1.3 Where required by the Company, a written application for Revival/ is received from the Policyholder by the Company, together with evidence of insurability and health of the Life Assured, to the satisfaction of the Company; and

5.1.4. All amounts necessary to revive this Policy including all arrears Premiums with interest for late payment of Premiums /Revival charge set as per the formula below and is subject to IRDAI's approval: (10-year benchmark G-Sec Yield + 1.5%) rounded up to multiple of 25 bps. The Revival interest rate will be reviewed on 31st March of every year and any change in Revival interest rate will be applicable from the following 1st July to 30th June period.

The current rate of interest for Revival is 9.00% p.a. Interest rate will be as prevailing from time to time. Any change on basis of determination of interest rate for Revival can be done only after prior approval of the Authority.

5.2. Notwithstanding anything to the contrary contained elsewhere in this Policy, the Company reserves the right to revive the lapsed Policy either on its original terms and conditions or on such other or modified terms and conditions as the Company may specify or to reject the Revival. If needed the Company may refer it to its medical examiner in deciding on Revival of lapsed Policy. Subject to the provisions of Part D.5.1 above, the Revival shall come into effect on the date when the Company specifically communicates it in writing to the Policyholder.

5.3. If the Policy in lapsed status is not revived for full Benefits before the Policy End Date but within five years from the due date for payment of the first unpaid Premium, then the Policy will terminate and no Benefit shall be payable to the Claimant.

6. Policy Loan:

Policy loan is not available under this Policy.

7. Payment of Benefits:

7.1. Payment of the Benefits under this Policy shall be subject to deduction of any unpaid Premium due, balance Premiums for the Policy Year of death and deduction of any Indebtedness.

7.2. Payment of all the Benefits as shown in the Policy Schedule shall be subject to receipt of proof by the Company to its satisfaction:

7.2.1. of the Benefits having become payable as set out in this Policy and as per the terms and conditions of this Policy; and

7.2.2. of the title of the person or persons claiming the Benefits; and

7.2.3. of the correctness of the Age of the Life Assured as stated in the Proposal, if not previously admitted.

7.3. All Benefits and other sums under this Policy shall be payable in the manner and currency allowed/permited under the Regulations and shall be payable by NEFT, account payee cheque or other permissible modes.

7.4. The Company shall pay the applicable Benefits and other sums payable under this Policy to the Policyholder / Claimant as the case may be. Once the applicable Benefits under this Policy are paid to the Policyholder / Claimant as the case may be, the same will constitute a valid discharge of Our liability under this Policy.

7.5. Apart from the Benefits mentioned hereinabove in part C, and if applicable as per the Policy Schedule, the Company shall not be liable to pay any other Benefits to the Claimant.

8. Termination

a. **Termination of Policy:** All the rights and Benefits under the Policy shall terminate upon the occurrence of the earliest of the following:

- i) On the date on which We receive a Freelook cancellation request from the Policyholder;
- ii) On the date of payment of Death Benefit on death of Life Assured
- iii) On the date of payment of Accelerated Terminal Illness Benefit.
- iv) On Policy End Date
- v) On lapsed Policy not being revived during the Revival Period;
- vi) On the date of Early Termination;
- vii) On the date of payment of dues as per suicide clause (as mentioned in Part F)
- viii) On cancellation / termination of the Policy by Company on grounds of fraud, misstatement and suppression of a material fact in accordance with Section 45 of Insurance Act, 1938 as amended from time to time.

9. Loss of Policy Document & Issuance of duplicate Policy Document:

In the event, if the physical Policy Document received by You is lost or destroyed, you may make a written request for a duplicate Policy Document, which We will issue duly endorsed to show that it is in place of the original document, provided that, We receive the fee not exceeding Rs. 250 for issuing the duplicate Policy Document. Upon the issue of a duplicate Policy Document,

- a. the original one shall cease to have any legal force or effect.
- b. You agree that You shall indemnify and hold Us free and harmless from and against any and all claims, losses, costs expenses, awards, judgements, demands or damages that may arise under or in relation to the original Policy document.

c. You will not be entitled to any free-look period cancellation on duplicate Policy document issued. However, we may permit free-look period cancellation in cases where after investigation, it is evident that You did not receive the original Policy document, either in physical or the soft copy.

PART - E

All the Applicable Charges, Fund Name, Fund Options, etc. (Applicable especially for ULIP Policies)

- 1) Not Applicable as this is a non-linked product.

PART - F

General Terms and Conditions

- 1) **Fraud, Misstatement and forfeiture:** In issuing this Policy, the Company has relied on, and would rely on, accuracy and completeness of the information provided by the Policyholder/Life Assured and any other declarations or statements made or as may be made hereafter, by the Policyholder/Life Assured.

In case of fraud or misstatement or forfeiture, the Policy shall be treated in accordance with the provisions of Section 45 of the Insurance Act, 1938 as amended from time to time.

