

**DIGIT GROUP TOTAL PROTECT POLICY**  
**Policy Schedule**  
**UIN: GODPAGP21491V022021**

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

Details of Group Organizer/ Manager / Policy Holder		Policy Details			
Name of the Group Organizer/ Manager / Policy Holder	TVS CREDIT SERVICES LIMITED	Master Policy Number	D057661411		
Address of Group Organizer/ Manager / Policy Holder	NO.29, THIRD FLOOR, JAYALAKSHMI ESTATES, HADDOWS ROAD, NUNGAMBAKKAM CHENNAI, Ch Tamil Nadu 600006	Policy Issue Date	19-Feb-2022		
Mobile No of contact person of Group Manager	+919999999999	Period of Insurance 1 Year for MPH	From	16-02-2022	00:01 Midnight
Email ID	tvsgmail.com		To	15-02-2023	23:59 Midnight
Partner Code and Name	1096382 DIGIT DIRECT	Partner Contact and Email ID	support@godigit.com		

### Details of Member Insured (Un-named Basis)

Number of Members Insured:	Not Applicable
Definition of the Group:	

### Coverage Details

Section with Benefits	Sum Insured (INR) (Total for Named Policies & Per Person for Un-Named Policies)	Limits	Waiting Periods/Time Excess	Co-Payment (%)	Specific Conditions
Section 1. Accidental Death	Sum insured will be same as the loan amount	NA	NA	NA	Sum Insured Basis: Fixed
Section 2. Permanent Total Disablement	Sum insured will be same as the loan amount	NA	NA	NA	Sum Insured Basis: Fixed
Section 3. Permanent Partial Disablement	Sum insured will be same as the loan amount	NA	NA	NA	Sum Insured Basis: Fixed
Section 25. Critical Illness	Sum Insured will be same as Loan amount	NA	NA	NA	Sum Insured Basis: Fixed Plan.Opted: Plan C Survival Period: 30 days

\*Inbuilt - Sum Insured for these Benefits are not separately available but are a part of Section 11. A. Hospitalization Expenses Sum Insured.

### Premium and Payment Details

GST State Code	33	GSTIN	33AADCT0724A1Z4
Invoice No.		Date	

## Premium Payment Terms:

Description	Amount (INR)
Net Premium	Premium will be as per agreed premium rates. Master Policyholder shall maintain float deposit amounting to 15 working days of Transaction with DIGIT at all times during the policy period. Master Policyholder understands that timely replenishment of float deposit is essential for ensuring continued cover in compliance with Section 64VB of Insurance Act 1938
SGST/UTGST rate and Amount (INR)	
Gross Premium	

## Important Notice

- \*Cheque dishonor / Non-receipt of payment: The policy is void ab-initio in case of non-receipt of premium or dishonor of Cheque issued towards premium payment
- This insurance cover is subject to standard policy wordings, exclusions and conditions as per "Digit Group Total Protect" Policy issued to the Master Policyholder. A copy of the terms and conditions shall be shared with you. In case of dispute, the terms and conditions detailed in the policy document and policy schedule shall prevail.
- The coverage has been provided basis information provided by the Group Organizer/Manager/Policy Holder to us and the policy is not valid, if any of the information provided is incorrect.
- The Policy Wording attached herewith includes all the standard coverage offered by Go Digit General Insurance Ltd. to its customers. Your entitlement for coverage/benefits shall be restricted to the Coverage/Benefits as mentioned in this Policy Schedule. For any clarification please call our Call Center Number 1800 258 4242
- Enclosure: Annexure 1 - Claims Procedure and Documentation

Some Fields are optional

## 80 D Certificate

This is to certify that Mr./ Ms. \_\_\_\_\_ has paid Rs. \_\_\_\_\_ towards Health Insurance premium for Period from \_\_\_\_\_ to \_\_\_\_\_ and policy/ Certificate of insurance Number: \_\_\_\_\_ as mentioned above and is eligible for Deduction under Section 80D of The Income Tax (Amendment) Act, 1986.

## Claim Administrator Details

Contact Details	1800-258-4242
Email Id	Healthclaims@godigit.com

For & On Behalf of Go Digit General Insurance Ltd.



Authorized Signatory  
Printed, Signed, and Executed at Bengaluru

Consolidated Stamp Duty has been paid as per Letter of Authorization No.67-B/04/2017-18 Date: 30th May 2017 issued by Department of Stamps and Registration, Bengaluru- 560009 - KARNATAKA.  
GST Reg No.:33AACCO4128Q1Z7  
HSN:997133/ General Insurance Services

Go Digit General Insurance Ltd, A Company incorporated under Indian Companies Act, 2013 and licensed by Insurance Regulatory and Development Authority of India [IRDAI] vide Reg No. 158, Corporate Identification Number U66010PN2016PLC167410, Reg. Address Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru 560095. Website: www.godigit.com

