digit LIFE INSURANCE

CLAIM FORM

- The Claimant statement form must be filled in by ***the claimant / beneficiary under the policy or by the legally entitled person.***
- Send all required documents to ***lifeclaims@godigit.com***
- If you are in doubt, you can get in touch with your ***agent / broker / Digit representative*** or call us on ***+91 99 601 261 26.***

General Information			
Master Policy No		Member Certificate No	
Name of the Policy Holder			
Date of Birth	00 / 00 / 0000	Gender	☐ M ☐ F ☐ O
Date of Death	00 / 00 / 0000	Time of Death	00 : 00 a.m / p.m.
Cause of Death			
Place of Death			
Claim request for	☐ Death Benefit ☐ Accidental Death Benefit ☐ Critical Illness ☐ Terminal Illness ☐ Disability ☐ Other _____		

Details for Employer-Employee Policies			
Employee ID		Employee Last Drawn CTC (per year)	
Date of Joining Organization	00 / 00 / 0000	Date of last attended duties	00 / 00 / 0000
Details for Lender-Borrower Policies			
Loan account Number		Loan issued date	00 / 00 / 0000
Outstanding loan amount Payable to MPH		Balance claim amount payable to nominee	

Payment Details			
The Payment is to be made in favor of	☐ Beneficiary / Nominee	☐ Master Policyholder	

* In case of lender borrower only outstanding loan amount will be paid to the lender as per the Policy terms of cover and balance to be paid to beneficiary/nominee/ legal heirs.
*Only in case of Employer-Employee scheme or lender-borrower scheme.

If Payment to be made in favor of ***Nominee/Beneficiary/ legal heirs***, then please provide the below details:		If Payment to be made in favor of ***Master Policyholder (MPH)/Financial Institution*** (For Lender-Borrower Scheme) then please provide the below details	
Nominee's/Beneficiary/legal heirs Name		Account Holder's Name	
Relationship to the Insured		Bank Name	
Bank Name		Account Type	
Account Type		Account Number	
Account number		IFSC Code	
IFSC Code		Contact Number	
Contact Number		Email Id	
Email Id		**Declaration:** I/We hereby do consent that payment of the claim amount to be made as per the bank details mentioned above as a valid discharge	

Declaration by Master Policyholder

- I/We the above named, do hereby, to the best of my / our knowledge and belief, warrant the truth of the foregoing statements in every respect and agree that if I/We have made any false or fraudulent statement or there be any suppression or concealment, no claim shall be payable resulting into forfeiture of premium and / or cancellation of policy.
- Submission of claim form with documents does not assure admission of the liability.
- I/We agree to provide additional information to the Company, if required.
- I/we authorize the Digit Life and or its representatives to obtain all employment / health / medical / hospital records / police records (including photocopies) information pertaining to the treatment / death / occupation / service records / or otherwise of the deceased / insured member, as may be required by the Digit Life.

Name of the nominee / Claimant		Seal /Stamp of Master Policyholder	
Signature of the nominee			
Date and Place		Date and Place	

Mandatory Documents are required to be submitted along with claim intimation.

1.	Attested copy of Death Certificate of the Insured Member issued by Indian Government Authority
2.	Attested copy of PAN card or Form 60
3.	Attested copy of your identity proof along with relationship proof (any one of the below- specifying your complete date of birth)
	☐ Voter ID Card ☐ Valid Driving License ☐ Aadhaar Card Others (please specify) _____ ☐ Valid Passport
4.	Bank details (any one of the below)
	☐ Canceled cheque with printed name and account details of Claimant ☐ Copy of bank passbook / bank statement ☐ NEFT form attested by the bank

Mandatory Documents are required to be submitted along with claim intimation.		
5.	Additional documents in case of Suicide / Accident - (FIR and Postmortem Report is mandatory)	
	☐ FIR	☐ Pachamama
	☐ Post-Mortem Report	☐ Newspaper cutting (if any)
	☐ Inquest Report	☐ Final Police Investigation report
6.	In case of medical cause of death (Hospitalization / Non-Hospitalization) below documents are required	
	☐ Medical cause of death certificate	
	☐ Attendant Physician Statement (FORM "4A" to be filled by last attending doctor)	
	☐ All Medical records (diagnosis, treatment, and discharge/death summary) if applicable	
For Employer - Employee Policies		
7.	Appraisal/Promotion Letter in case of Sum assured revision during Member Coverage Term	
8.	In case of mid-term addition, Offer Letter or Appointment Letter	

Customer Helpline No.: 9960126126 **Email ID: lifeclaims@godigit.com**

Go Digit Life Insurance Limited (referred to as "Digit Life Insurance") A Company incorporated under Indian Companies Act, 2013 and licensed by Insurance Regulatory and Development Authority of India [IRDAI] vide Reg No. 165, Corporate Identification Number U66000PN2021PLC206995,
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