[A Leaflet containing the simplified version of the provisions of Section 45 is enclosed as Annexure I for reference]

- 2) **Misstatement of Age:** The Age of the Life Assured has been admitted on the basis of the declaration made by the Policyholder / Life Assured in the Proposal Form and/or in any document/statement based on which this Policy has been issued. If the Age of the Life Assured is found to be different from that declared, the Company may adjust the Premiums and/or the Benefits under this Policy and/or recover the applicable balance amounts, if any, along with interest thereon, as it deems fit. This Policy shall however become void from Risk Commencement Date and We may refund the Premiums paid (excluding applicable taxes) subject to deduction of proportionate risk premium for the period of insurance cover in addition to the expenses incurred on medical examination (if any), stamp duty charges and Benefits already paid, if any, if at any time the Age of the Life Assured is found to be higher than the maximum Entry Age or lower than the minimum Entry Age that was permissible under this Policy at the time of Risk Commencement Date. The provisions of Section 45 of the Insurance Act 1938 as amended from time to time shall be applicable.

- 3) **Assignment:** Assignment should be in accordance with provisions of Section 38 of the Insurance Act 1938 as amended from time to time.

[A Leaflet containing the simplified version of the provisions of Section 38 is enclosed as Annexure II for reference].

- 4) **Nomination:** Nomination should be in accordance with provisions of Section 39 of the Insurance Act 1938 as amended from time to time.

[A Leaflet containing the simplified version of the provisions of Section 39 is enclosed as Annexure III for reference]

- 5) **Review, revision:** The Company reserves the right to review, revise, delete and/ or alter any of the terms and conditions of this Policy, including without limitation the Benefits, the Premiums with the prior approval of IRDAI.

- 6) **Release and discharge:** The Policy will terminate automatically on payment of the refund from Free Look cancellation, Unexpired Risk Premium Value, Death Benefit, on lapse of the Policy if not revived in accordance with terms and conditions of this Policy or on happening of events that the Policy states specifically that the Policy shall

terminate, as the case may be, and the Company will be relieved and discharged from all obligations under this Policy thereafter.

7) Taxes, duties and levies and disclosure of information:

Taxes, duties and levies: It shall be the sole responsibility of the Policyholder/Claimant to ensure compliance with all applicable laws including Regulations, taxation laws, and payment of all applicable taxes in respect of the Premiums and Benefits or other payouts made or received by the Policyholder/Claimant under this Policy and the Company does not accept any liability or responsibility in this regard. Except as may be specifically required by the Regulations, the Company shall not be responsible for any tax liability arising in relation to this Policy, the Premiums payable or the Benefits or other payouts made in terms of this Policy. The Company shall be entitled to deduct such amounts towards taxes, duties or such other levies as may be required from any sum received by it or payable under this Policy, and deposit the amount so deducted with the appropriate government or regulatory authorities. Policyholder/Claimant acknowledge that they are solely responsible for understanding and complying with their respective tax obligations (including but not limited to, tax payment or filing of returns or other required documentation relating to the payment of all relevant taxes in all jurisdictions in which Your tax obligations arise and relating to the Services provided by Us).

We do not provide any tax advice. Policyholder/Claimant is advised to seek independent legal and/or tax advice. We have no responsibility in respect of Policyholder/Claimant's tax obligations in any jurisdiction including but not limited to those that relate specifically to the Services provided by Us. Tax benefits, if any, may be available as per extant tax laws.

8) Notice by the Company under the Policy: We will send you the Policy Document in accordance with the applicable laws. We will send the communication or notices to You either in physical at Your registered address or in electronic mode (including sms) at registered e-mail id or registered mobile number and / or through facsimile provided by You in Proposal Form or otherwise notified to Us, or by issuing general notice, including by publishing such notices in newspapers and / or on Company's website. Any change in the mailing address or any other communication details /email or registered mobile number of Policyholder/Life Assured or Claimant must be notified to Us immediately. This will help Us to serve You better.

9) Electronic Transactions: All transactions carried out by the Policyholder through Internet, electronic data interchange, call centres, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication will be valid and legally binding on the Policyholder / Life Assured / Claimants as well as the Company. This will be subject to the relevant guidelines and terms and conditions as may be made applicable by the Company.

10) Governing Law and Jurisdiction: This Policy shall be governed by and interpreted in accordance with the laws of India. All actions, suits and proceedings under this Policy shall be subject to the exclusive jurisdiction of the courts in India.

11) Entire Contract: This Policy comprises of the terms and conditions set forth in this Policy Document, the Policy Schedule, and the endorsements, if any, made on or applicable to this Policy, which shall form an integral part and the entire contract evidenced by this Policy. The liability of the Company is at all times subject to the terms and conditions of this Policy and the endorsements made from time to time.

12) Recovery: We reserve the right to recover the amount from the Policyholder or the Claimant or any other person, if it is found that the Benefits are erroneously paid due to the fault of the Policyholder or the Claimant. However, the Policyholder will not be liable or responsible for any wrong payments made by the Company without any fault on the part of the Policyholder, however the Company shall be entitled to recover the amount paid erroneously from the Policyholder or any other person deriving the Benefit of the said error.

13) Policy Currency: All Contributions/Premiums and Benefits payable shall be paid in Indian Rupees only.