## ANNEXURE 1

## Claims Notification and Procedure

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

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

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

**Reimbursement Claim Process**

**A. For all Section with Accidental Hospitalization Cover**

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

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

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

**B. For All Other Covers without Accidental Hospitalization Cover**

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

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

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

Section	Documents
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<p><b>Section 1. Accidental Death</b>  <b>Section 24. Adventure Sports Cover</b>  <b>Section 7. Orphan Benefit For Children</b></p>	<ul style="list-style-type: none"> <li>• Copy of Address Proof (Ration Card or Electricity Bill Copy).</li> <li>• Attested Copy of Death Certificate.</li> <li>• Death Summary/Certificate from the hospital authority (wherever applicable)</li> <li>• Burial Certificate (wherever applicable).</li> <li>• Attested Copy of Statement of Witness, if any lodged with police authorities. (wherever applicable).</li> <li>• Attested Copy of FIR / Panchanama / Inquest Panchanama. (wherever applicable).</li> <li>• Attested Copy of Post Mortem Report (Only if conducted).</li> <li>• Attested Copy of Viscera report if any (Only if Post Mortem is conducted).</li> <li>• For Adventure Sports Cover, please submit Certificate of Participation from Sports Event organizer/service provider / Pre-participation fitness certificate (wherever applicable).</li> <li>• Attested Copy of Passport or any other valid document which will suffice as a proof of relationship between the insured, insured's spouse and orphan child. (Applicable only for Orphan Benefit)</li> </ul>
<p><b>Section 2. Permanent Total Disablement</b>  <b>Section 3. Permanent Partial Disablement</b>  <b>Section 24. Adventure Sports Cover</b></p>	<ul style="list-style-type: none"> <li>• Attested Copy of disability certificate from relevant government Medical authority.</li> <li>• Attested copy of FIR. (If required)</li> <li>• All Investigation reports confirming the disability.</li> <li>• Complete Treatment record with follow-up documentation.</li> <li>• For Adventure Sports Cover, please submit Certificate of Participation from Sports Event organizer/service provider / Pre-participation fitness certificate (wherever applicable).</li> <li>• Disability assessment report from Digit empanelled medical specialist (if required)</li> </ul>
<p><b>Section 4. Loss of Income Benefit</b></p>	<ul style="list-style-type: none"> <li>• Attested copy of FIR. (If required)</li> <li>• All Investigation reports confirming the disability</li> <li>• For Employed persons: Certificate from HR with details of medical leave availed during the period of Injury</li> <li>• Certificate from the treating doctor mentioning the extent of Injury along with the period of disability</li> <li>• Certificate from Treating doctor with date of full recovery &amp; resuming of duties</li> </ul>
<p><b>Section 5. Children Education Benefit</b></p>	<ul style="list-style-type: none"> <li>• Bonafide Certificate from School / College or Certificate from the Educational Institution</li> </ul>
<p><b>Section 6. Marriage Expense for Children Benefit</b></p>	<ul style="list-style-type: none"> <li>• Proof of Relationship with the Insured Person</li> <li>• Photo Identity Proof of Child</li> <li>• Age Proof of the Dependent Child</li> </ul>
<p><b>Section 8. Funeral Expenses</b></p>	<ul style="list-style-type: none"> <li>• Original Invoice of Expenses Incurred during Funeral.</li> </ul>
<p><b>Section 9. Transportation Expenses</b></p>	<ul style="list-style-type: none"> <li>• Original Invoice of Expenses Incurred during Funeral.</li> </ul>
<p><b>Section 10. Trauma Counselling</b></p>	<ul style="list-style-type: none"> <li>• Documents as mentioned under Section 1. Accidental Death and/or Section 2. Permanent Total Disablement and/or Section 3. Permanent Partial Disablement</li> <li>• Original Invoice of Expenses Incurred for Counselling.</li> <li>• Medical Practitioner's letter advising Counselling.</li> <li>• Treatment plan for Counselling from Specialist.</li> </ul>
<p><b>Section 11. Accidental Hospitalization Cover</b>  <b>Section 13. Long Hospitalization Cash Benefit</b>  <b>Section 14. Daily Hospital Cash Cover</b></p>	<ul style="list-style-type: none"> <li>• Discharge Summary</li> <li>• Original Hospital Main Bill</li> <li>• Original Hospital Bill Break Up of Various Expenses</li> <li>• Original Pharmacy Bills</li> <li>• Prescriptions for the Medicines purchased (except hospital supply) and investigations done outside the Hospital</li> <li>• Consultation Papers</li> <li>• Investigation Reports</li> <li>• Digital Images/CDs of the Investigation Procedures (if required)</li> <li>• MLC/FIR Report (If applicable)</li> <li>• Original Invoice/Sticker (If applicable)</li> <li>• Post Mortem Report (If applicable)</li> <li>• Attending Physician Certificate (If applicable)</li> <li>• Death Certificate (If applicable)</li> </ul>

