

DIGIT GROUP TOTAL PROTECT POLICY
Policy Schedule
(Product UIN GODPAGP22103V032122)

Details of Group Organizer/ Manger / Policy Holder		Policy Details			
Name of the Group Organizer/ Manger / Policy Holder	GDA FOUNDATION	Master Policy Number	D178740220 (Unnamed Policy)		
Address of Group Organizer/ Manger / Policy Holder	17 SATELLITE TOWN 1 MIN KENGERI MAIN ROAD BANGALORE KARNATAKA BANGALORE	Policy Issue Date	19-12-2024		
Mobile No of contact person of Group Manager		Period of Insurance	From	02-12-2024	00:01 Midnight
Number of Members	13500		To	01-12-2025	23:59 Midnight
Partner Code and Name	1022043	Partner Contact and Email ID	9999999999 shilpa.m@rmsarc.com		

Annexure II: GPA Summary of the Benefits opted.

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
Sum Insured	5,00,000 Sum Insured per member
Accidental Death	100% of SI
Permanent Total Disablement	100% of SI
Permanent Partial Disablement	100% of SI
Loss of Income (TTD)	1% of SI or INR 5000 or actual weekly salary, whichever is lower per week for up to 104 weeks. Cover is applicable for Staff Only.
Accidental Hospitalization (IPD)	Covered on Basis 2 up to 50% of SI or INR 100000, whichever is lower. Emergency ambulance charges are payable up to INR 5000.
Accidental OPD	Covered up to INR 5000
Funeral Expenses	Covered up to INR 5000 , triggered due to AD Only.
Transportation Cost	Covered up to INR 2500 , triggered due to AD Only.
Lifestyle Modification	Covered up to INR 5000 , triggered due to PTD/PPD only.
Expense for External Aids	Covered up to INR 5000 , triggered due to PTD/PPD only.
Compassionate Visit	Covered up to INR 5000 , triggered due to AD/PTD/AH.
Fracture Cover (Additional Benefit in case of fracture)	Covered up to INR 5000
Special Condition	1. If parents cover is opted, parents are only eligible for Accidental Death and Permanent Total Disability covers. 2. If parents cover is opted, only 1 earning parent per student will be covered.
Unnamed Warranties (Applicable for Un-named policies only)	1. Warranted that the insured should maintain all the details /records of the students/staff through attendance/ deployment registers, so that it can be ascertained that the student/employee was studying/working with the institute at the time of accident. 2. Onus of proof lies with the insured for employment & coverage under the policy for the person on behalf of whom the claim is made on all or none basis. At the time of claim, enrollment/employment proof should be submitted. 3. At any given time the attendance sheet / roll should be available for Inspection. 4. Total number of students/employees covered under the policy should be

	matched in number at the time of accident. If the actual number of students/employees found exceed in number on the date of loss, the claim will not be payable. Violation in number of persons covered will prejudice claim under the policy.
--	--

Other Coverage Details

Terrorism	Covered	
Geographical Limit	Worldwide	
Risk Class	Risk Class 1 & 2	
Coverage	24*7 Cover	
Accumulation Limit	INR 6,55,00,00,000	
Disclaimer		
Claim Intimation and Document Submission	Claim must be filed within 30 days from the date of occurrence of accident. However, Digit may at its absolute discretion consider waiver, of this Condition in extreme cases of hardship where it is proved to the satisfaction of Digit that under the circumstances in which the insure was placed it was not possible for him or any other person to give such notice or file claim within the prescribed time-limit.	
Addition Endorsements	Midterm additions allowed only for natural additions subject to intimation received within 45 days. Any additions for new member would be allowed within 45 days of date of joining. Backdating of 45 days from date of intimation shall not be allowed. Any endorsements will be from the date of addition and not from the inception of the policy. Prorated premium will be charged for each member added during the policy term.	
Deletion Endorsements	In case of refund endorsements on account of deletion, pro-rata refund for the member should be done subject to nil claims. Deletion to be intimated immediately on finalization of last working day of employee. In case member avails the claim after his LWD for which intimation is received after DOA, insurer would recover paid amount from available float balance. Pro-rata refund will be calculated as from DOL if intimation is within 7 days else intimation date will be consider for calculation subject to nil claim.	
Other Condition	<p>Permanent Total Disablement shall mean either of the following:</p> <p>A. Total Paralysis</p> <p>B. Total and irrecoverable loss of sight of both eyes, or</p> <p>C. Total and irrecoverable physical separation of or the loss of ability to use two Limbs (both hands or both feet or one hand and one foot), or</p> <p>D. Total and irrecoverable loss of sight of one eye and physical separation of or the loss of ability to use a limb (either one hand or one foot), or</p> <p>E. Total and irrecoverable loss of speech and hearing of both ears</p>	
	Permanent Partial Disablement - Table of Benefits	
	Nature of Injury	Percentage of Sum Insured
	Loss of each arm at the shoulder joint	70%
	Loss of each leg above center of the femur	70%
	Loss of each arm to a point above elbow joint	65%
	Loss of each leg up to a point below the femur	65%
	Loss of each arm below elbow joint	60%
	Loss of each hand at the wrist	55%
	Complete and irrecoverable loss of sight of an eye	50%
	Loss of each leg to a point below the knee	50%
	Loss of each leg up the center of tibia	45%
	Loss of each foot at the ankle	40%
	Loss of hearing in each ear	30%
Loss of each thumb	20%	