14) Suicide Exclusion: In case of death of the Life Assured due to suicide within 12 months from the Risk Commencement Date under the Policy or from the date of Revival of the Policy, as applicable, Claimant shall be entitled to at least 80% of the Total Premiums Paid till the date of death or Unexpired Risk Premium Value available as on the date of death whichever is higher, provided the Policy is In Force.

15) Requirements for claims /Claim Procedure: In order to register a claim under the Policy, the Claimant shall endeavor to inform Us in writing with the following documents (as applicable) along with bank account details (Cancelled Cheque/copy of pass book with IFSC code) of the Claimant:

- a) **For Death Claim, except death claims arising out of accidents or unnatural deaths**
 - i) Duly completed Claim Form signed by Claimant.
 - ii) Original Policy Document
 - iii) KYC document of Life Assured and Claimant
 - iv) Attested copy of Death Certificate of the Life Assured issued by Indian Government Authority.
 - v) Medical treatment records (discharge summary / death summary, investigation and treatment reports, post mortem report, etc) if Life Assured has taken treatment for illness leading to his/her death

- b) **In case of Death Benefit claim arising out of Accident or unnatural death**, the following documents need to be submitted, in addition to above requested documents:
 - i) Police Records – Attested copy of First Information Report, Panchnama / Inquest Panchnama
 - ii) Newspaper cutting/Photograph of the accident, in case of Accidental Deaths.
 - iii) Attested Copy of Post Mortem Report (Only if conducted).
 - iv) Attested Copy of Viscera report if any (Only if Post Mortem is conducted)

- c) **For Accidental Total and Permanent Disability Benefit Claim:**
 - i) Claimants Statement for Disability Claim,
 - ii) Attested copy of disability certificate from relevant Government Medical authority.
 - iii) All investigation including Medical Records, Indoor Case papers, Lab tests reports confirming the disability
 - iv) Complete treatment record with follow-up documentation
 - v) Attested copy of FIR (if required)
 - vi) Disability assessment report from Digit empanelled medical specialist (if required)
 - vii) KYC document of Claimant

- d) **For Accelerated Terminal Illness Benefit claim:**
 - i) Duly completed Claim Form signed by Claimant.
 - ii) Medical Report(s) including Investigation report(s), indoor case papers, Hospital Summary/Discharge Card
 - iii) Medical Practitioner's Certificate confirming the Illness/Treatment advise/Medical Reference
 - iv) KYC document of Claimant

Notwithstanding anything contained in Clause 15 above of this Part F, depending upon the cause or nature of the claim, the Company reserves the right to call for any other and/or additional documents or information, including documents/information concerning the title of the person claiming the Benefit/(s) under this Policy, to the satisfaction of the Company, for processing of the claim.

The claim should be intimated to the Company within a period of 90 days from the date of insured event, to treat the same as a valid claim. However, delay in intimation of claim or submission of documents should be supported by valid reasons for the Company to condone such delay.

16) Claims Intimation

- a) The claim can be notified with proof of claim to the Claims Department' at lifeclaims@godigit.com, and the claim documents to be simultaneously sent at Go Digit Life Insurance Limited, Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka 560095.
- b) Claims can also be intimated at Our helpline number – 9960126126 and claim documents to be simultaneously sent at Digit Life Office address as mentioned above in (a) and (b).
- c) Claim intimation to the Company can also be made in writing and delivered to the nearest branch office or Corporate Office address, which is currently as:

Claims department

Go Digit Life Insurance Limited

Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka 560095

Helpline Number: 9960126126

Email id: lifeclaims@godigit.com

Any change in the address or details above will be communicated by the Company to the Policyholder. Our liability under the Policy will be automatically discharged on payment to the Claimant.

PART - G

Grievance Redressal Mechanism and Ombudsman Details

1) Contact Information for Complaints & Grievance Redressal

- a) Meet your Grievance Officer at Your nearest Digit Life Branch Office
- b) Write to life@godigit.com from Your registered email address.
- c) Call 9960126126 from your registered mobile number.

2) Grievance Escalation Matrix

- a) **Level 1:** In case the complainant is not satisfied with the response, the complainant can escalate the grievance to Chief Grievance Redressal Officer within 8 weeks from date of complaint resolution at lifegro@godigit.com.

Address:

The Chief Grievance Redressal Officer
Go Digit Life Insurance Limited.
Atlantis,95,4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka 560095

- b) **Level 2:** In case the complainant is not satisfied with the response or does not receive any response from the Chief Grievance Redressal Officer within 15 days, complainant may approach the grievance cell of the Insurance Regulatory and Development Authority of India (IRDAI):

IRDAI Grievance Call Centre (IGCC) Address:

Consumer Affairs Department, Insurance Regulatory and Development Authority of India
Survey No. 115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad
Telangana State – 500032
Toll Free Number: 155255 (or) 1800 4254 732
Timings: 8 AM to 8 PM (Monday to Saturday)
Email: complaints@irdai.gov.in
Website: <http://igms.irda.gov.in>

c) Level 3

Manner of making complaints to Insurance Ombudsman: In case the complainant is not satisfied with the decision/resolution of the Company, or does not receive any response from the Company within 30 days of filing the complaint, the complainant may approach the nearest Insurance Ombudsman. Pls refer the list of Insurance Ombudsman at the end of this section.