<b>Section 12. Home (Domiciliary) Hospitalization</b>	<ul style="list-style-type: none"> <li>● Attending Physician Certificate mentioning the need for Home (Domiciliary Hospitalization)</li> <li>● Original Pharmacy Bills</li> <li>● Consultation Papers</li> <li>● Original Investigation bills and Reports</li> <li>● Original Invoices in respect of payment made to the treating Medical Practitioner.</li> </ul>
<b>Section 15. Out-patient Benefit</b>	<ul style="list-style-type: none"> <li>● Consultation Papers</li> <li>● Original Investigation bills and Reports</li> <li>● Digital Images/CDs of the Investigation</li> <li>● Procedures (if required)</li> <li>● Original Pharmacy Bills</li> </ul>
<b>Section 16. Emergency Air Ambulance</b>	<ul style="list-style-type: none"> <li>● Original bills and receipts paid for the transportation from Registered Ambulance Service Provider</li> <li>● Letter from Medical Practitioner indicating emergency need for such transportation and fitness for transportation.</li> </ul>
<b>Section 17. Coma Benefit Cover</b>	<ul style="list-style-type: none"> <li>● Certificate from the Treating Medical Practitioner certifying the cause and severity of Coma.</li> <li>● All relevant medical summary leading to Coma.</li> </ul>
<b>Section 18. Fracture Cover</b>	<ul style="list-style-type: none"> <li>● X Ray Confirming the Fracture &amp; site of Fracture</li> <li>● Pre and post-operative radiological imaging reports with films confirming the extent of the fracture</li> <li>● Certificate from Treating Medical Practitioner with extent of Injury, Cause of injury, Site of Injury &amp; Date of Injury.</li> <li>● Treatment Details</li> <li>● Discharge Summary (if Hospitalized)</li> </ul>
<b>Section 19. Burns cover</b>	<ul style="list-style-type: none"> <li>● Certificate from Treating Medical Practitioner with extent of Burns Injury/Cause of Burns.</li> <li>● Treatment Details</li> <li>● Medico Legal Certificate copy / First Information Report Copy (If applicable)</li> <li>● Discharge Summary (if Hospitalized)</li> </ul>
<b>Section 20. Lifestyle Modification</b>	<ul style="list-style-type: none"> <li>● Certification from Medical Practitioner necessitating the Modification.</li> <li>● Original Invoices of actual expenses incurred for the Modifications.</li> </ul>
<b>Section 21. Expense for External Aids and Appliances</b>	<ul style="list-style-type: none"> <li>● Prescription of treating Medical Practitioner for use of External Aids and Appliance.</li> <li>● Original Invoices of actual expenses incurred for the purchase of External Aids and Appliance</li> </ul>
<b>Section 22. Compassionate Visit</b>	<ul style="list-style-type: none"> <li>● Letter from Medical Practitioner advising presence of Immediate Family Member.</li> <li>● Original travel tickets / bills and receipts mentioning the actual expenses of the travel with the date of booking &amp; date of travel</li> <li>● Age Proof of the Person who has visited the Insured</li> </ul>
<b>Section 23. Miscarriage Due to Accidental Injury</b>	<ul style="list-style-type: none"> <li>● Treating Medical Practitioners Certificate mentioning reason for Miscarriage and date of accidental injury.</li> <li>● Medical Reports &amp; Investigations Done</li> <li>● Discharge Summary (if applicable)</li> </ul>
<b>Section 25. Critical Illness Section 26. HIV Cover</b>	<ul style="list-style-type: none"> <li>● Medical Reports/ Records</li> <li>● Investigation Tests Report</li> <li>● Copy of Hospital Summary/Discharge Card</li> <li>● Medical Practitioner's Certificate confirming the Illness /Treatment advise / Medical Reference.</li> </ul>

<p><b>Section 27. EMI Protection cover</b></p>	<ul style="list-style-type: none"> <li>● Current Outstanding Loan Certificate from Financer.</li> <li>● Loan Disbursement Letter along with the payment record till the date of Accident or first diagnosis of Critical Illness or first underwent surgical procedure.</li> <li>● Certificate from HR with details of medical leave availed during the period of Injury.</li> <li>● Copy of Address Proof (Ration Card or Electricity Bill Copy).</li> <li>● In Case of Death <ul style="list-style-type: none"> <li>○ Attested Copy of Death Certificate.</li> <li>○ Death Summary/Certificate from the hospital authority (wherever applicable)</li> <li>○ Burial Certificate (wherever applicable).</li> <li>○ Attested Copy of Statement of Witness, if any lodged with police authorities. (wherever applicable).</li> <li>○ Attested Copy of FIR / Panchanama / Inquest Panchanama. (wherever applicable).</li> <li>○ Attested Copy of Post Mortem Report (Only if conducted).</li> <li>○ Attested Copy of Viscera report if any (Only if Post Mortem is conducted).</li> </ul> </li> <li>● In case of Permanent Total Disablement, Permanent Partial Disablement <ul style="list-style-type: none"> <li>○ Attested Copy of disability certificate from relevant government Medical authority.</li> <li>○ Attested copy of FIR. (If required)</li> <li>○ All Investigation reports confirming the disability.</li> <li>○ Complete Treatment record with follow-up documentation.</li> <li>○ Disability assessment report from Digit empanelled medical specialist (if required)</li> </ul> </li> </ul>
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For the purpose of Claims clarification, we may require additional documents in case of any insured event arising leading to claim.