Loss of each index finger	10%
Loss of sense of smell	10%
Loss of each other finger	5%
Loss of each big toe	5%
Loss of sense of taste	5%
Loss of each other toe	2%
<p>We shall not be liable to make any claim payment under this Policy arising out of any of the following unless specifically agreed and mentioned elsewhere in the Policy Schedule/Certificate of Insurance:</p> <p>1. Artificial Life Maintenance: Artificial Life Maintenance, including life support machine used, where such treatment is used to maintain the Insured/Patient in a vegetative state.</p> <p>2. Breach of Law with Criminal Intent, Suicide and Self-Injury, We do not cover treatment directly or indirectly arising from or contributed or aggravated or accelerated by any of the following:</p> <p>a. Suicide or attempted suicide, while sane or insane, or due to use, misuse or abuse of narcotic or intoxicating drugs or alcohol or solvent</p> <p>b. Intentional self-injury</p> <p>c. Participation in any illegal or unlawful or criminal act.</p> <p>d. Use or consumption of narcotic or intoxicating drugs or alcohol or solvent, or taking of drugs (except under the direction of a Medical Practitioner)</p> <p>3. Pre-Existing Disease / Condition</p> <p>a. Any Hospitalization for an existing disability from a previous Accident which has occurred prior to the first of this Policy.</p> <p>b. Any additional Hospitalization Expenses not resulting from an accidental Injury.</p> <p>4. Cosmetic, Aesthetic and Re-Shaping Treatment & Surgeries</p> <p>a. Plastic Surgery or Cosmetic Surgery or Treatments to change Your appearance, unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction following an Accident covered under Accidental Hospitalization Cover of the Policy</p> <p>b. Circumcision unless necessitated by an Accident;</p> <p>5. Adventure Sport/Professional Sports/Defence Operation We will not pay any claim under this Policy, arising out of Your</p> <p>a. Participation in any kind of adventure sport or professional sport activity, except to the extent covered under "Adventure Sports Cover", provided this section is opted by you</p> <p>b. Involvement in naval, military, air force operation.</p> <p>6. Non-Medical Expenses Items of personal comfort and convenience including but not limited to television (wherever specifically charged for), charges for access to telephone and telephone calls, internet, foodstuff (except patient's diet), cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies including but not limited to charges for admission, discharge, administration, registration, documentation and filing. (Please visit our website for complete list of non-medical items)</p> <p>7. Home Care Nursing Convalescence/ recovery, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care except to the extent covered under "Home (Domiciliary) Hospitalization", provided this section is opted by you.</p> <p>8. Insufficient Document We have tried to reduce the number of documents you need to share but we shall not be liable to pay any claim in case all the necessary mandatory documents as mentioned in Our claims process are not submitted to Us.</p> <p>9. Spectacles, Hearing aids & other Expenses Provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, medical supplies including elastic stockings and similar products.</p> <p>10. Eye Sight & Optical Services We do not cover treatment for:</p> <p>a. Correction of refractive errors of the eye including but not limited to short-sight or long-sight, such as glasses, contact lenses or laser eyesight correction Surgery.</p> <p>b. Intravitreal injection including but not limited to Lucentis, Macugen or any other similar treatment.</p> <p>11. Preventive Treatment We do not cover inoculations, vaccinations of any kind unless forming part of treatment for</p>	