As per the provisions of Rule 13(1) of Insurance Ombudsman Rules, 2017, the Ombudsman shall receive and consider complaints or disputes relating to:

- i) delay in settlement of claims
- ii) any partial or total repudiation of claims
- iii) disputes over premium paid or payable in terms of the policy
- iv) misrepresentation of policy terms and conditions
- v) legal construction of insurance policies in so far as the dispute relates to claim.
- vi) servicing related grievances against insurers, their agents and intermediaries
- vii) issuance of policy not in conformity with Proposal form submitted.
- viii) non-issuance of insurance policy after premium receipt; and
- ix) any other matter resulting from regulatory violation, related to issues mentioned at clauses a. to h.

As per the provisions of Rule 14 of Insurance Ombudsman Rules, 2017:

Rule 14(1), any person who has a grievance against an insurer, may himself or through his legal heirs, nominee or assignee, make a complaint in writing to the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the insurer complained against or the residential address or place of residence of the complainant is located.

Rule 14(2), the complaint shall be in writing, duly signed by the complainant or through his legal heirs, nominee or assignee and shall state clearly the name and address of the complainant, the name of the branch or office of the insurer against whom the complaint is made, the facts giving rise to the complaint, supported by documents, the nature and extent of the loss caused to the complainant and the relief sought from the Insurance Ombudsman.

Rule 14(3), no complaint to the Insurance Ombudsman shall lie unless:

- i) the complainant makes a written representation to the insurer named in the complaint and
 - (1) either the insurer had rejected the complaint; or
 - (2) the complainant had not received any reply within a period of one month after the insurer received his representation; or
 - (3) the complainant is not satisfied with the reply given to him by the insurer
- ii) The complaint is made within one year—
 - (1) after the order of the insurer rejecting the representation is received; or
 - (2) after receipt of decision of the insurer which is not to the satisfaction of the complainant.
 - (3) after expiry of a period of one month from the date of sending the written representation to the insurer if the insurer named fails to furnish reply to the complainant.

Rule 14(4), the Ombudsman shall be empowered to condone the delay in such cases as he may consider necessary, after calling for objections of the insurer against the proposed condonation and after recording reasons for condoning the delay and in case the delay is condoned, the date of condonation of delay shall be deemed to be the date of filing of the complaint, for further proceedings under these rules.

Rule 14(5), no complaint before the Insurance Ombudsman shall be maintainable on the same subject matter on which proceedings are pending before or disposed of by any court or consumer forum or arbitrator.

List of Insurance Ombudsman Centers

Contact Details	Jurisdiction
AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.
BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	State of Karnataka
BHOPAL Office of the Insurance Ombudsman, 1 st Floor, "Jeevan Shikha" 60-B, Hoshangabad Road, Opp Gayatri Mandir, Bhopal -462 011. Tel.: - 0755-2769201/2769202 Email: bimalokpal.bhopal@cioins.co.in	States of Madhya Pradesh and Chattisgarh.
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneshwar-751009. Tel.: - 0674-2596461/2596455 Email: bimalokpal.bhubaneswar@cioins.co.in	State of Orissa.
CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No.101-103,2nd Floor, Batra Building, Sector 17-D, Chandigarh-160 017. Tel.: - 0172-4646394 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in	States of Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.

<p>CHENNAI Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai-600 018. Tel.: - 044-24333668 /24333678 Email: bimalokpal.chennai@cioins.co.in</p>	<p>State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).</p>
<p>NEW DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, New Delhi-110 002. Tel.: - 011-23237539 Email: bimalokpal.delhi@cioins.co.in</p>	<p>Delhi and following districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.</p>
<p>GUWAHATI Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, Near Panbazar Overbridge, S.S. Road, Guwahati-781 001 (ASSAM). Tel.: - 0361-2632204/2602205 Email: bimalokpal.guwahati@cioins.co.in</p>	<p>States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p>HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, Lane Oppo. Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, Hyderabad-500 004. Tel : 040-23312122 Email: bimalokpal.hyderabad@cioins.co.in</p>	<p>States of Andhra Pradesh, Telangana and Union Territory of Yanam and a part of the Union Territory of Pondicherry.</p>
<p>JAIPUR Office of the Insurance Ombudsman, Ground Floor, Jeevan Nidhi II, Bhawani Singh Road, Jaipur – 302005 Tel : 0141-2740363//2740798 Email: Bimalokpal.jaipur@cioins.co.in</p>	<p>State of Rajasthan</p>
<p>KOCHI Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College, M.G.Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in</p>	<p>State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Pondicherry.</p>
<p>KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4, C.R. Avenue, 7th Floor, Kolkata - 700 072. Tel : 033-22124339/22124341 Email:- bimalokpal.kolkata@cioins.co.in</p>	<p>States of West Bengal, Sikkim, Union Territories of Andaman and Nicobar Islands.</p>
<p>LUCKNOW Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel : 0522 - 4002082/ 3500613 Email: bimalokpal.lucknow@cioins.co.in</p>	<p>Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahrach, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajganj, Santkabirnagar, Azamgarh,</p>

	Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), Mumbai-400 054. Tel : 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in	States of Goa and Mumbai Metropolitan Region excluding areas of Navi Mumbai & Thane
NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector-15, Gautam Budh Nagar, U.P.-201301 Tel.: 0120-2514252 / 2514253 Email:- bimalokpal.noida@cioins.co.in	States of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautam Budh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
PATNA Office of the Insurance Ombudsman, 2 nd Floor, North Wing, Lalit Bhawan, Bailey Road, Patna - 800 001. Tel.: 0612 – 2547068 Email:- bimalokpal.patna@cioins.co.in	States of Bihar and Jharkhand
PUNE Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in	State of Maharashtra, Area of Navi Mumbai & Thane but excluding Mumbai Metropolitan Region

Note: For further information or latest updated list of Ombudsman Office addresses, kindly visit the following website. <https://www.cioins.co.in/Ombudsman>

IRDAI Notice - Beware of Spurious/Fraud Phone Calls: IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.

Digit Glow Term Life Insurance UIN: 165N005V01 Go Digit Life Insurance Limited (previously known as Go Digit Life Sciences 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; Customer Helpline Number: 9960126126; Website:www.godigit.com/life Email: life@godigit.com

ANNEXURE - I

Section 45 – Policy shall not be called in question on the ground of misstatement after three years

Provisions regarding Policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended from time to time are as follows:

- 1) No Policy of Life Insurance shall be called in question **on any ground whatsoever** after expiry of 3 years from
 - a) the date of issuance of Policy or

- b) the date of commencement of risk or
 - c) the date of Revival of Policy or
 - d) the date of rider to the Policy,
whichever is later.
- 2) On the ground of fraud, a Policy of Life Insurance may be called in question within 3 years from
- a) the date of issuance of Policy or
 - b) the date of commencement of risk or
 - c) the date of Revival of Policy or
 - d) the date of rider to the Policy
whichever is later.
- For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground 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:
- a) The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
 - b) The active concealment of a fact by the insured having knowledge or belief of the fact;
 - c) Any other act fitted to deceive; and
 - d) 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 misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the Policyholder, if alive, or claimant.
- 6) Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which Policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the Policy of life insurance is based.
- 7) In case repudiation is on ground of misstatement and not on fraud, the Premium collected on Policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation.
- 8) 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.
- 9) 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.

[Disclaimer: This is not a comprehensive list of amendments. Policyholders are advised to refer to Section 45 of the Insurance Act, 1938, as amended from time to time for complete and accurate details].

ANNEXURE - II

Section 38 – Assignment and Transfer of Insurance Policies:

Provisions regarding assignment or transfer of a Policy in terms of Section 38 of the Insurance Act, 1938, as amended from time to time are as follows:

- 1) This Policy may be transferred/assigned, wholly or in part, with or without consideration.

- 2) An Assignment may be effected in a Policy by an endorsement upon the Policy itself or by a separate instrument under notice to the Insurer.

- 3) The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made.

- 4) The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness.

- 5) The transfer of assignment shall not be operative as against an insurer until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy thereof certified to be correct by both transferor and transferee or their duly authorized agents have been delivered to the insurer.

- 6) Fee to be paid for assignment or transfer can be specified by the Authority through Regulations.

- 7) On receipt of notice with fee, the insurer should Grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the insurer of duly receiving the notice.

- 8) If the insurer maintains one or more places of business, such notices shall be delivered only at the place where the Policy is being serviced.

- 9) The insurer may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is
 - a) not bonafide or
 - b) not in the interest of the Policyholder or
 - c) not in public interest or
 - d) is for the purpose of trading of the Insurance Policy.

- 10) Before refusing to act upon endorsement, the Insurer should record the reasons in writing and communicate the same in writing to Policyholder within 30 days from the date of Policyholder giving a notice of transfer or assignment.

- 11) In case of refusal to act upon the endorsement by the Insurer, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Insurer.

- 12) The priority of claims of persons interested in an insurance Policy would depend on the date on which the notices of assignment or transfer is delivered to the insurer; where there are more than one instruments of transfer or assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to Authority.

- 13) Every assignment or transfer shall be deemed to be absolute assignment or transfer and the assignee or transferee shall be deemed to be absolute assignee or transferee, except
 - a) where assignment or transfer is subject to terms and conditions of transfer or assignment OR
 - b) where the transfer or assignment is made upon condition that
 - c) the proceeds under the Policy shall become payable to Policyholder or nominee(s) in the event of assignee or transferee dying before the insured OR
 - d) the insured surviving the term of the Policy

Such conditional assignee will not be entitled to obtain a loan on Policy or surrender the Policy. This provision will prevail notwithstanding any law or custom having force of law which is contrary to the above position.