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

## Details of Member Insured (Named Basis)

Member Name	Member Inception Date	Gender (M/F)	Relationship with Proposer	Occupation	Nominee/Assignee Name	Insured's Relationship with Nominee/Appointee Name
Individual Data as provided by Master policy Holder	Individual Data as provided by Master policy Holder	Individual Data as provided by Master policy Holder	Individual Data as provided by Master policy Holder	Individual Data as provided by Master policy Holder	Individual Data as provided by Master policy Holder	Individual Data as provided by Master policy Holder

**DIGIT GROUP TOTAL PROTECT POLICY**  
**Policy Schedule**  
**UIN: GODPAGP21491V022021**

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

Details of Group Organizer/ Manager / Policy Holder		Policy Details		
Name of the Group Organizer/ Manager / Policy Holder	TVS CREDIT SERVICES LIMITED	Master Policy Number	D054368047	
Address of Group Organizer/ Manager / Policy Holder	Chennai 29 Haddows Road, Jayalaksmi Estate, 5th Floor, NUNGAMBAKKAM Tamil Nadu 600006	Policy Issue Date	10-Jan-2022	
Mobile No of contact person of Group Manager		Period of Insurance 1 Year for MPH	From	01-01-2022 00:01 Midnight
Email ID			To	31-12-2022 23:59 Midnight
Partner Code and Name	1053564 DIGIT DIRECT	Partner Contact and Email ID	support@godigit.com	

### Details of Member Insured (Un-named Basis)

Number of Members Insured:	Not Applicable
Definition of the Group:	

### Coverage Details

Section with Benefits	Sum Insured (INR) (Total for Named Policies & Per Person for Un-Named Policies)	Limits	Waiting Periods/Time Excess	Co-Payment (%)	Specific Conditions
Section 1. Accidental Death	Sum insured will be same as the loan amount	NA	NA	NA	Sum Insured Basis: Fixed
Section 2. Permanent Total Disablement	Sum insured will be same as the loan amount	NA	NA	NA	Sum Insured Basis: Fixed

\*Inbuilt - Sum Insured for these Benefits are not separately available but are a part of Section 11. A. Hospitalization Expenses Sum Insured.

### Premium and Payment Details

GST State Code	33	GSTIN	UNREGISTERED
Invoice No.		Date	
Premium Payment Terms:			

Description	Amount (INR)
Net Premium	Premium will be as per agreed premium rates. Master Policyholder shall maintain float deposit amounting to 15 working days of Transaction with DIGIT at all times during the policy period. Master Policyholder understands that timely replenishment of float deposit is essential for ensuring continued cover in compliance with Section 64VB of Insurance Act 1938
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3. The coverage has been provided basis information provided by the Group Organizer/Manager/Policy Holder to us and the policy is not valid, if any of the information provided is incorrect.
4. The Policy Wording attached herewith includes all the standard coverage offered by Go Digit General Insurance Ltd. to its customers. Your entitlement for coverage/benefits shall be restricted to the Coverage/Benefits as mentioned in this Policy Schedule. For any clarification please call our Call Center Number 1800 258 4242
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Contact Details	1800-258-4242
Email Id	Healthclaims@godigit.com

For & On Behalf of Go Digit General Insurance Ltd.



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Go Digit General Insurance Ltd, A Company incorporated under Indian Companies Act, 2013 and licensed by Insurance Regulatory and Development Authority of India [IRDAI] vide Reg No. 158, Corporate Identification Number U66010PN2016PLC167410, Reg. Address Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru 560095. Website: www.godigit.com

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**Reimbursement Claim Process**