	<p>accidental bodily Injury as prescribed by the Medical Practitioner.</p> <p>12. Unproven or Experimental treatment We do not cover any kind of Unproven or Experimental Treatment, Services including device, treatment, procedure or pharmacological regimens which are considered as experimental, investigational or unproven.</p> <p>13. Unjustified or Unwarranted Hospitalization Admission solely for Physiotherapy, evaluation, investigations, diagnosis or observation service.</p> <p>14. Vitamins/ Nutritional Supplements Vitamins, tonics, nutritional supplements unless they form part of the treatment for accidental bodily Injury covered under Accidental Hospitalization Cover and as certified by the attending Medical Practitioner, are not covered.</p> <p>15. Substance abuse and Addictions</p> <p>a. Any claim resulting from an event where You were under the influence of Alcohol, opioids or nicotine or drugs (whether prescribed or not)</p> <p>b. Any claim as a result of Withdrawal and de-addiction of Alcohol, opioids or nicotine or drugs (whether prescribed or not)</p> <p>16. War and hazardous substances We do not cover treatment directly or indirectly arising from or required as a consequence of:</p> <p>a. War, invasion, acts of foreign enemy hostilities (whether or not War is declared), civil war, rebellion, revolution, insurrection or military or usurped power, mutiny, riot, strike, martial law or state of siege, attempted overthrow of Government; or</p> <p>b. Chemical contamination or contamination by radioactivity from any nuclear material whatsoever or from the combustion of nuclear fuel; or</p> <p>c. any acts of terrorism, unless specifically agreed by Us and mentioned in Your Policy Schedule/Certificate of Insurance.</p> <p>17. Legal Liability Any Legal Liability due to any errors or omission or representation or consequences of any action taken on the part of any Hospital or Medical Practitioner.</p> <p>18. HIV, AIDS, and related complex We do not cover venereal disease or any other sexually transmitted diseases such as AIDS/HIV or any other related arising out of HIV/AIDS such as ARC (AIDS related complex), Lymphomas in brain, Kaposi's sarcoma, tuberculosis except to the extent covered under HIV Cover, if opted</p> <p>19. Prosthetics and other devices Prosthetics and other devices NOT implanted internally by surgery.</p> <p>20. Specific Treatments We will not pay for expenses related to administration of medications or procedures including but not limited to expense related:</p> <p>a. Hyaluronic acid, Remicade or similar medications</p> <p>b. Intra-articular/intra thecal or cortico-steroid injections</p> <p>c. Robotic surgeries however expenses will be covered up-to the conventional procedure cost.</p> <p>d. Predictive Genome testing</p> <p>21. Dental Treatment Treatment, procedures and preventive, diagnostic, restorative, cosmetic services related to disease, disorder and conditions related to natural teeth and Gingiva, unless requiring Hospitalisation due to Accident and except to the extent covered under Out-Patient (OPD) Benefit, if opted.</p> <p>22. Non-Allopathic Treatment We shall not pay for any non-allopathic treatment.</p> <p>23. Mental Disorders "Accidental Death" or "Permanent Total Disablement" or "Permanent Partial Disablement" due to mental disorders or disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances caused by the mental reaction to the same</p> <p>24. Engaging in Aviation Activities or Motor Racing Trial Runs</p> <p>a) whilst engaging in aviation or ballooning whilst mounting into, dismounting from or traveling in any aircraft or balloon other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.</p> <p>b) whilst the Insured person is operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft, or Scheduled Airlines</p> <p>c) Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs,</p> <p>25. Pandemics and Epidemics</p> <p>a) Any claim arising due to pandemics or epidemics, including COVID-19, will not be covered</p>
--	---

	Any Doctors/ Surgeons fees charged/paid over and above the Hospital Standard Tariff/Package stand excluded from the scope of the policy. In case of Chamber cases or outside visiting consultant has conducted the surgery or is being consulted, Insurance company would be liable to pay up to the agreed tariff/ package rates with the hospital. The over & above limit will have to be borne by the customer
	Beneficiary name for issue of claim cheques will be assumed as name of the corporate unless otherwise specified.
	Any additions for new employee would be allowed within 45 days of date of joining.
	Additional premium for each additional member.
	No Individual (Employee) can be covered more than once in a policy.
	The list of members submitted at the inception of the policy will be considered as final.

Premium and Payment Details (Wherever Applicable)

GST State Code		GSTIN	
Invoice No.		Invoice Date	DD-MMM-YYYY
Description	Amount (INR)	Description	Amount (INR)
Base Premium	3,96,295	CGST @ 9.00%	
		SGST @ 9.00%	71,333
Underwriting Loading (INR)	0	IGST rate and Amount (INR)	71,333
Total Net Premium (INR)	3,96,295	Gross Premium (INR)	4,67,628

Details of Member Insured as per annexure:

- Cheque dishonour / Non-receipt of payment: The policy is void ab-initio i.e. it will not hold true, in case of non-receipt of premium or dishonour 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 Policy holder. 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, such is life!
- 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, [Click here](#)

Claims Administrator Details	
Contact details	1800-258-4242
Email id	support.healthclaims@godigit.com
For Senior citizens	seniors@godigit.com

For & On Behalf of Go Digit General Insurance Ltd.

Consolidated Stamp Duty is Deposited with
Department of Stamps, Bengaluru



Authorized Signatory

Printed, Signed, and Executed at Bengaluru

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

In case of any claim, please contact 24-Hour Call Centre at **1800-258-4242** or email us at hello@godigit.com

Go Digit General Insurance Ltd. Address: Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5 Block, Bengaluru, Karnataka 560095, IRDAI Reg No. 158 CIN U66010PN2016PLC167410, GST Reg. No03AACCO4128Q1ZA, HSN: 997133/General Insurance Services, GSTIN Address: Ludhiana Business Centre, B-20, 3324-3325, Gurdev Nagar Corner Building, Ferozepur Road, Ludhiana Punjab PIN-141001. Website: www.godigit.com