- 14) In other cases, the insurer shall, subject to terms and conditions of assignment, recognize the transferee or assignee named in the notice as the absolute transferee or assignee and such person
 - a) shall be subject to all liabilities and equities to which the transferor or assignor was subject to at the date of transfer or assignment and
 - b) may institute any proceedings in relation to the Policy
 - c) obtain loan under the Policy or surrender the Policy without obtaining the consent of the transfer or assignor or making him a party to the proceedings.

- 15) Any rights and remedies of an assignee or transferee of a life insurance Policy under an assignment or transfer effected before commencement of the Insurance Laws (Amendment) Act 2015 shall not be affected by this section.

[Disclaimer: This is not a comprehensive list of amendments. Policyholders are advised to refer to Section 38 of the Insurance Act, 1938, as amended from time to time for complete and accurate details].

ANNEXURE - III

Section 39 – Nomination by Policyholder

Provisions regarding nomination of a Policy in terms of Section 39 of the Insurance Act, 1938, as amended from time to time are as follows:

- 1) The Policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the Policy shall be paid in the event of his death.
- 2) Where the nominee is a minor, the Policyholder may appoint any person to receive the money secured by the Policy in the event of Policyholder's death during the minority of the nominee. The manner of appointment is to be laid down by the insurer.
- 3) Nomination can be made at any time before the vesting of the Policy.
- 4) Nomination may be incorporated in the text of the Policy itself or may be endorsed on the Policy communicated to the insurer and can be registered by the insurer in the records relating to the Policy.
- 5) Nomination can be cancelled or changed at any time before Policy matures, by an endorsement or a further endorsement or a will as the case may be.
- 6) A notice in writing of Change or Cancellation of nomination must be delivered to the insurer for the insurer to be liable to such nominee. Otherwise, insurer will not be liable if a bona fide payment is made to the person named in the text of the Policy or in the registered records of the insurer.
- 7) Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations.
- 8) On receipt of notice with fee, the insurer should grant a written acknowledgement to the Policyholder of having registered a nomination or cancellation or change thereof.
- 9) A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the insurer or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will get affected to the extent of insurer's or transferee's or assignee's interest in the policy. The nomination will get revived on repayment of the loan.
- 10) The right of any creditor to be paid out of the proceeds of any Policy of life insurance shall not be affected by the nomination.
- 11) In case of nomination by Policyholder whose life is insured, if the nominees die before the Policyholder, the proceeds are payable to Policyholder or his heirs or legal representatives or holder of succession certificate.
- 12) In case nominee(s) survive the person whose life is insured, the amount secured by the Policy shall be paid to such survivor(s).
- 13) Where the Policyholder whose life is insured nominates his
 - a) Parents, or
 - b) Spouse, or
 - c) Children, or
 - d) Spouse, and children
 - e) or any of themThe nominees are beneficially entitled to the amount payable by the insurer to the Policyholder unless it is proved that the Policyholder could not have conferred such beneficial title on the nominee having regard to the nature of his title.
- 14) If nominee(s) die after the Policyholder but before his share of the amount secured under the Policy is paid, the share of the expired nominee(s) shall be payable to the heirs or legal representative of the nominee or holder of succession certificate of such nominee(s).
- 15) The provisions of sub-section 7 and 8 (13 and 14 above) shall apply to all life insurance policies maturing for payment after the commencement of Insurance Laws (Amendment) Act 2015.

- 16) If Policyholder dies after maturity, but the proceeds and benefit of the Policy has not been paid to him because of his death, his nominee(s) shall be entitled to the proceeds and benefit of the Policy.
- 17) The provisions of Section 39 are not applicable to any life insurance Policy to which Section 6 of Married Women's Property Act, 1874 applies or has at any time applied except where before or after Insurance Laws (Amendment) Act 2015, a nomination is made in favour of spouse or children or spouse and children whether or not on the face of the Policy it is mentioned that it is made under Section 39. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the Policy. In such a case only, the provisions of Section 39 will not apply.

[Disclaimer: This is not a comprehensive list of amendments. Policyholders are advised to refer to Section 39 of the Insurance Act, 1938, as amended from time to time for complete and accurate details].

ANNEXURE - IV

Exclusions to Additional Accidental Death Benefit

Additional Accidental Death Benefit shall not be payable if death occurs from, or is caused by, either directly or indirectly, voluntarily or involuntarily due to or caused, occasioned, accelerated or aggravated by, any one of the following:

1. Any injury before commencement of Additional Accidental Death Benefit's coverage.
2. Infection: Death caused or contributed to by any infection, except infection caused by an external visible wound accidentally sustained.
3. Death arising due to any condition other than death solely and directly as a result of an accident.
4. Intentional self-inflicted injury, attempted suicide / suicide while sane or insane.
5. Life Assured being under the influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered independent medical practitioner.
6. War, invasion, act of foreign enemy, hostilities, war like operations (whether war be declared or not), civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, willful participation in strikes / acts of violence.
7. Taking part in any naval, military or air force operation during peace time or during service in any police, paramilitary or any similar organization;
8. Participation by the Life Assured in any flying activity, except as a bona fide fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable. However, Pilots, Cabin crew, aeronautical staff members in a licensed passenger carrying commercial aircraft operating on a regular scheduled route will be covered under this product as per Board Approved Underwriting Policy.
9. Working in underground mines, tunnelling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in Hazardous Activities
10. Participation by the Life Assured in a criminal or unlawful act with criminal intent.
11. Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping, horse racing, diving or riding or any kind of race.
12. Nuclear contamination, the radio-active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature. Biological, chemical or radioactive contamination.