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

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

- a. Policyholder or the Insured Person or someone claiming on his/her behalf must inform Us in writing immediately and in any event within 30 days from the date of occurrence any accident/incident that may result in a claim and submit all documents to us within 30 days from the date of intimation.
- b. Insured Person must immediately consult a Doctor and follow the advice and treatment that he recommends, where ever required.
- c. Insured Person must take reasonable steps to lessen the consequence of Bodily injury.
- d. Insured Person should allow examination by our medical advisors if we ask for this.
- e. Policyholder or Insured Person or someone claiming on his/her behalf must promptly give us documentation and other information we ask for to investigate the claim or our obligation to make payment for it.
- f. In case of the Insured Person's death, someone claiming on his/her behalf must inform us in writing immediately and send us a copy of the post mortem report (if conducted) within 30 days.
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Section	Documents
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<p><b>Section 1. Accidental Death</b>  <b>Section 24. Adventure Sports Cover</b>  <b>Section 7. Orphan Benefit For Children</b></p>	<ul style="list-style-type: none"> <li>● Copy of Address Proof (Ration Card or Electricity Bill Copy).</li> <li>● Attested Copy of Death Certificate.</li> <li>● Death Summary/Certificate from the hospital authority (wherever applicable)</li> <li>● Burial Certificate (wherever applicable).</li> <li>● Attested Copy of Statement of Witness, if any lodged with police authorities. (wherever applicable).</li> <li>● Attested Copy of FIR / Panchanama / Inquest Panchanama. (wherever applicable).</li> <li>● Attested Copy of Post Mortem Report (Only if conducted).</li> <li>● Attested Copy of Viscera report if any (Only if Post Mortem is conducted).</li> <li>● For Adventure Sports Cover, please submit Certificate of Participation from Sports Event organizer/service provider / Pre-participation fitness certificate (wherever applicable).</li> <li>● Attested Copy of Passport or any other valid document which will suffice as a proof of relationship between the insured, insured's spouse and orphan child. (Applicable only for Orphan Benefit)</li> </ul>
<p><b>Section 2. Permanent Total Disablement</b>  <b>Section 3. Permanent Partial Disablement</b>  <b>Section 24. Adventure Sports Cover</b></p>	<ul style="list-style-type: none"> <li>● Attested Copy of disability certificate from relevant government Medical authority.</li> <li>● Attested copy of FIR. (If required)</li> <li>● All Investigation reports confirming the disability.</li> <li>● Complete Treatment record with follow-up documentation.</li> <li>● For Adventure Sports Cover, please submit Certificate of Participation from Sports Event organizer/service provider / Pre-participation fitness certificate (wherever applicable).</li> <li>● Disability assessment report from Digit empanelled medical specialist (if required)</li> </ul>
<p><b>Section 4. Loss of Income Benefit</b></p>	<ul style="list-style-type: none"> <li>● Attested copy of FIR. (If required)</li> <li>● All Investigation reports confirming the disability</li> <li>● For Employed persons: Certificate from HR with details of medical leave availed during the period of Injury</li> <li>● Certificate from the treating doctor mentioning the extent of Injury along with the period of disability</li> <li>● Certificate from Treating doctor with date of full recovery &amp; resuming of duties</li> </ul>
<p><b>Section 5. Children Education Benefit</b></p>	<ul style="list-style-type: none"> <li>● Bonafide Certificate from School / College or Certificate from the Educational Institution</li> </ul>
<p><b>Section 6. Marriage Expense for Children Benefit</b></p>	<ul style="list-style-type: none"> <li>● Proof of Relationship with the Insured Person</li> <li>● Photo Identity Proof of Child</li> <li>● Age Proof of the Dependent Child</li> </ul>
<p><b>Section 8. Funeral Expenses</b></p>	<ul style="list-style-type: none"> <li>● Original Invoice of Expenses Incurred during Funeral.</li> </ul>
<p><b>Section 9. Transportation Expenses</b></p>	<ul style="list-style-type: none"> <li>● Original Invoice of Expenses Incurred during Funeral.</li> </ul>
<p><b>Section 10. Trauma Counselling</b></p>	<ul style="list-style-type: none"> <li>● Documents as mentioned under Section 1. Accidental Death and/or Section 2. Permanent Total Disablement and/or Section 3. Permanent Partial Disablement</li> <li>● Original Invoice of Expenses Incurred for Counselling.</li> <li>● Medical Practitioner's letter advising Counselling.</li> <li>● Treatment plan for Counselling from Specialist.</li> </ul>
<p><b>Section 11. Accidental Hospitalization Cover</b>  <b>Section 13. Long Hospitalization Cash Benefit</b>  <b>Section 14. Daily Hospital Cash Cover</b></p>	<ul style="list-style-type: none"> <li>● Discharge Summary</li> <li>● Original Hospital Main Bill</li> <li>● Original Hospital Bill Break Up of Various Expenses</li> <li>● Original Pharmacy Bills</li> <li>● Prescriptions for the Medicines purchased (except hospital supply) and investigations done outside the Hospital</li> <li>● Consultation Papers</li> <li>● Investigation Reports</li> <li>● Digital Images/CDs of the Investigation Procedures (if required)</li> <li>● MLC/FIR Report (If applicable)</li> <li>● Original Invoice/Sticker (If applicable)</li> <li>● Post Mortem Report (If applicable)</li> <li>● Attending Physician Certificate (If applicable)</li> <li>● Death Certificate (If applicable)</li> </ul>