ANNEXURE - V

Exclusions to Additional Accidental Total and Permanent Disability Benefit

Additional Accidental Total and Permanent Disability Benefit shall not be payable if total and permanent disability occurs from, or is caused by, either directly or indirectly, voluntarily or involuntarily due to or caused, occasioned, accelerated

or aggravated by, any one of the following:

1. Any injury before commencement of Additional Accidental Total and Permanent Disability Benefit's coverage.
2. Infection: Total and permanent disability caused or contributed to by any infection, except infection caused by an external visible wound accidentally sustained.
3. Total and permanent disability arising due to any condition other than total and permanent disability solely and directly as a result of an accident.
4. Intentional self-inflicted injury, attempted suicide / suicide while sane or insane.
5. Life Assured being under the influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered independent medical practitioner.
6. War, invasion, act of foreign enemy, hostilities, war like operations (whether war be declared or not), civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, willful participation in strikes / acts of violence.
7. Taking part in any naval, military or air force operation during peace time or during service in any police, paramilitary or any similar organization;
8. Participation by the Life Assured in any flying activity, except as a bona fide fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable. However, Pilots, Cabin crew, aeronautical staff members in a licensed passenger carrying commercial aircraft operating on a regular scheduled route will be covered under this product as per Board Approved Underwriting Policy.
9. Working in underground mines, tunnelling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in Hazardous Activities
10. Participation by the Life Assured in a criminal or unlawful act with criminal intent.
11. Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping, horse racing, diving or riding or any kind of race.
12. Nuclear contamination, the radio-active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature. Biological, chemical or radioactive contamination.

ANNEXURE - VI

Wellness Benefit Program

There are total 17 services applicable under Wellness Benefit Program, subject to availability of suitable service providers.

1. Doctor on Call

Upon Your request, We will facilitate an appointment, through Our empanelled Service Provider, with a Medical Practitioner who can help You by providing round-the-clock medical helpline services through an online portal as a chat service, a call back service or a voice call service or a video call service.

2. Wellness Coach

In order to educate, empower and engage You to become more aware of Your health and proactively manage it, We will, through periodic communications like e-mailers, blogs, videos, webinar and online platform provide You information on wellness coaching including but not limited to the areas as provided below:

- a) Weight Management
- b) Activity and Fitness
- c) Nutrition
- d) Tobacco Cessation
- e) Alcohol Abuse de-addiction Program
- f) Information on various diseases
- g) Dietary Plans

3. Lab Services and Imaging (For Diagnostic Services)

Upon Your request, We will facilitate, through Our empanelled Service Provider, Collection of test samples such as blood, urine, stool etc or imaging for further testing and analysis.

The cost of these tests and reports will have to be borne by You.

4. Pharmacy (Home Delivery)

Upon Your request, We will facilitate, through Our Empanelled Service Provider, home delivery of the Medications Prescribed by a Registered Medical Practitioner and nutritional supplement from the nearby Network Pharmacy, subject to copy of prescription being shared (where ever required) and availability of the medication with the Pharmacy. The cost of the medication will have to be borne by You.

5. Vital/Physical Activity Monitoring Services

Upon Your request, We will facilitate, through Our Empanelled Service Provider, the integration of Your Health Device(s), orDigital Wearables or trackers such as Blood-Pressure Monitors, Glucometers, Wireless Pedometers, heart rate monitors, pulse oximeters, non-invasive wearable blood-sugar sensors, Smart Watches etc. to an online database that will track and asses Your vitals as reported by the device.

It can provide periodic updates and reports of your health status. The cost of the device will have to be borne by You.

6. Reminder Notifications

Upon Your request, We will facilitate, through Our Empanelled Service Provider, routine notification messages via mail or a messaging portal or a follow-up call to You as a reminder to schedule Your medical appointments and/or take daily dosage of Your medicine as per the information shared by You.

7. Medical Wallet

Upon Your request, We will arrange, through Our Empanelled Service Provider, for a medical wallet. This will be a digital cloud service which will allow You to store all Your medical reports online. It will provide easy access of Medical history and reports to the treating Medical Practitioners and to any other person with whom You may share the login and access codes, easing Your need to physically carry documents with You.

8. Report Aggregation

Upon Your request, We will facilitate, through Our Empanelled Service Provider, for regular analysis of Your health status as per the medical records/reports/information or data shared by You. It will highlight your wellbeing or any areas of concern or deterioration in Your health, allowing You to take necessary calls about your health.

9. Home Care Services

Upon Your request, We will facilitate, through Our Empanelled Service Provider, Home Care Services for You in case You are in need of services , including but not limited to the following:

- a) Home Care Nursing
- b) Patient Assistant
- c) Physiotherapy
- d) Yoga Trainer
- e) Psychologist
- f) Palliative Care
- g) Renting Medical equipment. For Example - Wheel-Chair, Patient Bed, Oxygen Cylinder etc.
- h) Doctor Visit
- i) Elderly care and senior living assistance related to their health condition

The cost of the Services/Equipment will have to be borne by You.

10. Ambulance Arrangement Services

Upon request, We will facilitate, through Our Empanelled Service Provider, ambulance services for Your transportation subject to availability of ambulance in the area where such service needs to be arranged.

The cost of the transportation will have to be borne by You.

11. Pick-up and Drop Services for Consultation

Upon Your request, We will facilitate, through Our Empanelled Service Provider, Pick-up and Drop Service, for Your transportation to the Health Care Facility for treatment/Diagnostics subject to availability of vehicle/taxi in the area where such service needs to be arranged.

The cost of the transportation will have to be borne by You.

12. Prioritizing Appointments

Upon Your request, We will facilitate, through Our Empanelled Service Provider, prioritization of Your appointment, based on the urgency, with the Network Providers offering the necessary consultation/treatment/diagnostics/packages/memberships/risk assessment/procedures subject to availability of the

service(s). The cost of the Consultancy/Diagnostic will have to be borne by You. These may include the following but not limited to :-

- Doctors' services
- Nursing services
- Dietitian services

13. Mental wellbeing - Upon Your request, We will facilitate, through Our empanelled Service Provider, self-assessments, therapy sessions, activities and educational/awareness blogs, videos and webinars. The cost of these sessions will have to be borne by You.

14. Physiotherapy - Upon Your request, We will facilitate, through Our empanelled Service Provider, consultation and treatment sessions/packages, pain management sessions, ergonomics sessions. The cost of these services will have to be borne by You.

15. Childcare/Children's activities - Upon Your request, We will facilitate, through Our empanelled Service Provider, recreational/developmental activities for children of different age groups. The cost of these services will have to be borne by You.

16. Out-Patient (OPD) Services - Upon Your request, We will facilitate, through Our empanelled Service Provider, outpatient care services like doctor consultation, pharmacy and diagnostics, both online and onsite. The cost of these services will have to be borne by You.

17. Fitness – Upon Your request, we will facilitate, through our empanelled service provider, access to membership or classes of fitness activities like but not limited to sports, yoga, Zumba, Pilates, dance, fitness coach services at gymnasiums, health studios, fitness centres, sports centres and playgrounds. The cost of these services will have to be borne by You.

Terms and Conditions applicable to Wellness Benefit Program

1. Any Information provided by You shall be kept confidential.
2. For services which are provided through Our Empanelled Service Provider/Medical Experts/Centres, We are acting only as a facilitator, hence We would not be liable for any incremental costs or the services. We will not charge any premium amount for the services. You need to pay directly to the Service Provider/Medical Experts/Centres for the services availed.
3. All medical services are being provided by Empanelled Service Provider/Medical Experts/Centres who are empanelled after full due diligence. Insured Person may however consult their Personal/Family Doctor before availing the medical services. The decisions to utilise the services will solely be at the discretion of the Insured Person.
4. We/Company/Us or its Group Entities, affiliates, officers, employees, agents, are not responsible for or liable for any actions, claims, demands, losses, damages, costs, charges, and expenses which an Insured Person/You may claim to have suffered or sustained or incurred by way of or on account of utilization of any benefits specified herein.
5. This shall not be deemed to substitute the Insured Person's visit or consultation to an Independent Medical Practitioner. The Insured Person is free to choose whether or not to undergo the same and if done whether or not to act on it.
6. We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner.

Subject otherwise to all the other terms, conditions, warranties, limitations and exceptions of the Policy to which this Benefit is attached.

Your policy document ends here!

Download Section



Soft copy of policy bond



Your medical reports basis which policy is issued



KYC details you shared of your nominee/s



Video of you giving consent on the proposal form



Tele-MER script, what you spoke to our team
regarding your health



Video of you giving consent on the counter offer



Your financial documents basis which policy is issued



NRI documents



How To Make A Claim (in case of the unfortunate death of life assured)

To register a claim, you can use any of the following methods:



9960126126



lifeclaims@godigit.com



Let us know at our nearest branch or our head office.

The current address of our head office is:

Claims department

Go Digit Life Insurance Limited

Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru,
Karnataka 560095

Since our address might have changed by the time you make the claim, we would suggest you choose one of the first two options.

Save more on your healthcare with
WELLNESS BENEFITS



Health Check-ups
& Diagnostics



Doctor
Consultations



Medicine
Orders



Yoga
Mindfulness

and much more...

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Scan the QR code to download the Digit App.**



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life@godigit.com



9960126126

If undelivered, return to Go Digit Life Insurance Limited, No. 98, 4th B Cross Rd, KHB Colony, Koramangala Industrial Layout, Koramangala 5th Block, Bengaluru 560095, Karnataka