<b>Section 12. Home (Domiciliary) Hospitalization</b>	<ul style="list-style-type: none"> <li>● Attending Physician Certificate mentioning the need for Home (Domiciliary Hospitalization)</li> <li>● Original Pharmacy Bills</li> <li>● Consultation Papers</li> <li>● Original Investigation bills and Reports</li> <li>● Original Invoices in respect of payment made to the treating Medical Practitioner.</li> </ul>
<b>Section 15. Out-patient Benefit</b>	<ul style="list-style-type: none"> <li>● Consultation Papers</li> <li>● Original Investigation bills and Reports</li> <li>● Digital Images/CDs of the Investigation</li> <li>● Procedures (if required)</li> <li>● Original Pharmacy Bills</li> </ul>
<b>Section 16. Emergency Air Ambulance</b>	<ul style="list-style-type: none"> <li>● Original bills and receipts paid for the transportation from Registered Ambulance Service Provider</li> <li>● Letter from Medical Practitioner indicating emergency need for such transportation and fitness for transportation.</li> </ul>
<b>Section 17. Coma Benefit Cover</b>	<ul style="list-style-type: none"> <li>● Certificate from the Treating Medical Practitioner certifying the cause and severity of Coma.</li> <li>● All relevant medical summary leading to Coma.</li> </ul>
<b>Section 18. Fracture Cover</b>	<ul style="list-style-type: none"> <li>● X Ray Confirming the Fracture &amp; site of Fracture</li> <li>● Pre and post-operative radiological imaging reports with films confirming the extent of the fracture</li> <li>● Certificate from Treating Medical Practitioner with extent of Injury, Cause of injury, Site of Injury &amp; Date of Injury.</li> <li>● Treatment Details</li> <li>● Discharge Summary (if Hospitalized)</li> </ul>
<b>Section 19. Burns cover</b>	<ul style="list-style-type: none"> <li>● Certificate from Treating Medical Practitioner with extent of Burns Injury/Cause of Burns.</li> <li>● Treatment Details</li> <li>● Medico Legal Certificate copy / First Information Report Copy (If applicable)</li> <li>● Discharge Summary (if Hospitalized)</li> </ul>
<b>Section 20. Lifestyle Modification</b>	<ul style="list-style-type: none"> <li>● Certification from Medical Practitioner necessitating the Modification.</li> <li>● Original Invoices of actual expenses incurred for the Modifications.</li> </ul>
<b>Section 21. Expense for External Aids and Appliances</b>	<ul style="list-style-type: none"> <li>● Prescription of treating Medical Practitioner for use of External Aids and Appliance.</li> <li>● Original Invoices of actual expenses incurred for the purchase of External Aids and Appliance</li> </ul>
<b>Section 22. Compassionate Visit</b>	<ul style="list-style-type: none"> <li>● Letter from Medical Practitioner advising presence of Immediate Family Member.</li> <li>● Original travel tickets / bills and receipts mentioning the actual expenses of the travel with the date of booking &amp; date of travel</li> <li>● Age Proof of the Person who has visited the Insured</li> </ul>
<b>Section 23. Miscarriage Due to Accidental Injury</b>	<ul style="list-style-type: none"> <li>● Treating Medical Practitioners Certificate mentioning reason for Miscarriage and date of accidental injury.</li> <li>● Medical Reports &amp; Investigations Done</li> <li>● Discharge Summary (if applicable)</li> </ul>
<b>Section 25. Critical Illness Section 26. HIV Cover</b>	<ul style="list-style-type: none"> <li>● Medical Reports/ Records</li> <li>● Investigation Tests Report</li> <li>● Copy of Hospital Summary/Discharge Card</li> <li>● Medical Practitioner's Certificate confirming the Illness /Treatment advise / Medical Reference.</li> </ul>

<p><b>Section 27. EMI Protection cover</b></p>	<ul style="list-style-type: none"> <li>● Current Outstanding Loan Certificate from Financer.</li> <li>● Loan Disbursement Letter along with the payment record till the date of Accident or first diagnosis of Critical Illness or first underwent surgical procedure.</li> <li>● Certificate from HR with details of medical leave availed during the period of Injury.</li> <li>● Copy of Address Proof (Ration Card or Electricity Bill Copy).</li> <li>● In Case of Death <ul style="list-style-type: none"> <li>○ Attested Copy of Death Certificate.</li> <li>○ Death Summary/Certificate from the hospital authority (wherever applicable)</li> <li>○ Burial Certificate (wherever applicable).</li> <li>○ Attested Copy of Statement of Witness, if any lodged with police authorities. (wherever applicable).</li> <li>○ Attested Copy of FIR / Panchanama / Inquest Panchanama. (wherever applicable).</li> <li>○ Attested Copy of Post Mortem Report (Only if conducted).</li> <li>○ Attested Copy of Viscera report if any (Only if Post Mortem is conducted).</li> </ul> </li> <li>● In case of Permanent Total Disablement, Permanent Partial Disablement <ul style="list-style-type: none"> <li>○ Attested Copy of disability certificate from relevant government Medical authority.</li> <li>○ Attested copy of FIR. (If required)</li> <li>○ All Investigation reports confirming the disability.</li> <li>○ Complete Treatment record with follow-up documentation.</li> <li>○ Disability assessment report from Digit empanelled medical specialist (if required)</li> </ul> </li> </ul>
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For the purpose of Claims clarification, we may require additional documents in case of any insured event arising leading to claim.

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

## Details of Member Insured (Named Basis)

Member Name	Member Inception Date	Gender (M/F)	Relationship with Proposer	Occupation	Nominee/Assignee Name	Insured's Relationship with Nominee/Appointee Name
Individual Data as provided by Master policy Holder	Individual Data as provided by Master policy Holder	Individual Data as provided by Master policy Holder	Individual Data as provided by Master policy Holder	Individual Data as provided by Master policy Holder	Individual Data as provided by Master policy Holder	Individual Data as provided by Master policy Holder



# DIGIT GROUP HOSPITAL CASH POLICY

## POLICY SCHEDULE

UIN: GODHLGP21147V012021

Go Digit General Insurance Ltd

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

Details of Proposer		Policy Details		
Name of the Group Organizer/ Manger / Policy Holder	TVS CREDIT SERVICES LIMITED	Master Policy Number	D054370427	
Address of Group Organizer/ Manger / Policy Holder	29 Haddows Road, Jayalaksmi Estate, 5th Floor, NUNGAMBAKKAM Bengaluru Tamil Nadu 600006	Policy Issue Date	10-Jan-2022	
Mobile No		Policy Period	From	01-01-2022 00:01 Midnight
Email ID			To	31-12-2022 23:59 Midnight
Partner Code and Name	1053564 Digit Direct	Policy Type	Individual	
Partner Contact and Email ID	support@godigit.com	Geographical Limits	India	

## Details of Members Insured

Number of Members Insured:	54870
Definition of the Group:	Self

Member No.	Full Name	Relationship with proposer	Date of Birth Or Age	Member Inception Date	Nominee/Assignee Name (If Applicable)	Nominee/Assignee Relationship with Insured (If Applicable)
1	MANIKANTA VEERAMREDDY	Self	04-01-2022	Male		
2	SALEEM S	Self	04-01-2022	Male		
3	MULLA ROSHAN	Self	04-01-2022	Male		
4	LOMADA DHARANI	Self	03-01-2022	Female		
5	DAMPETLA SAROJA	Self	04-01-2022	Female		
6	MAILA RAJASEKHAR	Self	05-01-2022	Male		
7	IAGANADHAM SREENU	Self	05-01-2022	Male		
8	BOYA MADHAVA SWAMY	Self	05-01-2022	Male		

54845	SUKUMAR MANNA	Self	07-05-2022	Male	TAMALIKA MANNA	SPOUSE
54846	SANKAR MAITI	Self	08-05-2022	Male	KANCHAN MAITY	SPOUSE
54847	ABDUL HAMID	Self	08-05-2022	Male	HASINA KHATUN	SPOUSE
54848	BISWAJIT BAURI	Self	08-05-2022	Male	khukumoni bauri	SPOUSE
54849	SURAJIT PAUL	Self	08-05-2022	Male	KALPONA PAL	MOTHER
54850	RAIENDRA KAPURIYA	Self	09-05-2022	Male	SONI KAPURIYA	SPOUSE
54851	NASEMA KHATUN	Self	09-05-2022	Female	MD RONI	SPOUSE
54852	BIKASH DAS	Self	09-05-2022	Male	BHARTI DAS	SPOUSE
54853	MITHUN BAG	Self	09-05-2022	Male	ITU BAG	SPOUSE
54854	ASIT MISRA	Self	09-05-2022	Male	SHAKUNTALA MISRA	SPOUSE
54855	SK AZAHAR UDDIN	Self	09-05-2022	Male	MAMATA BIBI	SPOUSE
54856	SUNIL DAS BAURI	Self	09-05-2022	Male	KRISHNA DAS BAURI	SPOUSE
54857	NITAI CHARAN DAS	Self	09-05-2022	Male	SUDHA .	SPOUSE
54858	JAYDEB HENS	Self	09-05-2022	Male	TANUSHREE HENSH	MOTHER
54859	MD JOSIM SK	Self	09-05-2022	Male	MAHAMAD SELIM	FATHER
54860	RAKIBUL SK	Self	09-05-2022	Male	JALADA BIBI	MOTHER
54861	DINABANDHU BANERJEE	Self	10-05-2022	Male	SONALI BANERJEE	SPOUSE
54862	TAPAS KUMAR DEBNATH	Self	10-05-2022	Male	NAMANITA DEBNATH	SPOUSE
54863	MATIUR RAHAMAN	Self	10-05-2022	Male	SABINA YASMIN	SPOUSE
54864	KHAGENDRA NATH SARKAR	Self	10-05-2022	Male	NARESH SARKAR	FATHER
54865	SUBHRANIL BAR	Self	10-05-2022	Male	MANASI MALBAR	SPOUSE
54866	DALIM SEIKH	Self	10-05-2022	Male	KAMELA BIBI	SPOUSE
54867	GUDIBANDI SANDEEP REDDY	Self	05-05-2022	Male	RAIA SHEKHAR REDDY	FATHER
54868	MANDA NATHAN	Self	06-05-2022	Male	YESAMMA .	SPOUSE
54869	IANAPATI MANIKYARAO	Self	09-05-2022	Male	KRISHNA KUMARI	SPOUSE
54870	MAYANK MALU	Self	07-05-2022	Male	KOSLIYA JI	MOTHER

## Coverage Details

Section with Benefits	Sum Insured Basis (Per Day Benefit/Fixed Lump Sum Benefit)	Daily Cash Allowance / Fixed Cash Allowance (INR)	Time Excess	Specific Conditions
Section 2. Accidental & Illness Hospitalization Cash Allowance Cover	Sum Insured basis 1 Per day benefit	500	0 Days	a. Maximum 15 Days b. If Basis 1 Opted: 100% of Daily Cash Allowance if admitted in ICU

## Waiting Periods

Sr. No	Sum Particulars	Applicable Sections (Wherever Opted)	Number of Days/Months/Years
1	Initial Waiting Period	Section 2, 4, 5 and 6	0 Days
2	Critical Illness Initial Waiting Period	Section 3	Nil
3	Pre-existing Disease Waiting Period	Section 2, 4, 5, 6 and 7	0 Months



4	Specific Illness Waiting Period	Section 2, 4, 5, and 6	0 Months
5	Maternity Benefit Waiting Period	Section 7	Nil

## Important Notice

1. **\*Cheque dishonor / Non-receipt of payment:** The policy is void ab-initio in case of non-receipt of premium or dishonor of Cheque issued towards premium payment.
2. This policy is subject to the standard policy wordings, warranties, exclusions and conditions as per "Digit Group Hospital Cash Policy" Wordings. In case of dispute, the terms and conditions detailed in the policy document and policy schedule/certificate of insurance shall prevail.
3. The coverage has been provided basis information provided by you/proposer to us and we will not be liable under the insurance contract if it is found that any of your statements or particulars or declarations in the proposal form or other documents are incorrect /misleading /Fraudulent in any respect on any matter to the grant of a cover or submission of claim in future.
4. The Policy Wording attached herewith includes all the standard coverage offered by Go Digit General Insurance Ltd. to its customers. Your entitlement for coverage/benefits shall be restricted to the Coverage/Benefits as mentioned in this Policy Schedule/certificate of insurance. For any clarification please call our Call Center Number 1800 103 4448.
5. Enclosure: Annexure 1 - Claims Procedure and Documentation.  
Some Fields are optional

### 80 D Certificate

This is an approved Medclaim Insurance Product eligible for Deduction under Section 80-D of Income Tax Act, 1961. Please read Section 80D of Income Tax Act 1961 along with amendments (if any) to claim deduction.

For & On Behalf of Go Digit General Insurance Ltd.



Authorized Signatory  
Printed, Signed, and Executed at Bengaluru

Consolidated Stamp Duty has been paid as per Letter of Authorization No.67-B/04/2017-18 Date: 30th May 2017 issued by Department of Stamps and Registration, Bengaluru-560009 - KARNATAKA. GST Reg.29AACCO4128Q1ZW No.: HSN:997133/General Insurance Services

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

In case of any claim, please contact our 24-Hour Call Centre at 1800 103 4448 or email us at [hello@godigit.com](mailto:hello@godigit.com).  
Go Digit General Insurance Ltd, Address Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka 560095, IRDAI Reg No. 158, CIN U66010PN2016PLC167410, GST Reg. No: 29AACCO4128Q1ZW, GSTIN Address: Go Digit General Insurance Ltd, Bengaluru HO Business Centre, Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka, PIN-560095. Website: [www.godigit.com](http://www.godigit.com)

## Annexure 1 - Claims Procedure and Documentation

### Claims Notification and Procedure

In the event of any illness or condition that may result in a claim under this policy, it is a condition precedent to Our liability under the Policy that below procedure should be followed depending on the type of claim:

#### Reimbursement Claim Process:

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

S. No	List of Documents / Information	S. No	List of Documents / Information
1	Duly Filled and Signed Claim form	7	Attending Physician Certificate (If applicable)
2	Discharge Summary	8	Document to Confirm Relationship with the Patient for Companion Benefit / Parent Benefit
3	Medical Records (Optional Documents may be asked on need basis: Indoor case papers, OT notes, PAC notes etc.)	9	Death Certificate (If applicable)
4	Copy of Hospital Main Bill	10	*KYC (Photo ID card) (If applicable)
5	Investigation Reports & Consultation Papers	11	Bank Details with Cancelled Cheque
6	Positive Diagnostic Report for the Critical Illness and/or Surgical procedures as per the plan opted and stated in the Policy Schedule / Certificate of Insurance		

**Note:** There are times when You or any other person who could claim on Your behalf, may be in such a state of hardship, that You or Such other person is unable to give us a notice or file a claim within the prescribed time limit. In such cases, condonation of delay can be done by waiver of conditions 1 and 2.a may be considered where the reason for delay is proved to our satisfaction. \*KYC documents shall be required at the claim settlement stage where claims pay-out to the Insured Member exceeds a threshold limit of Rs. 1 Lakhs per claim.